



아리랑한인요양원

ARIRANG KOREAN

LONG-TERM CARE

EMERGENCY PREPAIRDNESS PLAN

2025-2026

ARIRANG KOREAN LONG TERM CARE

ARIRANG KOREAN LONG TERM CARE

EMERGENCY PREPAREDNESS PLAN

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SECTION 1

INTRODUCTION

The FLTCA, Reg. 246/22, requires all long-term care homes to have emergency plans which comply with regulations that include measures for dealing with and responding to emergencies, as well as evacuating and relocating residents, staff, and others in case of emergency. Each long-term care home is also required to test, evaluate, update and review their emergency plans with staff as well as complete an attestation of compliance.

It requires that every licensee record the emergency plans in writing, and in developing and updating the plans must:

- Consult emergency services in the area, such as community agencies or health service providers, partner facilities and resources that may respond to the emergency and keep a record of the consultation.
- Identify and assess any risks or hazards to the home or the surrounding community/vicinity.
- Consult with any resident or family councils that exist.

An emergency is any sudden, generally unexpected situation or set of circumstances demanding immediate action.

A responsible employee will take whatever steps he/she reasonably can, first to prevent an emergency from ever happening in the first place, and secondly to prepare themselves as best as they can cope with emergencies that cannot be prevented.

All of us have the responsibility for the care and custody of our residents, as well as for the safety of employees and visitors while in Arirang Korean Long Term Care.

It is for these reasons that we have adopted this Emergency Preparedness Plan, which outlines the actions required of employees to protect life and property in case of fire or other emergencies. It is important that all employees become thoroughly familiar with the part they must play in this plan, they also accept the responsibility to be knowledgeable, skilled and available in the event of a disaster.

It is the individual responsibility to protect oneself from liability by recorded participation in fire drills and in-service.

It is our goal with constant vigilance continual update, safety maintenance and awareness to avoid disaster and be prepared for an emergency.

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EMERGENCY PREPAREDNESS PLAN (EPP)

Overview

On April 11, 2022, the Fixing Long Term Care Act, 2021 was proclaimed and Ontario Regulation 246/22 came into force. Every home must abide by the Emergency Planning Provisions outlined in Section 268, 269, 270, 271, 272 Sections in the Regulations.

Written plans are to detail responses in the event of a disaster, including evacuation drills.

These plans are to be reviewed and revised annually.

Policy

The Emergency Response will be clearly defined in the Emergency Preparedness Plan (EPP) and communicate the standard response in the case of an emergency situation, specific to the home and /or office. An established EPP must be available and understood by all staff, employees and volunteers. All staff will participate in the drills and evacuation procedures.

The EPP will be developed in accordance with provincial government and municipal regulations and will be reviewed with the Occupational Health and Safety Committee and shared with local emergency planning authorities.

The plan will include the following:

- A contingency plan for the care of residents is mandatory in order to deal with an emergency.
- Detailed roles and responsibilities during an emergency situation (including evacuation drills) and must be reviewed and revised annually.
- Arrangements are to be made in advance with local authorities and institutions to provide shelter and resources; alternate sources are to be established to supply emergency power, water, food and fuel ,Identification of entities.
- A communications plan is to be established for enacting the EPP.
- Resident identification procedures, including photographs and identification bracelets, are to be employed.

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Purpose

The purpose of this EPP is to provide a plan of action to be taken in any emergency, which may affect this facility and its residents.

Goals

1. To ensure the continuous well-being of all residents and staff.
2. To provide continuous health care in the event of a major change in the physical plant or service.
3. To ensure the smooth transportation of the residents, materials and records out of the facility into another location if necessary.
4. To minimize the effects of trauma and shock to the residents and staff.
5. To ensure a co-ordinate effort with all services inside and outside the facility.
6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

In the event of any emergency occurring, the Charge Nurse on duty shall be designated as the Incident Commander and shall be responsible for conducting appropriate responses to the situation until other responding officials (i.e. fire department, emergency services, etc.) relieve them.

Training and Education

All Staff, Students and Volunteers must be trained on the Emergency Preparedness Plan (EPP) Prior to their first shift.

It is important that an Emergency Preparedness Program be practiced ensuring that the plan will work in an actual emergency.

Emergency preparedness exercises can be a simulation of a portion or portions of the response to a specific emergency or a paper exercise by a facility team (Tabletop exercise). The specific training procedures are detailed in this section, including evacuation, team relays, fire extinguisher training, etc.

Training in evacuation procedures is an important aspect of staff/student & volunteer training. Thoughtful planning and practice prior to an emergency will provide staff with knowledge that can be used effectively in an emergency.

Note: Provincial regulation requires that all new vulnerable occupancy (includes Long Term Care) staff members be trained in all Emergency Planning procedures as outlined in

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the EPP prior to working. Further, all staff will receive annual refresher training. Records will be kept documenting all staff training.

Staff needs training in the following procedures:

- All Emergency Plans Including, but not limited to;
 - Fire drills
 - Evacuation
 - R.E.A.C.T.
 - Emergency Lifts and Carries
 - Fire Extinguisher Use
- Regular ongoing in-service sessions are an essential part of preparing staff to respond quickly and accurately in an emergency situation. The Administrator will participate with all Managers to incorporate Emergency Response Training into the ongoing Emergency Preparedness Program.

BUSINESS ADMINISTRATIVE CONTINUITY PLAN

Business continuity for administrative functions

Arirang Korean Long Term Care Emergency Preparedness Plan outlines and procedures to provide for the continuity of resident care during unplanned disruptions, which may arise from natural, accidental, or engineered occurrences.

Our EPP outlines the detailed steps and procedure that will be followed to ensure that our residents and staff continue operations in a safe and practical manner. The EPP outlines the critical functions that should be continued in each scenario.

In the event of disasters affecting our operations, the program will support the following objectives:

- Continuation of critical business functions that guarantee resident safety and critical service provision.
- A timely, organized and highly efficient return to full operations of all remaining business functions.

Alternative Locations and ways

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All critical business administrative functions can be carried out at alternate sites that will address the minimum requirements to continue the business operations of the home.

- **All Business functions** such as payroll, billing, payables, etc can be processed out of an alternate site. Arirang Age Friendly Community Centre Management can provide space to continue the business functions of the home.
- Alternate staff at these locations has been trained to complete billing, payroll and payables in absence of the ability to do so at the home.
- The home has redundant backup systems to ensure that resident care can be provided at the home because of total shut down of the network/internet at the facility. Resident care plans are printed and maintained at the home.
- **The resident's medication** profiles are backed up hourly in pdf format and can be printed in an emergency,(including power loss). The back up redundant computer is on the generator and does not rely on internet to print out the medication profiles. This enables the registered staff to continue to dispense medications and document appropriately. **All Residents have timely access to all prescribed medications in an emergency through the Arirang contracted pharmacy emergency line.**
- The home can produce backup flow sheets to ensure care provision is documented.
- In addition; the home has an emergency menu to ensure residents are provided healthy nutrition for a one week period.

Preparedness: In the event of a disaster, every reasonable attempt will be made to restore and maintain normal service levels.

