

EMERGENCY EVACUATION MANUAL

SECTION:	INTERNAL DISASTER	INDEX I.D.: EE-03-01
SUBJECT:	DEFINITION	PAGE: 1 OF 1
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 15, 2006
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Chester Village has a written plan to deal with internal disasters, which focuses on ensuring the safety of its residents. An internal disaster is said to exist when ordinary methods and/or existing resources are inadequate to meet the immediate need. An internal disaster may include fire, bomb threat, chemical spills, gas leaks, flood, or the interruption of essential services.

There are two (2) types of evacuation: Precautionary and Crisis

PRECAUTIONARY EVACUATIONS are normally a result of some external event (e.g. spreading toxic fumes, flood, etc.) in which residents are removed to a more appropriate location. Usually some degree of lead-time exists permitting a more structured and paced evacuation.

CRISIS EVACUATIONS are primarily the result of some internal situation (e.g. fire, explosion) requiring all the residents to be evacuated as life sustaining measure.

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The decision to evacuate will be made by the CEO/designate and/or the Police or Fire Department.

Once the decision to evacuate has been made the Director of Building Services/designate or the Police/Fire Department will contact the T.T.C. and the Metro Ambulance Service to arrange for emergency transportation of residents. It will be the responsibility of the disaster response coordinator (CEO/designate) to receive/disseminate information to the emergency response agencies and direct Chester Village staff.

Evacuation is indicated by the rapid ringing of the fire bells and/or by public address announcements made by the Administrator/designate.

The ground floor reception/administration office area will be designated as the Emergency Operations Centre (E.O.C.). The E.O.C. will be supervised by the Administrator/designate. All persons entering the building shall report to the EOC, sign in and receive instructions. All persons leaving the building shall report to the EOC and sign-out.

The Village Hall will be the designated receiving area for all evacuated residents. Residents will be seated in areas designated by floor in the event that evacuation to other homes becomes necessary.

Evacuation outside the building will only occur if the location of the disaster is on the main floor, mezzanine or in the basement, or at the direct order of the Administrator/designate, Fire Department or Police Department.

Should total evacuation of the building be necessary, residents will be transferred to the various Long Term facilities as per the Emergency Evacuation lists (section three)

Residents will be transferred to the various Homes by ambulances. Each busload of residents will be transferred with a resident list and their charts and medications. When possible, three staff members will accompany each busload of residents including a registered staff member.

The registered staff member is responsible for maintaining a current census of those arriving/leaving.

LONG TERM RELOCATION (over 6 hours)

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Family members arriving to take a resident home will be required to sign an "Acceptance of Responsibility for Resident/Medication/Equipment During Absence" form. See Appendix

Residents will be removed from the Village Hall through the front door where transportation will be waiting to take them to the appropriate evacuation site.

The Director of Care will assign the required amount of nursing staff to provide aid and information on arrival. For evacuation in excess of six hours, residents will be transferred to the emergency evacuation site indicated on the spine of their chart.

In general residents will be relocated as follows:

Home/ Facility	Phone Number	Chester Village RHA
Mon Sheong Scarb.	416-291-3898	Jade
True Davidson Acres	416-397-0400	Diamonds
Cummer Lodge	416-392-9500	Topaz
Nisbet Lodge	416-469-1105	Sapphire
Bendale Acres	416-397-7000	Amethyst
Heritage Nursing Home	416-461-8185	Emerald
Belmont House	416-964-9231	Rubies
Providence Centre	416-285-3666	Floater - If Needed

The Director of Care or delegate will ensure that appropriate charts and medication accompany the residents.