EMERGENCY CODES

We have adopted Emergency Codes in our facility to be used in any emergency. The following is a list of Emergency Codes that will be paged in any emergency to notify staff regarding the type of emergency they are dealing with:

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EMERGENCY RESPONSE CODES

CODE RED	FIRE
CODE ORANGE	MASS CASUALTY
CODE GREEN	EVACUATION
CODE BROWN	HAZARDOUS MATERIAL
CODE BLACK	BOMB THREAT
CODE WHITE	VIOLENT ACT
CODE YELLOW	MISSING PATIENT/RESIDENT
CODE BLUE	CARDIO/RESPIRATORY ARREST
CODE PURPLE	HOSTAGE TAKING
CODE SILVER	ACTIVE ASSAILANT

ACTIVATION OF EMERGENCY PLANS AND RESUMPTION NORMAL PRACTICES

Procedure

During a disaster, staff will receive orders and supervision from their Administrator or immediate supervisor or Nurse in Charge of the facility. Lines of authority and chain of command are to be outlined in APPENDIX B: Facility Specific Organization Chart,

Responsibility

- Administrator/DOC

1. Schedule and conduct emergency preparedness meeting for all the home's managers.
2. Develop the localized requirements for the EPP as a team.
3. Compile all elements of the plan into one complete document.

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- Roles and responsibilities of Emergency Leader as well as all employees
 - Accountabilities for employees before, during and after an emergency takes place
 - Actions steps for all risk levels of an emergency
4. Review the EPP corporately, with representative from Occupational Health and Safety Committee.
 5. Ensure the Fire Plan has been reviewed and approved by the Chief Fire Official of the jurisdiction with authority.
 6. Enter into discussions with the local authorities with regards to emergency shelters and notification procedures in the event of an evacuation.
 7. Responsible for ensuring the EPP is communicated to all staff and volunteers.
 8. Ensuring every employee fully understands the contents of the EPP.
 9. Ensuring fire and emergency drills occur as per procedure and are documented.

- All Staff

Responsible for following the EPP according to assigned role(s)

Post activation emergency

1. Following the activation of the emergency plans contained herein; the home will complete an assessment of the implementation and prepare a debriefing to be distributed to all stakeholders following stabilization of the emergency.
2. The Charge Personnel shall be responsible for following up with Residents and any Substitute Decision Makers (as applicable) to keep them informed as per each emergency policy and as appropriate.
3. The Administrator/Designate shall be responsible for following up with staff and volunteers upon resumption of normal activities to provide them information on the activation of the emergency plan and improvements that can be made.
4. The Administrator/Designate will be responsible for the resumption of normal operations in the home following the emergency.
5. The activation of the emergency plan will also be reviewing at the next scheduled Quality Committee Meeting & Health and Safety Committee meeting as part of the Risk/Safety analysis.
6. Residents requiring support following the emergency will be assessed and appropriate plan of care will be implemented to help support them.
7. Emergency Preparedness- Updating, Evaluating and Testing
The home must ensure that all plans are updated, evaluated and tested. The most current plan must be available upon requested and posted on the home website.

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A written record must be kept regarding the testing of the emergency plans, planned evacuation and of the changes made to improve the plans.

1. The plan must be updated at least annually, including the updating of all emergency contact information

- Emergency Telephone List
- Identification of Community Entities- Community Consultation

2. Within 30 days of the Emergency being declared over

Note: All Community Entities, Residents & Family Councils must be offered the opportunity to offer feed back during the evaluation and updating process.

TESTING

Monthly Fire Drill

Monthly fire drills are an important training component of evacuation techniques and emergency response (refer to the approved Fire Safety Manual) and are to be held on each shift monthly.

Fire drills must be documented listing the staff who participated, the success of the drill, challenges identified, and recommendations for improvement. This documentation will be forwarded to the Administrator for record keeping and follow-up. The Administrator will make record of actions taken to address the challenges and recommendations.

Night shift fire drills may include "table top" discussions so as to not wake or disturb sleeping residents.

Annual Emergency Drill

Emergency drills and exercises which test portions of the plan are to be conducted annually. An annual Emergency Preparedness exercise will be planned co-operatively as part of the annual quality service activities. The exercise will be designed to review and test some aspect(s) of the Emergency Preparedness Plan. A scenario can be created for the emergencies outlined below to assist with the annual exercise.

An annual exercise must include participation of community emergency response agencies.

The Annual exercise will be comprised of the following stages and can take the form of table-top exercises, drills, functional exercises, and field exercises.

- **Plan**
- **Enactment.**
- **Review.**
- **Evaluation.**
- **Follow up to recommendations.**

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Triennial Emergency Drill

A Triennial exercise must include participation of community emergency response agencies. The following emergencies are required to be tested Triennially. The Triennial exercise will be comprised of the following stages and can take the form of table-top exercises, drills, functional exercises, and field exercises.

TABLE-TOP EXERCISE

Policy

A table top exercise is a process used to meet the requirement of an annual exercise. It is designed to be an exercise of the planning and response abilities of the management team and an educational experience of the strength of the facility program. The scenario should be carefully chosen to reflect as realistic a situation as possible.

Procedure

1. Facility chooses a realistic scenario around which the exercise will be planned.
2. The management team is given the initial scenario and then, within the next 2 hours, is given additional detail at regular intervals to which they must plan and respond.
3. The additional details (inputs), as added, are designed in part to add to the planning and response requirements of the individual facility departments as well as challenge the problem solving skills of the management team to utilize their expertise and knowledge of their facility and its procedures.
4. All team members keep continuous notes of the discussions, events, and decisions made.
5. Once the actual exercise has been completed, an evaluation is conducted by the facilitators.
6. Management team members submit a personal evaluation on their response to the emergency which is incorporated into a facility evaluation report on the disaster exercise.
7. Recommendations are prepared as necessary to address and improve in-house procedures or systems as well as recommendations that may be applicable to the Emergency preparedness manual team coordinator.

Responsibility

Administrator

The residential care home's Administrator is responsible for implementing the policies and procedures of the Emergency Preparedness Program and ensuring all staff receive adequate training to fulfill the requirements of the program in the event of an emergency. The Administrator will ensure the fire plan is completed with the site-specific information required and submit the fire plan to the Chief Fire Official for approval. The

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Administrator is responsible to ensure that the home's fire plan meets the specific requirements of the Chief Fire Official for the jurisdiction.

The home's Administrator shall ensure that the home-specific information found in the 'Appendix' section of the EPP is updated annually and available at the home-level.

This updates shall include, at a minimum, the following:

- Emergency Telephone Numbers including public utilities and government agencies
- Corporate emergency telephone numbers including Corporate Communications
- Staff Call Back List (updated monthly)
- Key suppliers, contractors, and support services
- All of the Code Check Lists (Code White, Code Black, Code Red Check List etc.)
- Senior IMS Team Check Lists
- Building Site Plans– showing access roads, evacuation meeting area(s) etc.
- Floor Plans identifying key life safety and exit information
- Floor Plans identifying each room and attached room search check lists
- Mutual aid agreements with other LTC facilities for evacuation assistance

Charge Nurse

The Charge Nurse must be thoroughly familiar with the EPP in order to assume responsibility effectively in an emergency.

The Charge Nurse must be thoroughly familiar with the Incident Manager role.

The Charge Nurse must be thoroughly familiar with the operation of the fire alarm panel and the resetting of the alarm panel, security systems, and other equipment following a fire alarm or power failure.

The Charge Nurse will assume the role of Incident Manager unless relieved by a more senior or capable manager.

Incident Manager

In an emergency the Incident Manager will be responsible for implementing the Emergency Preparedness procedures and directing all staff to ensure the safety and security of residents, visitors, staff and volunteers.

The Incident Manager will use the Incident Manager checklists to assist with the direction of tasks to be completed during an emergency. The Incident Manager will record the time on the checklists when each task is completed and will add other documentation as necessary, such as the names of the staff members tasks

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were delegated to.

The Incident Manager will wear a YELLOW VEST for easy identification during drills /exercises and emergency situations.

Where sufficient staff exists, the Incident Manager will assign a scribe to assist in documenting discussions, decisions, and actions taken. The scribe will also assist in gathering information on the status of residents.