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Authority to evacuate the building must come from the CEO/designate or Emergency Services Personnel (fire or police departments). Upon hearing the "CODE GREEN STAT" announcement, all staff must immediately return to their units to await evacuation instructions over the P.A. system

From Resident Floors to Village Hall

1. Inform and prepare residents for evacuation, placing a blanket around each resident's shoulders.
2. As per the "CODE GREEN STAT" announcement, staff will evacuate residents from their room. All evacuated/empty rooms will be designated as such by adjust the green marker on the door of the room to identify that the room had been evacuated (if the green marker is not available, placing a pillow on the corridor floor in front of the closed door).
3. Residents ambulatory will escorted to and evacuated via the nearest safe stairwell as per the "CODE GREEN STAT" announcement.
4. All other residents will be evacuated via the elevators if operating.
5. During business hours, the Elevator Operator and one other staff member designated by the CEO will operate the elevators according to the "CODE GREEN STAT" announcements.
6. After business hours, two staff will be assigned by the (Nurse in Charge) to operate the elevators according to the "CODE GREEN STAT" announcements.
7. The Nurse in Charge will assign one staff member to make a final round of the floor to ensure that all residents are evacuated.
8. The Nurse in Charge will assign staff to ensure that residents charts, MAR sheets and medication carts are brought to the front of the elevators for removal to the Village Hall (only after all residents have been evacuated from the floor).
9. As the floors are evacuated, the staff assigned to work on those floors will report the Village Hall to assist and accompany their residents with building evacuation.
10. A staff member will be assigned to each exit door to complete a "Record of Transfer" form, as residents are evacuated. If possible, residents should be evacuated systematically according to the designated emergency evacuation site indicated for the floor on which they reside.

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EVACUATION PROCEDURE WITHIN THE BUILDING

The ground Client Services area (Reception) will be designated as the Emergency Operations Center (E.O.C.). The E.O.C. will be supervised by the disaster response co-coordinator (CEO/designate).

The Village Hall will be the designated area for receiving residents if the affected area is above the ground floor.

As the upper floors are evacuated, residents will be directed to the Village Hall. Residents will be seated in areas designated by floor.

METHODS OF EVACUATION TO VILLAGE HALL:

Evacuation of residents will only commence upon direction received from the CEO/designate, the Fire or Police Department and is indicated by the rapid ringing of the fire bell and/or by public address announcement **(CODE GREEN STAT)**

STAFF DUTIES & RESPONSIBILITIES **(EVACUATION: Day shift Monday to Friday)**

When an incident requires an evacuation, the CEO/designate will instruct the Environmental Services Manager (ESM) or designate to use his Fire Key to turn on the evacuation signal from the pull station nearest the incident.

BUILDING SERVICES DEPARTMENT

At the sound of Evacuation alarm or if evacuation otherwise ordered:

Environmental Services Manager - Duties and Responsibilities

The ESM will proceed immediately to the area of incidence, assuming the role of Emergency Evacuation Marshall and notify the EOC of his arrival there by telephone.

The ESM will assess the situation and direct the evacuation of the floor in consultation with the Director of Care. Upon arrival of the fire department, the Fire Chief will assume responsibility for completion of the evacuation.

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Maintenance Staff- Duties and Responsibilities

Maintenance staff will turn off and safely store any equipment that may be in use. The ESM will ensure that maintenance staff will transfer resident chart racks to the Village Hall.

One Maintenance person will then proceed to the area of incidence and report to the ESM for further instructions. That maintenance person will be instructed to check that all areas that should be locked have been evacuated and are locked to prevent re-entry by confused residents.

The other maintenance person will proceed immediately to the roof to turn off the main gas valve (painted bright green) located at the North East corner of the building and the main switch for the air circulation unit. He will then go to the area of incidence and report to the ESM.

Maintenance personnel will be directed to assist in the evacuation of residents as directed by the Director of Care and/or the ESM.

Housekeeping, Janitor and Laundry Staff- Duties and Responsibilities

Housekeeping/Janitor/Laundry staff will immediately turn off and safely stored any equipment in use.

Housekeeping/Janitors/Laundry Staff will remain on/or will return to their floor posting themselves at the south stairwell door to assist residents in an orderly evacuation.

Following evacuation of resident floors, housekeeping, janitors and laundry staff will assemble in the Village Hall, in preparation for evacuation to other sites or assist in returning residents to their rooms.

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NURSING DEPARTMENT

At the sound of the evacuation alarm or if evacuation is otherwise ordered:

Director of Care/Nurse Managers-Duties and Responsibilities

The Director of Care and when on shift, the Nurse Managers will proceed to the area of incidence and commence evacuation of that floor via the stairwells. The E.O.C. to be notified of their arrival on the floor.

When safety allows, both the north and south stairwells will be used for the evacuation process.

Note: The floor directly above the area of incidence is to be evacuated next.

Residents must descend in single file along the inner side of the stairwell. Priority for evacuation must be given to ambulatory residents first and to those requiring assistance second.

Following the complete evacuation of the floor, the Director of Care will ensure that all rooms, including, residents rooms, closets, tub rooms, shower rooms, storage rooms, electrical closets, janitor's closets and lounges are re-checked and clear of residents.

Registered Nurses- Duties and Responsibilities:

All Registered Nurses will proceed to their respective nursing offices to prepare essential materials for the evacuation. All unit Registered Nurses will ensure that chart racks are placed to the right hand side of the small elevator. The racks will be picked up by the Building Services staff and transferred to the Village Hall.

Floor Registered Nurses and Personal Support Worker (D, E, N)

They will gather the First Aid Kit, MAR sheets, Medication racks and proceed to transfer these items to the Main Lobby.

RHA Floor Registered Nurses & Personal Support Worker (D, E, N)

They will gather and transfer the MAR sheets and medication racks to the Main Lobby. Upon successful transfer of all essential materials to the Village Hall, the Registered Nurses will report to the area of incidence for further instructions from the Director of Care or Delegate.

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Registered Practical Nurse - Duties and Responsibilities.

The Registered Nursing Assistant will proceed directly to the Village Hall to organize residents for possible evacuation:

Personal Support Worker- Duties and Responsibilities

Depending on the shift the D1, E1, or N1 will proceed to their respective nursing offices to assist the Registered Nurses in transferring MAR sheets and medications to the Main Lobby.

Upon completion of the transfer, this Personal Support Worker will remain in the Village Hall to calm and reassure residents.

All other Personal Support Workers should remain on their assigned floor, calming and reassuring residents while awaiting further instructions.

Following evacuation of resident floors, all Personal Support Workers will assemble in the Village Hall and Café in preparation for evacuation of residents to other sites or to assist in returning residents to their rooms.

Reception/Nursing Unit Clerks - Duties and Responsibilities

The Nursing Unit Clerk will assist Administration staff in organizing essential materials being sent to the relocation site.

LIFE ENRICHMENT DEPARTMENT

At the sound of the Evacuation alarm or if evacuation otherwise ordered:

Director of Life Enrichment - Duties and Responsibilities

The Director of Activation will proceed to the Village Hall to calm and reassure residents and assist Registered Nursing Staff as required. Director of Activation will notify E.O.C. of her arrival in the Village Hall.

Activation Aides/Students - Duties and Responsibilities

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Activation Aides/Students will notify E.O.C. of their location by calling from the serverly phones. The Activation Aides/students with residents in a program in the area of incidence will assist with their evacuation to the Main Floor.

Staff with residents in an unaffected area will remain in place, calming and reassuring residents awaiting further instructions. Staff who are not involved with residents at the time of the alarm/announcement will notify the EOC that they are assisting in seating residents in designated areas in the Village Hall.

STAFF DUTIES & RESPONSIBILITIES

EVACUATION: (Weekends, holidays, shifts other than day shifts)

NURSING DEPARTMENT

Charge Nurse - Duties & Responsibilities

If in the opinion of the In-Charge Nurse, Fire Department or Police Department, evacuation is deemed necessary, the Charge Nurse will announce

"CODE GREEN - STAT _____ Floor." Repeating it three (3) times.