IT IS CRITICAL THROUGHOUT AN EMERGENCY THAT THE INCIDENT MANAGER MAINTAINS OVERALL CONTROL OF THE MANAGEMENT OF THE EMERGENCY AND DELEGATES TASKS WHENEVER POSSIBLE. Upon the arrival of the fire department or police department, the senior officer on scene will become the overall Incident Manager and the home's Incident Manager will work to support their efforts keeping the care and safety of the residents as the priority.

All Staff

All staff are responsible to be familiar with the EPP and their responsibilities.

All staff must respond to a fire alarm or other emergencies as specified in the EPP.

All drills will be treated as a real emergency, and all staff will respond accordingly.

DRUG PROVISIONS

Administrator

The Administrator will ensure the pharmacy has a Emergency and Evacuation Contingency Plan for the provision of medication to the Long-Term Care facility. A copy of this plan will be provided to the Administrator along with 24/7 contacts in the event of an emergency.

The Emergency and Evacuation Contingency Plan must include storage and back up of prescriptions and medication records, ensuring adequate supply of medication along with a backup plan if supplies run short, and a delivery plan with back up delivery methods identified. The plan must clearly demonstrate the steps the pharmacy will take to ensure the consistent reliability of medication, even in an emergency or disaster situation.

Registered Staff

1. Notify the Administrator immediately of any drug provision challenges.
2. Work with the physician and pharmacist to identify options should a specific medication not be immediately available.
3. All Registered Staff and Clinical Managers must Review the PointClickCare EMAR Back-up planning document and EMAR Back-up planning guide through Pharmacy e-portal.

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RESOURCE STOCKPILING - Hand Hygiene Products

Resource Stockpiling is a tool used in the event of an Emergency/Disaster to ensure the homes have the

necessary tools to support residents and maintain operations.

When developing a resource list and planning for its use, homes may consider:

- Completing assessments of each resident's resource needs,
- Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary,
- Consulting different departments within the home,
- How resource stockpiles may differ based on if and where residents will need to be evacuated,
- Where stockpiles can be stored and how they can be monitored and managed to avoid expiry,
- Determining how many weeks of supplies might be required

Note: Resource Stockpiling is not limited to Hand Hygiene and Cleaning Supplies. Other Resources/

Equipment required in an emergency can be added to your inventory lists, utilizing the same rationale and inventory management practices.

Policy

Homes must ensure that they have at least 2- weeks of stock for all Hand Hygiene Products on hand in the event of a Emergency/Disaster.

This includes, but is not limited to the following:

- Alcohol Based Hand Rub: Individual and Wall Pumps
- Resident Shampoo/Body Wash
- Detergent
- Hand Soap

For your Alcoholic Hand Rubs (individual pumps) account for the following:

- The total number (#) of resident beds
- Daily burn rates.

For your Alcoholic Hand Rubs (Wall pumps) account for the following:

- The total number (#) of wall pumps in the facility
- Daily burn rates

For all other Hand hygiene Products:

- Monitor your Daily Burn Rates to determine what would be required to have on hand for 2-weeks based on the size of your home.

HAZARD IDENTIFICATION RISK ASSESSMENT

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PURPOSE

The purpose of this procedure is to provide guidelines on the completion of a basic Hazard Identification and Risk Analysis (HIRA) for the home.

A HIRA ensures that the potential risks to the home are identified and assessed as to their potential risk to the residents and staff. The HIRA is used to prioritize prevention, mitigation, and training priorities for the home.

There are two phases of completing a HIRA process: hazard identification and risk analysis.

The Hazard Identification is a determination of the various hazards that are pertinent for a specific location. - This is completed by assessing what types of emergencies could occur within your home and in the community.

The second process is the Risk Assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it occur.

POLICY

The Administrator shall conduct a Hazard Identification and Risk Analysis for the home using the HIRA guidelines found in Hazard Identification Risk Assessment- Process

Identification of Community Entities- Community Consultation

1. The Emergency Preparedness Plan (EPP) must conform and be coordinated with local and provincial Emergency Planning activities. The Administrator must be aware of and participate in the community's local emergency planning. This can be coordinated through the Community Emergency Response Coordinator (CEMC).

Important: consult with entities during the planning process, these entities may be involved in or provide emergency services in the area where the home is located including, without being limited to, local community agencies, networks, health service providers etc.

2. Keep record of all interactions with these Community Partners.

3. Ensure a list is kept of all Community Entities, Partners and their contact information.

• APPENDIX A: List Community Entities, Partners and Contact

Information, where you will search and develop a list of community partners whom you will reach out to for consultation on plan development, activation and post-emergency suggestions.

Plan Updating

1. The entire plan must be updated at least annually,

- Including the Community Entities contact info and;

- Within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

- **Important:** all community entities must be consulted during the updating process.

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2. The Fire Safety Manual will be reviewed for updates on an annual basis. Updates are sent to the Fire Safety Prevention Company who wrote the manual for submission and approval of the local fire chief.

◦ Approved fire plans are to be accompanied by a letter from the local office of the fire chief.

Appendix A:

Arirang Contact Information			Updated Oct 6, 2025
17 Maplewood Ave, Toronto M6C 4B3 T 416-979-7027, F416-979-7088			
Service	Name	Phone	Other Contacts
Emergency Contact			
Administrator/D.O.C	Helen Jung	647-624-1292	Fax) 416-979-7088
AAFCC board E. D	Choongdae Jeong	647-991-4301	
Day Charge Nurse	Joane Lee	647-618-6872	
Environmental	David Park(Apt/building Issue)	416-262-1575	superintendent@15maplewoodave.com
	Diane Kwak(FSS & Environment)	647-463-5123	
Fire Monitoring service		416-467-1578 Code: 16592561	Fax) 416-248-9946
Exclusive Alarm		416-247-0980	
Elevator	Quality Allied	905-305-0195	
HVAC, PLUMBING	DiversaTech Mech	Omar; 416-989-6638 Adam; 416-991-8922	
Fuel	Roma Fuel	416-656-4189	
Generator	MD Generator	416-521-7266	
Snow removal		George; 416-884-4212	
IPAC North Hub & NLOT	Sunny Brook Hospital	416-480-6100x2206	Jaclyn.O'Brien@sunnybrook.ca
Toronto Central LHIN	Placement coordinator	Kelly Casewell 416-217-3820	
Medical Contact			
Medical Director	Dr. Matthew Kim	C: 647-282-1265	Fax) 416-532-3531
		W: 416-532-3397	Kim1265@rogers.com
		H: 416-226-1265	Dr.Kim's office: 726 Bloor St.W. #2032
Physician	Dr. Antonio Lee	C: 647-997-4837	antonioleemd@gmail.com
Pharmacy MediSystem	Amy Kim	416-527-1478 / amykim@imedisystem.com	Fax) 416-441-9234
	(Pharmacist)	416-441-2293	
		1-888-422-5579 ex:265	
	IT Support	1-888-422-5579 ex:627	
Life Mark	Sarah Elevazo	1-800-315-4417	Fax) 416-481-2168
Physiotherapy		Cell: 416-456-8797	sarah.elevazo@lifemark.ca
Occupational Therapy	Senthikumar Sengdan (therapist)	647-855-3421	
Access abilities	Vince	416-895-5253	Fax) 416-237-9654
X-ray & Ultra	WMMI	519-601-3007	Fax) 888-250-3235 info@wmmii.ca
Lab	Office	416-493-9797(office)	
	Elena	647-686-2859	
	Lab Result	416-449-2166	

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Foot Care	Colleen	647-858-7980	
Accessible Transport service	Dignity Transportation Inc.	416-398-2222	
Medigas (Oxygen)	Chad St-Pierre	416-941-1238	Fax) 416-365-0092
List of Hospitals in Toronto			
Toronto General	416-340-4800	200 Elizabeth St, Toronto M5G 2C4	
Toronto Western	416-603-2581	399 Bathurst St. Toronto M5T 2S8	
St. Michael's	416-360-4000	30 Bond St. Toronto M5B 1W8	
St. Joseph's	416-530-6000	30 The Queensway, Toronto M6R 1B5	
Mount Sinai	416-596-4200	600 University Ave. Toronto M5G 1X5	

ARIRANG KOREAN LONG TERM CARE

EMERGENCY PREPAREDNESS PLAN

SECTION 2

FIRE PLAN RESPONSIBILITIES

This plan is a unique document prepared specifically for Arirang Korean Long Term Care. All of the procedures in the plan provide staff with the guidance necessary to ensure the safe evacuation of residents and visitors from the building.