Following this, he/she will activate the nearest Pull Station switching it to the 2nd stage alarm by removing the Pull Station face using the key on the Master Key Ring and flipping the metal switch to "on".

The In-Charge Nurse will advise the CEO/designate as soon as possible of the situation indicating the floor of incidence. The CEO/designate will begin the telephone Fan-out (**P&P# EE-05-02**) indicating the floor of incidence.

Over the public address system, the In-Charge Nurse will announce the floor of incidence and then will proceed immediately to that floor assuming the role of a Disaster Marshall. He/she will ensure that the Master Key Ring and the cell phone are in hand.

Evacuation of residents from the floor of incidence will begin under the direction of the In-Charge Nurse.

The floor above the area of incidence will be evacuated next. The Personal Support Worker will then proceed to the Village Hall and assist in organizing residents for possible evacuation. If there is no receptionist, the Personal Support Worker will remain at the EOC as the contact.

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The other Personal Support Workers will proceed to the floor of incidence to aid in the evacuation.

In-Charge Nurse - Duties and Responsibilities

This Personal Support Worker is to take the front desk telephone off night service. Once the Charge Nurse opens a line, this line is to be put on Hands Free Operation with the volume up high.

The other Personal Support Worker will be instructed by the In- Charge nurse to go up on the roof and shut off the gas using the emergency shut off lever at the North East corner of the building as well as shut off the main switch for the air circulation unit.

Upon arrival to the floor of incidence the In-Charge Nurse will open a telephone line for communication with the EOC.

A Registered Nurse will be assigned to the Village Hall to organize residents for possible relocation.

(see P&P# EE-03-04 page 4)

Upon arrival of the Fire Department, the Fire Chief will assume responsibility for completion of the evacuation. If a senior manager arrives sooner, he/she will assume responsibility after a full briefing by the In-Charge Nurse.

The In- Charge Nurse will remain on the floor assisting with the evacuation of the residents.

All other Nursing Staff - Duties & Responsibilities

At the sound of the evacuation alarm or if evacuation otherwise ordered:

All Registered Nurses, RPNs and Personal Support Workers who have not been otherwise assigned will report to the In-Charge Nurse on the floor of incidence announced over the public address system. Staff will evacuate residents as instructed by the In-Charge Nurse.

Evening Receptionist - Duties and Responsibilities

At the sound of the evacuation alarm or if evacuation is otherwise ordered:

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The Evening receptionist will remain at the front desk, which will become the Emergency Operations Centre. He/she will monitor the front door and contact the Emergency Evacuation Marshall where incoming staff should report or post themselves. The In-Charge nurse will open a line. This telephone will be on Hands Free operation with volume up high.

Staff arriving from Fan-out -Duties and Responsibilities

All staff arriving or leaving must sign in and out at the front desk in order that a census of staff be maintained.

Upon arrival of the Director of Care or the Nurse Managers.

Priority will be given to transferring residents' charts, MAR books, medication carts, census book, first aid kit to the Main Lobby.

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POLICY

Evacuation and relocation of residents will only occur if the location of the disaster is on the main floor, mezzanine or in the basement or at the direct order of the Administrator/designate, Police Department or Fire Department.

PURPOSE

To ensure the health and safety of the residents and staff.
To ensure tracking of residents in order to provide required medications, nourishment and information to families.

PROCEDURE

Each resident chart will have a label on its spine indicating the relocation site in case of emergency.

Residents will be relocated by moving an entire floor population to a particular site. (See P&P# EE-03-02)

The Director of Care is responsible to ensure that each resident has an appropriate label on their chart as residents are internally transferred or as new residents are admitted.

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SUBJECT:	FAN-OUT STAFF TELEPHONE LIST	PAGE: 1 OF 1
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POLICY

A list of staff telephone numbers will be maintained by the Director of Building Services and kept in all Emergency Evacuation Manuals.

PURPOSE

To provide a means of alerting staff and volunteers to an emergency situation.

PROCEDURE

1. The Director of Building Services shall be responsible for maintaining the staff telephone list.
2. Departmental managers shall be responsible for notifying the Director of Building Services of Staff changes.
3. The document shall be maintained and available for reference in all copies of the Emergency Evacuation Manuals.
4. The Director of Building Services shall distribute the staff telephone list to the department heads each January and July. It shall be reviewed, updated if required and returned to the Director of Building Services for redistribution and insertion in all copies of the Emergency Evacuation Manual.
5. Referred to P&P# EE-05-03: Emergency Fan-out-List

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POLICY

The decision to evacuate residents to other sites will be made by the Administrator/designate, Police Department or Fire Department. The fan-out procedure will be initiated by the Administrator/designate or if off shift, the In-Charge Nurse.

PROCEDURE

Administrator will contact the Administration Staff, Chairman of the Board, Director of Care, the Medical Director and all Managers. All Managers are to call their respective staff using the fan-out call lists. These lists should be at all managers' residences in case of need. All staff are expected to present themselves at Chester Village to assist in the evacuation.

ESSENTIAL MATERIALS REQUIRED AT RELOCATION SITE (4-6 hours)

- a. Seating area - blankets
- b. Snack area - fluids and nourishment
- c. First Aid Station
- d. Reception area -registration, census, phones.

In most cases, all residents will be transferred by ambulance to their respective reception site as indicated on their charts. Internal movement of non-ambulatory residents will be made using the Evacu-chairs located outside the stairwell doors on the second floor, or if necessary, mattresses or blankets.

EVACUATION - NURSING

The In-Charge Nurse or the Disaster Marshall shall designate staff to accompany residents to relocation destinations to provide aid and information on arrival.

The Director of Care or designate shall ensure that each resident is accompanied by their charts and any medication they may require.

Residents will be moved from the Village Hall to the front door where transportation will be waiting to take them to their assigned destination.

All residents leaving the building will be provided with an ID tag.

Where a family member arrives to take a resident with them at either Chester Village or the reception sites, they will be required to sign an acceptance of responsibility for Resident/Medication/Equipment during Absence form. (See Appendix EE-05-09 or EE-05-10)

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POLICY

Chester Village is committed to protecting the residents, staff, volunteers, and visitors who are present for a hazardous chemical spill. Any staff using hazardous chemicals are to be trained to safely handle, store, and dispose of hazardous chemical.

PROCEDURE

When chemicals are stored or handled properly, the inherent risk is minimized. But if something goes wrong and a chemical is spilled, appropriate action must be taken immediately to prevent injury to staff and others, and to minimize the potential damage to other materials and facilities.

Prevention: the best solution

The best way to deal with a chemical spill is to avoid having one in the first place. The key is to follow proper procedures for storing, transferring, handling, using, and disposing of chemicals. Staff will be trained to recognize the hazards and proper procedures associated with every chemical they may encounter, including the actions they need to take when a spill occurs. They will have access to the MSDS (material safety data sheet) for each chemical.

Chemicals should be stored and transported properly, as noted in the MSDS. Staff using the chemicals to wear the proper personal protective equipment (PPE) to minimize the chance of injury as per guideline/when needed.

How to handle a chemical spill:

1. Communicate the hazard

Immediately notify others around the area and any supervisory of the chemical spill, and if the situation warrants it, evacuate the area.

Make sure that anyone who is injured or has been contaminated is removed from the immediate area and taken to a safe place. If appropriate, flush contaminated areas with water while waiting for medical personnel to arrive.

If needed, call 911 or follow the emergency procedures to call for help.