The implementation of this fire plan will ensure the optimum use of all life safety features installed within the building. The plan reflects the various functions within the building and the resources available to residents. The plan identifies the essential components to ensure an orderly and safe emergency evacuation of all residents and staff under emergency conditions.

OWNERS / ADMINISTRATORS RESPONSIBILITIES

The facility owner is responsible for the following:

- Ensuring the fire safety plan is developed and approved and fully implemented. Ensure that the fire safety plan is maintained and updated.
- Establishing and posting the fire emergency procedures on each floor
- Appointing, organizing and training supervisory staff to carry out fire safety duties and emergency procedures. Ensuring alternate staff are trained and designated to act as supervisor in the event the appointed supervisor is unavailable or incapacitated.
- Ensure that all staff is trained in the use of existing fire protection equipment and actions to take when responding to a fire.
- Ensuring fire drills involving all staff are held at least monthly.
- Scheduling and co-coordinating regular fire drills
- Ensuring that fire hazards throughout the building are identified and eliminated or controlled
- Providing alternate measures for fire safety during the temporary shutdown of fire protection equipment
- Keeping records of all tests and corrective measures of the above for a period of two years after they are made. This record will be made available to the Chief Fire Official when requested.
- Keeping records of all training, fire safety education, and fire drills are delivered to residents and staff.

NURSING MANAGER / SUPERVISOR RESPONSIBILITIES IN FIRE SAFETY

- Identify and establish a plan for residents who require assistance to evacuate due to physical or mental disabilities
- Ensure all hallways and stairwells are kept unobstructed of storage, debris and equipment

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EMERGENCY PREPAREDNESS PLAN

- Ensure stairwell doors and doors in other fire separations are kept closed except where approved hold-open devices are provided. Do not allow anyone to interfere with the self-closing device on any door.

FOOD SERVICE SUPERVISORS RESPONSIBILITY IN FIRE SAFETY

- Ensure that cooking equipment and appliances are maintained in good working order.
- Ensure all grease filters in hoods and duct systems are maintained and tested in accordance with Part 6 of Fire code.

LAUNDRY / HOUSEKEEPING SUPERVISOR RESPONSIBILITY

- Ensure that commercial laundry equipment is maintained in good working order
- Ensure that all duct systems and dryer drums are cleaned of lint and combustible residue regularly.
- Ensure that there is no lint accumulation in the laundry room
- Ensure that flammable or combustible liquid saturated rags are only cleaned off-site
- Ensure that laundry chemicals are safely stored
- Ensure that laundry staff know how to shut down the drying equipment safely in order to prevent foam rubber products from spontaneously heating.

HOUSEKEEPING SUPERVISORS' RESPONSIBILITY IN FIRE SAFETY

- Ensure that commercial housekeeping equipment is maintained in good working order
- Ensure that cleaning chemicals and materials are safely stored

MAINTENANCE RESPONSIBILITY IN FIRE SAFETY

- Ensure that all fire protection equipment and building features such as fire separation, emergency lighting, fire alarm systems, sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishers, fixed extinguishing systems and voice communication systems are checked, tested, and inspected and maintained in accordance with Parts 2, 6, and 7 of the Fire Code and all applicable standards
- Ensure that magnetic locking devices, if installed on exit and access to exit doors, release upon activation of the fire alarm and adjacent manual pull stations.
- Maintain permanent records of all fire equipment inspections, tests and maintenance as set out in Subsection 1.1.2 of the Fire Code.
- Access roadways, fire routes, hydrants and pumper connections are accessible to the fire department and are clear of all obstructions.

RESPONSIBILITIES FOR SUPERVISORY STAFF:

ARIRANG KOREAN LONG TERM CARE

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- They are aware of their responsibilities upon discovery of a fire, or upon hearing the fire alarm.
- Stairway doors are always kept in the closed and latched position
- Doors that separate floors into fire safety zones are kept closed and always latched, unless designed to close automatically upon activation of the fire alarm
- Self-closing devices attached to doors are not disengaged or rendered inoperable
- Doors on hold-open devices in fire separations close automatically upon activation of the fire alarm.
- Stairways, landings, hallways, passageways, and exits are kept clear of any storage or other obstructions
- Combustible waste and debris accumulations are restricted to designated storage areas within the building
- Understand what each type of fire alarm signal means and how to initiate the fire alarm from anywhere in the facility. This also included activation of the second stage evacuation signal of the fire alarm.

RESPONSIBILITIES FOR ALL STAFF

- They are aware of their responsibilities upon discovery of a fire, or upon hearing the fire alarm
- Stairway doors are always kept in the closed and latched position
- Doors that separate floors into fire safety zones are kept closed and latched at all times, unless designed to close automatically upon activation for the fire alarm
- Self-closing devices attached to doors are not disengaged or rendered inoperable
- Doors on hold-open devices in fire separations close automatically upon activation of the fire alarm
- Stairways, landings, hallways, passageways, and exits are kept unobstructed of any storage or other items
- Combustible waste and debris accumulations are restricted to designated storage areas within the building
- Understand what each type of fire alarm signal means and how to initiate the fire alarm from anywhere in the facility. This also included activation of the second stage evacuation signal of the fire alarm.

SECTION 3

AUDIT OF HUMAN RESOURCES

Building Owner: Arirang Age Friendly Community Centre

Long Term Care Administrator: Helen Jung (Arirang Administrator)

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EMERGENCY PREPAREDNESS PLAN

Address: 17 Maplewood Avenue Toronto, Ontario M6C 4B3

Phone Number: 416-979-7027 Ext.222

Monitoring Company: Exclusive Alarms Corporation Phone Number: 416-247-0980

AUDIT OF BUILDING RESOURCES OCCUPANCY TYPE

Care Floor LTC M & Floors 4, 5, 6

Residential Floors 2, 3, 7, 8, 9, 10, 11, Penthouse

Storeys including basement: 14 Floor area (916 m²)

Type of construction: Non-Combustible Year of construction: 2006-2010

Heating system (type) Gas

Main gas shutoff location: Exterior of the building on the East side.

Main electrical shutoff location: Main Electrical Room, Basement Level B1

Main water shutoff location: Plumbing/Sprinkler Room, Basement Level B2

FIRE DEPARTMENT ACCESS

Designated fire access route - Yes

Nearest hydrant location: North side of Maplewood Avenue across from the main entrance.

Private hydrants: No

Key safe: Yes (location(s)): Fire Safety Plan Box

EXITS

Number of stairwells: 2

Stairwell locations: See Drawings

Electromagnetic locking devices: No Yes (manual override switch located in the CACF/Security Room)

EMERGENCY LIGHTING - Yes

Type: Battery Pack Generator Powered Duration: Generator Duration 24 hour (Required to be a minimum of 2 hours)

Battery pack location: Generator room on mechanical penthouse.