2. Control the spill

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If there is a way to stop the spill or minimize the chances of it becoming worse, take those actions (such as closing a valve or righting a container that has tipped over). Staff should immediately don appropriate PPE for the chemical and the nature of the hazard. In some cases, that will include proper respiratory protection.

If possible (and appropriate), shut down any potential sources of heat or ignition. Increase ventilation to the area if that will safely disperse any fumes. If the fumes present a hazard of their own, it's usually better to isolate the area by closing doors and windows after the area has been evacuated.

3. Contain the hazard

Once the immediate situation has been addressed, take steps to keep the spill from spreading to other areas or contaminating adjacent surfaces. Depending on the material and situation, this usually involves confining the spilled material to a small area by using the UNIVERSAL BUCKET SPILL KIT - 6.5 GALLON (located in Fir Aid Room Diamond unit). Contained the perimeter of the spill to prevent it from expanding and work your way to center.

4. Clean up the spill and any damage

Collect the material used to contain or neutralize the spill and dispose of it in the specified manner. If the spill is small, that may be a plastic bag, while larger spills may require plastic pails or drums. In some cases, you'll also need to dispose of any equipment such as brooms or dustpans that you used to clean up the material. If what you've gathered qualifies as a hazardous material, be sure to label it accordingly and dispose of it as specified by local laws and environmental regulations.

Clean the surfaces that were affected by the spill with the correct material, whether that's bleach, a mild detergent, water, or some other material appropriate for the material that was spilled. Instead of rinsing the area after cleaning, you may need to use another method such as more absorbent material.

Be sure to wash your hands and any other areas that may have come in contact with the materials thoroughly. If your clothing can be safely decontaminated and cleaned, follow the appropriate steps. Otherwise, dispose of the clothing following proper safety procedures.

Reference:

Safety Management Group, "SPILL RESPONSE: THE FOUR CRITICAL STEPS" Retrieval from <https://safetymanagementgroup.com/spill-response-the-four-critical-steps/>

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POLICY

To safely manage the operations of the home during response to internal flooding and system restoration.

PURPOSE

To prevent or minimize impact of internal flooding.

PROCEDURE

1. Rescue anyone in immediate danger.
2. If the flood poses danger to residents, staff or visitors, call 911 immediately.
3. Alert residents, staff and visitors.
4. Unplug non-essential appliances, equipment and computers.
5. Check for water line rupture, sewage contamination. If it is safe to do, shut off the water. Main Water Line Switch located inside Sprinkler room North-East of building.
6. Check for gas leaks, if you smell gas, and it is safe to do so, shut off the gas. Main Gas Line Switch located beside Sprinkler room North-East of building corner.
7. If water lines are disrupted, consider the water supply to be contaminated and follow the facility procedures for emergency water. See Section EE-03-12.
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.
8. Gather critical supplies to take to higher ground/evacuation (e.g., medications, drinking water, health records, important personal items, communication devices, blankets, etc.)
9. Do not allow electrical devices to come into contact with water.
10. If the decision is considered to evacuate the facility, all residents will evacuate on a floor-by-floor basis. See Section EE-03-02.

Reference:

Nursing Home Incident Command System "Incident Response Guide Flood" Retrieval from http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/FloodIRG_2017.pdf

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POLICY

To safely manage the operations of the home during response to gas leak and system restoration.

PURPOSE

To prevent or minimize impact of gas leak.

Signs of a natural gas leak:

- Sight – Damaged connections to natural gas appliances or vegetation that is dead or dying for no reason.
- Sound - Hissing or whistling.
- Smell - A distinctive rotten egg or sulphur-like odour.

PROCEDURE

1. Shut off all burners and stoves
2. Leave electrical devices and mechanical equipment as they are.
3. If possible, shut off the gas line, main switch of gas line located beside Sprinkler room North-East of building corner.
4. Don't turn on or off any light switches.
5. Don't use a telephone.
6. Evacuate everyone immediately from the odor/leak area. See Section EE-03-02.
7. Call 911 from a safe distance (from the odor/leak area) and Enbridge 24-hour Emergency (1-866-763-5427) for immediate assistance.
8. If possible, ventilate the affected portion of the building by opening windows and doors.