PORTABLE FIRE EXTINGUISHERS - Yes

Type: Multi-Purpose

General locations: Corridors located in Fire Hose Cabinets

EXTINGUISHING SYSTEMS - Yes

Area of coverage: Kitchen Hood Suppression System (Ground Floor Kitchen)

Manual release location: Beside the kitchen hood mounted on the wall in the kitchen.

Tank location: Beside the kitchen hood mounted on the wall in the kitchen.

Type of extinguishing agent: Wet Chemical ProTex II L3000

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Connected to fire alarm: Yes
Automatic fuel supply shut off: Yes

STANDPIPE SYSTEM - Yes

Hose stations: See Drawings (Adjacent exit stairs)
Size of hose outlets: 68 mm & 38 mm (2-1/2" & 1-1/2")
Length of hose: 30 m Nozzle type: Combination
Fire department connection (location): See FSP-01 (Beside main entrance)
Fire pump(s) - Yes (location): Plumbing/Sprinkler Room Basement B2 (capacity): 500 GPM at 50 PSI

SPRINKLER SYSTEM - Yes

Type (s): Wet Dry Other Area of coverage: The Ground Floor and the LTC floors (4, 5, 6) are protected with a wet system, the underground parking B1, B2 and Ramp are protected with a dry system.
Shutoff or Isolation Valves: See Drawing FSP-02 for main shut off and isolation valves.
Fire department connection - Yes (location): Next to the Entrance of the Main Lobby (See Drawing FSP-01).
Fire pump(s) - Yes (location): Plumbing/Sprinkler Room Basement B2
Spare heads location: In the Plumbing/Sprinkler Room

GENERATOR - Yes Location: Generator room on the Mechanical Penthouse Level
Fuel Diesel Fuel supply location: Diesel Storage Room, Basement Level B1
Transfer switch location(s): Generator room on the Mechanical Penthouse Level
Location of manual starting instructions: Generator Room Equipment powered by generator: Emergency Lighting, Fire Pump, Heating System, Heat pumps, All 3 Elevators, Stairwell Pressurization Fans, and other non-emergency equipment.

ALARM SYSTEM - Yes Manufacturer: Mircom Model: FX-2000

Type: Single stage
Two stage Acknowledge switch - Yes (location): CACF/Security Room
Secondary power supply: Dry Cell Battery Control panel location: CACF/Security Room (front lobby)
Annunciator location: Entrance to 15 & 17 Maplewood Avenue (See FSP-04), Nursing Stations (See FSP-07)
Audible signal devices (type): Speakers, and Strobes
Type of Detection: Heat Detectors, Smoke Detectors, Duct Smoke Detectors, Sprinklers.
Locations: Each apartment is equipped with a heat detector and smoke alarm.
The Long Term Care resident's rooms are equipped with smoke detectors.
The public spaces/corridors are equipped with smoke detectors.
Exit stairs are equipped with smoke detectors.
The pressurization fans are equipped with smoke detectors.

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Heat detectors are installed in each garbage room, roof top mechanical room, 12th floor party room and various service rooms and spaces.

Monitored:- Yes

Company: Exclusive Alarms Corp.

Ancillary devices

Fan shut down - Yes

Elevators return to grade - Yes

Closing of fire doors - Yes (locations): See Drawings

Gas shut-off - Yes (Kitchen, Laundry)

Electromagnetic locking Devices - Yes

EMERGENCY VOICE COMMUNICATION SYSTEM - Yes

Manufacturer: Mircom QX-5000

Control panel location: CACF/Security Room See Drawing FSP-04

All call - Yes

Selective - Yes

Operating instructions: Located in the CACF Room.

Approved message texts are located in Appendix A of the fire safety plan. Firefighters handsets - Yes (locations): Near exit stairs.

CARBON MONOXIDE DETECTOR - Yes (Locations: Garage, Ground Floor Mechanical Room adjacent Kitchen)

ELEVATORS - Yes

Fire fighter(ff) elevator: - Yes

Automatic recall: - Yes

Manual recall switch(es): - Yes

Total number of elevators: 3 (ff) elevator location: See Drawing FSP-04

Floors served by (ff) elevator: Elevator 1, Serves B2-Penthouse Elevator 2, Serves for LTC B2, B1, M, 4, 5, 6 Elevator 3, Kitchen Service for LTC M, 4, 5, 6

Location of recall/operating keys: CACF/Security Room and the FSP Box.

SMOKE CONTROL - Yes

Pressurization - Yes (location): Elevators, Stairwells

Manual controls: - Yes (location): CACF/Security Room Smoke shaft No Yes (location):

PART 3 DISTRIBUTION

Location: At the main entrance. A Fire Safety Plan box has been provided.

SECTION 4

ARIRANG KOREAN LONG TERM CARE

EMERGENCY PREPAREDNESS PLAN

FIRE PROTECTION SYSTEM

Please see the separated file of the Ariang Fire Safety Plan.

Fire Alarm Systems

The purpose of a Fire Alarm System is to alert all the occupants of the building that an emergency of fire exists so that such occupants may put into practice the measures required by the Fire Safety Plan.

The Facility shall endeavor to ensure that the fire alarm system is always maintained in full operating conditions.

The building is equipped with a multiple zone, two stage Monitored Fire Alarm System.

The fire alarm system receives its emergency power from its own battery backup.

Pull stations, smoke detectors, heat detectors and sprinkler flow switches are located throughout the building and when activated will sound the first stage fire alarm system.

Upon hearing the signal, the Toronto Fire Services must be called by the Charge Nurse at 911.

Signal devices are in each room, corridors, and common rooms.

There are heat detectors in each resident's room. When activated they will have an audible buzzer.

Each floor is a zoned West and East.

SECTION 5

FIRE EMERGENCY PROCEDURES

GENERAL EMERGENCY PROCEDURES FOR ALL STAFF

Upon the discovery of a fire emergency, refer to the acronym “**REACT**” to assist all staff in following the correct emergency procedures. The sequence of steps in the acronym

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will vary depending upon the circumstances of the fire and the abilities of the responding individuals.

A. IF YOU DISCOVER A FIRE

Remove persons in immediate danger if possible.
Ensure the door(s) is/are closed to confine the fire and smoke.
Activate the fire alarm system using the nearest pull station.
Call the fire department and/or notify reception.
Try to extinguish the fire or concentrate on further evacuation.

B. ON HEARING THE ALERT STAGE 1 FIRE SIGNAL

1. Return to your unit or proceed to the fire as assigned.
2. Close all doors and windows if possible.
3. Ensure all exits and corridors are unobstructed.
4. Reassure residents and visitors.
5. Turn on lights.
6. Await further instructions.

C. EACH EMPLOYEE MUST KNOW

1. The procedures shown in sections above.
2. Specific instructions for his or her department.
3. The location and operation of the following in his or her work area:
 - a) Fire Alarm Pull Stations
 - b) Hose Cabinets
 - c) Extinguishers
 - d) Fire Exits

D. REMEMBER

1. Do **NOT** shout "**FIRE**"
2. Do **NOT** use elevators
3. Do **NOT** use telephone unless necessary

*** Fire Extinguishment, control, or confinement.**

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher, or the smoke presents a hazard to the operation, then the door to the area should be closed to confine and contain the fire. Leave the fire area, ensure the fire department has been notified and wait for the Fire Department.

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If you hear an evacuation signal:

- Relocate all residents who are in danger.
- Co-ordinate the assembly and relocation of all other residents.
- Await further instructions if floor area is in no immediate danger.

FIRE PROCEDURES FOR RESIDENTS (OCCUPANTS) *

Upon discovery of fire;

1. Remain calm.
2. Leave fire area immediately.
3. Close all doors behind you.
4. Activate fire alarm system via the nearest pull station.
5. Call the fire department from a safe location – Dial 911
6. Leave building via nearest exit.

Upon hearing the stage 1 fire signal

1. Stand by and prepare to leave the building if instructed **to do so**.

Upon hearing the stage 2 fire signal

1. Move to area where staff are directing residents beyond fire doors.
2. Leave building via the nearest exit.

When evacuating an area; if you encounter smoke; use an alternate exit.

SECTION 6.0

FIRE DRILLS

FIRE DRILLS AND EVACUATION EXERCISES

FIRE DRILLS

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EMERGENCY PREPAREDNESS PLAN

1. The Facility shall conduct at least one fire drill per month up to three drills per month at different times and locations to ensure all staff practice Fire Safety Procedures. The facility will complete at least one drill per month as per Fire Code. They will be coordinated to ensure all shifts are covered and all staff attends. Fire drills will be carried out by the RN on duty on each of the three shifts.

2. The area to be tested will not be announced in advance. However, the Fire Marshal informs the Supervisor, Reception and Maintenance of the time and location prior to drill.

3. All employees in the facility are to participate in the drill. Individuals should respond as though it were a real fire.

4. At the end of the drill, the RN will reset the fire alarm system and completes the "All clear" announcement over the P.A. system.

5. A report on the drill is then completed including the names of staff members on duty during the drill. The report is submitted to the Administrator.

EVACUATION EXERCISES

During the fire drills, an evacuation exercise is to be conducted at least once a year upon fire department direction. Records will be maintained on the dates, findings and commendations of these exercises on the fire drill report.

FIRE DRILL MASTER ATTENDANCE RECORD

A list of all staff members on duty during the drill will be kept with the report of the fire drill.

Records will be kept of all staff participating in fire drills to ensure that all staff have participated in at least one fire drill per year.

All records of fire drill attendance will be maintained in the home for a period of two years.

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SECTION 7.0

ALTERNATE FIRE MONITORING

IF FIRE ALARM SYSTEM BECOMES INOPERABLE for any reason, the following **"Alternate Fire Plan"** will be put into effect.

1. Notify residents and staff that you are in a Fire Alarm system is inoperable situation by announcing instructions for alternate provisions or actions to be taken in case of an emergency.
2. The Supervisor must notify the Fire Alarm Monitoring Service to notify them that the alarm is inoperable.
3. The senior person on duty in each department will ensure that all areas in his/her department are patrolled every 30 minutes, so that if a fire starts, it will be quickly detected. Keep records of your fire rounds.
4. The Administrator (or senior charge person in her absence) shall ensure that all areas of the premises are patrolled every 30 minutes until the alarm system is operable.

If any areas protected by a sprinkler system are non-operational, (sprinklers only) call the Fire Department to inform them that the sprinkler in that area is non-operational.

IF FIRE IS DETECTED (while the fire system is not functioning)

1. The person finding the fire must follow "General Fire Procedures" see "If you Discover a Fire".
2. Senior staff on the scene **MUST** page location so there is immediate assistance. **REMEMBER THERE ARE NO BELLS.**
3. The most senior person on duty in the area where the fire is detected must call the Fire Department at 911 (or direct someone else to make the call).
4. When the "All Clear" is sounded, the following announcement is to be made: "We are now announcing the ALL CLEAR."

WHEN THE FIRE SYSTEM RETURNS TO NORMAL

1. Receptionist or Supervisor announces, "Fire System is normal" to residents and staff.
2. Notify Ministry of Health by completing a critical incident S.107 (3) 2 that system was malfunctioning.
3. Notify the Fire Monitoring Company that the system has been restored.
4. If it was the sprinkler system affected; notify the Fire Department when it has been restored.

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EMERGENCY PREPAREDNESS PLAN

SECTION 8.0

SMOKING POLICY

OBJECTIVE OF POLICY

To ensure the safety of both staff and residents with regards to the dangers related to smoking.

POLICY COVERAGE

Precautionary and preventative safety measures having application to smoking by residents, staff, and visitors.

DESIGNATED SMOKING AREAS

There are no designated smoking areas within the facility.

1. Residents
 - a) Outside in designated patio.
2. Staff and Visitors
 - a) No smoking on the property. Rear area by laneway or sidewalk at corner.

REGULATIONS

1. No smoking is permitted within the building or within current legislated distances of the entrances.
2. Residents may not have cigarettes and ignition devices (matches, lighters etc.) in their possession. Residents who are permitted to smoke will leave their cigarettes and lighters with the front desk which will be locked up when not observed. Residents who do smoke will have to obtain their cigarettes and lighter from the front desk personal or charge nurse on duty.
3. Only residents who are able to smoke independently outside the building will be allowed to smoke. Those residents who smoke must be able to do so safely on their own outside the building. In all cases, a smoking cessation program will be recommended for any resident who smokes.

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4. Smoking assessments shall be completed on all smoking residents upon admission, quarterly and with any significant change.

ONGOING STAFF RESPONSIBILITIES

1. All Staff

- a) To be aware of, and enforce, the facility's smoking policy.
- b) To smoke only in the areas designated for staff smoking.

2. Director of Care, Charge Nurse

To instruct incoming residents and their families about the smoking policy during the pre-admission interview and again at the time of admission. To inform the Ontario Health Team of our current smoking policy, to ensure that residents are appropriately placed within the facility.

All residents who are unable to manage their smoking independently will be refused admission to the facility, on the basis that we do not have the necessary accommodations and staff to meet their current needs.

ENFORCEMENT OF SMOKING POLICY

POLICY

All contraventions of the smoking policies will be handled in the following manner.

PROCEDURE

Resident

1. Immediate extinguishments of smoking material.
2. Explanation of policies and verbal warning.
3. Removal of smoking materials i.e. cigarettes, matches, etc.
4. A letter to be issued to the next-of-kin notifying them of the incident
5. Completion of an incident report if warranted.

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EMERGENCY PREPAREDNESS PLAN

6. If repeated offender, the resident may be prohibited from smoking if possible.
7. If resident does not comply and the incident recurs, management will be forced to provide a written notice “Final Warning” to resident.

Staff

1. Follow – steps 1, 2, 3 listed above.
2. Report the contravention to the supervisor of the shift.
3. Document on the employee’s file the nature of the contravention.
4. If the incident recurs management will take further disciplinary action.

Visitors

1. Ask the visitor to comply with the policy, and to cease smoking.
2. If he/she refuses to comply, ask the visitor to leave the premises.
3. Report all incidents to the Administrator.

<p style="text-align: center;">ARIRANG KOREAN LONG TERM CARE</p> <p style="text-align: center;">EMERGENCY PREPAREDNESS PLAN</p>

SECTION 9.0

EVACUATION PROCEDURE – CODE GREEN

PURPOSE

The purpose of evacuation is to remove residents from an unsafe area to a safe area.

OBJECTIVES

The objectives of the Evacuation Plan are:

1. To ensure the well-being of all residents and staff.
2. To provide continuous health care in the event of a major change in the physical plant or an interruption in a vital service.
3. To ensure the smooth transportation of residents, materials and records to a safe area within or out of the facility.
4. To minimize the effects of trauma and shock to the residents and staff.
5. To ensure a co-ordinated effort with all services inside and outside the facility.
6. To eliminate as much as possible the possibility of surprise and panic in an emergency.

REASONS FOR EVACUATION

1. An immediate life-threatening emergency within the facility.

EVACUATION CO-ORDINATOR

The Evacuation Co-ordinator has overall responsibility for the implementation and direction of the Evacuation process.