Reference:

Enbridge "Smell Natural Gas" Retrieval from <https://www.enbridgegas.com/safety/smell-gas>

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REVIEWED BY:	CEO	REVIEW DATE: OCTOBER 13, 2022

POLICY

Contingency plans will be followed to maintain quality care to the residents in the event there is an interruption of essential services (water, heating, or hydro).

PURPOSE

To realign resources necessary to continue the provision of resident care.

WATER

When there is **advance warning** of water shut off:

1. There is an emergency supply of potable water in the 'Storage Room' in Receiving Area which will be made available by Building Services. (12 cases)
2. Nursing staff will fill tubs and wash basins with water.
3. Dietary staff will fill steam pots, available pans and pots with water.
4. Dietary department will arrange to use disposable dishes and cutlery.
5. Nursing will utilize redi wipes, and antiseptic wipes from the emergency stock.

When there is **no advance warning** of water shut off:

1. Dietary staff will switch immediately to use of disposable dishes and cutlery.
2. Nursing staff will fill tubs and basins with as much water as possible.
3. Nursing staff shall utilize redi wipes, etc.
4. If the water is to be off for an extended period of time (more than 6-8 hours) supplies will be put into circulation '5 day emergency contingency plan'. Potable water (12 cases) is stored in the Storage Room in Receiving Area.

When there is **Boil Water Advisory** announcements advising the public that they should boil their drinking water prior to consumption in order to eliminate any disease-causing microorganisms that are suspected or confirmed to be in the water.

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Follow specific guidance during a boil water advisory:

Use	Instruction
Drinking	Use boiled tap water
Oral Care	Use boiled tap water
Showers or baths	Sponge bathe only
Washing Hands	Can continue to be washed using tap water and a proper handwashing technique, followed by the use of an alcohol-based hand gel disinfectant containing more than 60% alcohol, or rub hands with a 65-95 % alcohol solution. Alcohol-based disinfectant should be rubbed into all areas of the hands until hands are dry. Hands should not be towel dried.
Ice cubes	Use boiled tap water
Preparing food	Use boiled tap water
Beverages	Use boiled tap water
Washing fruits/vegetables	Use boiled tap water
Washing dishes	Use dishwasher that uses hot water (final rinse temperature of at least 65 degree) or has a sanitizing cycle
Laundry	Wash laundry with detergent in hot water at the maximum cycle length, and then machine (hot air) dry

Reference:

Government of Canada, "Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies" Retrieval from <https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidance-issuing-rescinding-boil-water-advisories-canadian-drinking-water-supplies.html#a.2.1>

HEATING

1. Staff will immediately close all doors and windows.
2. In the event of natural gas failure, heating is limited to resident rooms only.

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3. In the event of hydro failure, heating is limited to common areas only.
4. Nursing/housekeeping staff will assemble and distribute thermal sheets, thermal blankets, thermal socks, toques, mitts to the residents as required.
5. Nursing staff should assemble as many residents in one room or area as possible to conserve heat.
6. Dietary staff will provide hot beverages as required.
7. If interruption of heating is prolonged, evacuation may be necessary, or some residents may be sent to another (prearranged re-location site).

HYDRO

1. In the event of a street power failure, emergency lighting will operate through out the facility and heat will be available in all common areas.
2. There will be no lighting or heat available to the resident's rooms.
3. The stand-by emergency generator will provide sufficient electrical power to operate:
 - one of the two elevators
 - Wander guard system
 - magnetic locks
 - nurse call system
 - fire alarm and suppression system
 - telephone communications on ups
 - public address intercom
 - front lobby and entrance lights
 - walk in freezer in kitchen
 - walk-in cooler in main kitchen
 - domestic hot water
 - maintenance shop, all mechanical rooms & kitchen lighting
4. In the event of a power failure the following pieces of equipment will still be functioning in the main kitchen:
All gas appliances that do not require electrical power
5. In the event of a power failure during the night, a portable magnet-stick-on LED light bar is available in each door frame of resident's room for emergency lighting.