The Administrator, Director of Care, any Supervisor, or Registered Nurse, may assume the role of Evacuation Co-ordinator.

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CONTROL CENTRE

The Control Centre for all emergencies will be the reception area in front lobby.

ORDER OF EVACUATION

1. Residents in IMMEDIATE DANGER
2. Residents who are AMBULATORY
3. Residents in a WHEELCHAIR
4. Residents who are BEDRIDDEN
5. Residents who are UNCOOPERATIVE

STAGES OF EVACUATION

There are four types of emergency evacuation procedures that can be conducted within a health care facility.

1. **Immediate Evacuation:** This evacuation consists of the room in which the code red originated, the rooms on either side, and the room directly across.'

2. **A Horizontal Extended Evacuation** is a complete evacuation of all people in the Fire Area beyond designated fire Barrier Doors to a previously designated safe area on the same floor.

3. **A Vertical Extended Evacuation** is a complete evacuation of all people on the fire floor in a vertically downward direction. Descent should be made from the non-fire side of the building (beyond the fire barriers), or out of the building via the end exit farthest from the fire. Code Green-Stat should take place at the discretion of the Fire Department in consultation with an administrative representative.

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4. **Total Evacuation** of all persons in the home is necessary, the Evacuation Alarm will be sounded. The decision to totally evacuate all persons in the home will be made by the Fire Department in consultation with the administration representative in the Fire Control Room.

NOTE: The alert stage of the two-stage alarm system is operational when evacuation stages 1,2,3, are being conducted.

Horizontal Evacuation - Stage 1

Residents in immediate danger are evacuated away from a fire.

Action

1. Remove residents or staff from immediate area.
2. Close room doors.
3. Ensure that door marker is engaged.

Horizontal Evacuation - Stage 2

When a threat to residents' safety persists (fire, smoke or other), the residents are evacuated to a safe area on the same floor beyond a fire separation door.

Action

1. The evacuation should be started by the Evacuation Co-ordinator.
2. Remove residents in the fire area to a safe zone on the same floor beyond the fire separation door.
3. Search each room for residents in the affected fire zone, including bathrooms, closets, under beds, shower rooms, and public washrooms.
4. Close all doors as you proceed.
5. Ensure that door marker is engaged.
6. Do not allow any resident to return to an evacuated area.

Note: If floors immediately above or below the fire area are threatened horizontal evacuation of these floors should be initiated as well.

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VERTICAL EVACUATION

If an emergency persists and threatens the safety of residents on the second floor, the Evacuation Co-ordinator will order a vertical evacuation of that floor.

Action

1. Staff will assist ambulatory residents down available stairwells. Be certain that confused residents are supervised on first floor.
2. If given permission by Senior Fire Official, elevator may be used for wheelchair residents.
3. Be certain all residents are moved to Main Lobby for supervision (or other designated area as required).
4. Make final check of floor if possible.
5. Remove records if possible.

TOTAL EVACUATION

If, because of fire or other disaster, all residents on all wings are affected, total evacuation will be necessary. The authority to initiate total evacuation will be the Evacuation Co-ordinator or Senior Fire Official on the scene.

Action

1. Residents will be moved to the Lobby Entrance, Auditorium or to another area if designated by Evacuation Co-ordinator.
2. Keep to the right of hallways when moving residents.
3. DO NOT allow any resident to return to an evacuated area.
4. If fire or other hazardous situation prevents residents from reaching designated area inside the building, leave building through nearest exit.

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5. Evacuation Co-ordinator will assign two staff members to identify, list and count each resident leaving the facility. Residents will be assembled in the lobby or will be placed directly into waiting vehicles for transport to either:
 - a) Acute Care Hospitals for acute medical treatment if required
 - b) Korean Churches in Korean community by AAFCC
 - c) If it becomes necessary to arrange accommodation for an extended period; accommodations can be made as per the current Emergency Shelter or nearby LTCHomes by coordination TCLHIN.
(e.g. Castlevue Wychwood Tower Long Term Care (City of Toronto) 351 Christie Street, Toronto, Ontario M6G 3C3.
1-416-392-5700
6. Each group of residents transported to another location will be accompanied by a staff member designated by the Evacuation Co-ordinator.

DIRECT CARE STAFF - RESPONSIBILITIES (RN, RPN, HCA, AND PSW)

1. Ensures that residents in their area are appropriately dressed and covered. Obtain extra blankets, jackets, etc. from linen storage room.
2. Ensures that residents are safely removed from the facility.
3. Ensures that residents are properly identified (Arm band, name tag).
4. Ensures that any person transporting resident to receiving facility is apprised of his/her medical situation.
5. Ensures destination of residents is recorded so that records etc. can be transported later.
6. Accompanies residents to receiving facility, if requested.
7. Ensures that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medications and are requested to leave a forwarding address.

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RESIDENTS' RECORDS

1. AFTER the residents have been evacuated from the affected wings, the Charge Nurse will assign staff to remove MAR books, Residents' Medical Charts from the floor.
2. Charge Nurse must ensure that all drug carts, drug cupboards, and medication rooms are locked before leaving the floor.
3. Note: AT NO TIME should staff remain in a hazardous environment after the residents have been evacuated, the records, although important, can be left behind if staff feel they cannot remove them without risking their own lives.

EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION

1. Medications (Charts, etc.)
2. Resident Care Plans
3. Resident Medical Charts
4. Staff phone number lists.
5. Family contact number lists.
6. Adequate blankets and bedding.
7. Residents appliances as necessary (shavers, etc.)
8. Residents personal clothing and grooming aides.

DUTIES OF EVACUATION CO-ORDINATOR

Assuming an evacuation is in progress, the Evacuation Co-ordinator will attend to the following: (Delegate to other staff as required).

1. Announce over the overhead paging system:
“**Code Green**” repeat three times
2. Assign a staff member to call in all off duty staff. Follow call-in procedure for all staff, and call in additional personnel as required to assist with evacuation or to go to receiving centres to care for arriving residents (including physicians).
3. Confirm that transportation arrangements made with community authorities have been initiated.
4. Assign residents to other facilities as per plan as required.

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5. Notify receiving centres of emergency and the numbers of residents being referred.
6. Ensure that all residents are appropriately identified with armbands or nametags.
7. Ensure a list of all residents being evacuated is made prior to residents leaving the building and as they board vehicles (to ensure an accurate head count).
8. Ensure residents being evacuated are properly clothed or covered for the weather.
9. Assign personnel as appropriate to inform families of situation by phone.
10. Ensure sufficient medical documentation accompanies residents (if possible).
11. Ensure that all residents and staff are accounted for. (Fire Department to double-check all evacuated areas).
12. Assign personnel as appropriate to inform families of situation by phone.
13. Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive necessary medication, and sign responsibility sheet.
14. Make a list by department of the necessary equipment to be evacuated (e.g. drug carts, extra blankets, bed linen, personal clothing, nursing supplies from store room).
15. Restrict admissions to facility to authorized personnel only.
16. Refer members of the press to Administrator or AAFCC.
17. Notify Ministry of Health.

BUILDING LEFT UNATTENDED – THE EVACUATION CO-ORDINATOR OR LOCAL OFFICIALS MUST:

1. Make final check of empty building to ensure all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.

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2. Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary to prevent vandalism.
3. Notify police that building is empty and unattended.
4. Post signs on door indicating new location, who to contact and telephone number.

GENERAL PRINCIPLES

DO NOT evacuate across the path of a fire or through dense smoke.

DO NOT use the elevator for evacuation unless authorized to do so by the Evacuation Co-coordinator/Fire Department.