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6. There are 5 flush lights and spare batteries are available in each Medication Room for emergency lighting.
7. There are 5 extension cords are available in each Medication Room for critical equipment to plug in Emergency Electrical (red) Outlets during an emergency situation.

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POLICY

In the event of a street power failure, the Emergency Electrical (red) Outlets in Chester Village indicate that they are on emergency backup power.

PURPOSE

The bright red color helps staff quickly and clearly identify where to plug in critical equipment during an emergency situation.

PROCEDURE

There are 5 extension cords available in each Medication Room for critical equipment to plug in Emergency Electrical (red) Outlets during an emergency situation.

Locations of Emergency Electrical Outlets:

Floor	Unit	Room #	Location	# Outlet
Penthouse			Mechanical Room	0

Floor	Unit	Room #	Location	# Outlet
4	Emerald (West)		Nursing Station	3
		4-45	Communication Room	5
		4-48	Treatment Room	3
		4-49	Medication Room	3
			Northwest Hallway	2
			Southwest Hallway	2

Floor	Unit	Room #	Location	# Outlet
4	Amethyst (East)		Nursing Station	3
		4-100	Electrical Room	1
		4-137	Communication Room	5
		4-139	Treatment Room	3
		4-140	Medication Room	3
			Northeast Hallway	2
			Southeast Hallway	2

Floor	Unit	Room #	Location	# Outlet
3	Ruby (West)		Nursing Station	3

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		3-45	Communication Room	5
		3-48	Treatment Room	3
		3-49	Medication Room	3
			Northwest Hallway	2
			Southwest Hallway	2

Floor	Unit	Room #	Location	# Outlet
3	Jade (East)		Nursing Station	3
		3-100	Electrical Room	1
		3-137	Communication Room	5
		3-139	Treatment Room	3
		3-140	Medication Room	3
			Northeast Hallway	2
			Southeast Hallway	2
Floor	Unit	Room #	Location	# Outlet
2	Topaz (West)		Nursing Station	3
		2-45	Communication Room	5
		2-48	Treatment Room	3
		2-49	Medication Room	3
			Northwest Hallway	2
			Southwest Hallway	2

Floor	Unit	Room #	Location	# Outlet
2	Sapphire (East)		Nursing Station	3
		2-100	Electrical Room	1
		2-137	Communication Room	5
		2-139	Treatment Room	3
		2-140	Medication Room	3
			Northeast Hallway	2
			Southeast Hallway	2

Floor	Unit	Room #	Location	# Outlet
1	Diamond (West)		Nursing Station	5
		G-45	Communication Room	5
		G-48	Treatment Room	3
		G-49	Medication Room	3
			Northwest Hallway	2

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			Southwest Hallway	2
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Floor	Unit	Room #	Location	# Outlet
1	Reception		Behind Reception Desk	1

Floor	Unit	Room #	Location	# Outlet
Basement		B-18	Communication Room	4
		B-20	Electrical Room	1
		B-41	Elevator Room	1

EMERGENCY EVACUATION MANUAL

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PURPOSE

To ensure that In the event of a total evacuation of the facility, all residents will be relocated to a predetermined reciprocal facility.

PROCEDURE

All residents will be evacuated on a floor by floor basis. See Section EE-03-02

It shall be the responsibility of the Ward Clerk to ensure that the "Resident Evacuation List" for every floor is always in a to date current status.

It shall be the responsibility of the Ward Clerk to forward to all department heads, current copies of the "Resident Evacuation Designation" list for insertion into their departmental 'Emergency Evacuation Manual' under Section 03-14