DO NOT panic. Move quickly but safely. Tell residents what you are doing and reassure them.

DO NOT Shout.

DO NOT allow a resident to return to an area, which has been evacuated.

DO keep exits and hallways clear of equipment to facilitate movement of traffic (e.g. clear empty wheelchairs away from head of stairs, move cleaning carts into a room, etc.)

COMMUNICATIONS

1. Relatives

The Evacuation Co-administrator/Administrator will be responsible for establishing a system whereby the relatives of residents are advised of the whereabouts of their family member as soon as possible.

2. Media

Only the Administrator has the authority to communicate with members of the media. Staff must direct all enquiries to these persons.

The Administrator will designate one employee to answer calls from concerned relatives or friends. All other calls must be directed to the Administrator.

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EVACUATION TRANSPORT PROCEDURE

When an order to evacuate is given, the Ambulance Dispatch Centre would be notified.

Upon notification of evacuation order, Ambulance Dispatch Centre would act as follows:

1. Commit two ambulances to our home. One vehicle would then become disaster command supplying direct radio communications with surrounding local hospital and if necessary, Hospitals. The disaster command vehicle would inform ambulance dispatch of the numbers of residents to be transported and their status, i.e. wheelchair, stretcher, ambulatory.
2. In the event of a community disaster and the above transportation is not available, we would utilize the following modes of transportation.
 - a) personal cars
 - b) volunteer's cars and vans.
 - c) Accessible Transportation vehicles (e.g. Dignity Transportation Inc)
3. For those who cannot be moved by car, we would wait for ambulances to be clear.
4. The city will supply their transit buses within 15 minutes of request during the day and 30 minutes through the night.

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RECORD OF RESIDENTS TRANSFERRED

[illegible]

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PUBLIC RELATIONS LIAISON AND COMMUNICATION

Under no circumstances will staff release any information to the press without the direct approval of the Administrator.

The Administrator or Director of Care or Office Manager will keep a log of events.

A Public Information Centre will be established at a location as directed by the Administrator.

This information Centre will provide the following:

1. Factual information to officials involved in the emergency operations
2. News release to the news media.
3. Information on the location and state of health of the residents to the concerned individuals.
4. Information to the news media and concerned individuals must have prior approval of the Administrator prior to release.

Localized

Volunteers will be designated as a phone committee to notify resident's families of circumstances of the emergency and when possible, the radio stations will also be utilized.

All reports of casualties or injuries will be reported to administrative staff that in turn will notify next of kin.

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EMERGENCY SUPPLIES

Kitchen	10 Lt milk 2 boxes of tea 4 milk jugs 2 cases of cookies 1 case of instant coffee 1 box of disposable teaspoons 1 box of disposable cups Individual sugar for Reg & Diabetic Diet List Supplement list Tube feeding items
Nursing	Band aids Tape (2 packs - one for holding area - immediately) Roller bandage for transport to receiving area Alcohol Scissors (one to stay in holding area) Gauze squares (one to be kept in Med room) Staff time sheets Sheets (1st floor) Care Plans Charts Medication carts or bins
Housekeeping	3 bed pans 3 urinals 3 emesis basins 3 hand basins 3 large pads 3 pencils 1 doctor's progress notes staff time sheets

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EMERGENCY EQUIPMENT

1. Equipment
 - a) Wheelchairs
 - c) Commodes
 - e) Blankets
2.
 - a) Keep equipment in designated areas
 - b) Work in pairs
 - c) Keep corridors and stairwells free of obstruction
 - d) Delegate staff to bring equipment to emergency area
 - e) Use the stairs - NEVER the elevator

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SECTION 10.0

STAFF EDUCATION & PRECAUTIONS

TRAINING AND EDUCATION

This Home ensures that the following measures are incorporated in the Fire Safety Plan:

- Establishment of emergency procedures to be followed at the time of an emergency
- Appointment and organization of designated supervisory staff to carry out fire safety duties
- Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
- Holding of fire drills
- Control of fire hazards in the building
- Maintenance of building facilities provided for safety of the occupants
- Provisions of alternate measures for safety of occupants during shut down of fire protection equipment
- Assuring the checks, inspections, and tests, as required by the fire code, are completed on schedule and that records are retained
- Notification of the chief fire official regarding changes in the fire safety plan
- Be in complete charge of the approved fire safety plan and the specific responsibilities of the personnel
- Designate and train sufficient assistants to act in this position
- Educate and train all building personnel and occupants in the use of the existing fire safety equipment, and in the actions to be taken under the approved fire safety plan

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- Survey the building to determine the number of exits available from each floor or area
- Prepare and post on each floor or area, a schematic and emergency procedure for use by the occupants of each exit, primary and secondary, in the case of an evacuation
- Ensure that the schematic diagrams show type, location and operation of all building fire emergency systems, e.g. location of fire alarm control panel, fire hose cabinets, water control valves, is maintained.

TRAINING OF SUPERVISORY STAFF

1. The Administrator is responsible for instructions to the Management Staff on all aspects of the Fire Safety and Evacuation Plans.
2. The initial instruction of the Shift Supervisors will be the responsibility of the Director of Care.
3. Subsequent instructions and assurance of knowledge and skill of the Supervisor will be the responsibility of the Director of Care.
4. The Department Manager is responsible for training all new employees within five working days of starting employment. All new staff must read and understand the Emergency Manual.

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STAFF EDUCATION

1. To maintain a high level of employee awareness, the Home's will conduct periodic in-service sessions on Fire Safety and Emergency procedures.
2. To assure knowledge and skill in fire safety procedures, department Managers are responsible for reviewing the manual with existing employees at least yearly.
3. All staff members are to read and be familiar with pertinent sections of the manual.
4. All employees are to be taught the various resident carries for evacuation purposes. These are to be practised routinely annually in drills held by the Home's Fire Marshall.
5. In the event of a fire, judgement may be necessary in deciding which action is appropriate in each situation. The selection made should always be the one, which achieves the greatest protection for the occupants.

SUPERVISOR RESPONSIBILITIES

1. Ensure that all employees are familiar with General Fire Procedures.
3. Ensure that all employees are knowledgeable about basic fire hazards in their work area and maintain their areas in such a manner as to be free of hazards.

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EMPLOYEE RESPONSIBILITIES

1. Be familiar with the contents of the emergency manual.
2. Know the location of fire alarm pull stations; firefighting equipment and exits in his/her work areas.
3. Adhere to the fire safety policies of the home.
4. Report to the Supervisor any accumulation of combustible waste material inside or outside the building.
5. Report to the Supervisor any defective mechanical, gas or electrical equipment or other fire hazard.
6. Ensure that gas and electrical appliances in the department are turned off during unsupervised hours.
7. Participate in fire drills and fire safety training.

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FIRE PRECAUTIONS

Staff Responsibility

1. It is the personal responsibility of all staff to prevent fires and to report conditions, which constitute a fire hazard. All staff must be familiar with fire orders and fire regulations.

Cigarettes, Matches & Flames

2. All staff must take meticulous care that all flames, matches, cigarettes etc. are extinguished with care. Before using an open flame for any purpose, employees should carefully consider their surroundings, as a hospital uses and stores highly flammable materials.
3. Obey all “No Smoking” signs.
4. Smoking in patient rooms is not permitted.

Flammable Materials

6. Supply on hand of flammable materials and volatile liquids must be kept to an absolute minimum.
7. When not in use, flammable materials should be stored in a safe place (e.g. metal cabinet or cupboard) away from any source of heat.
8. Flammable waste materials, such as paper, shavings etc. are not to be left on the floor of any building but must be placed in covered waste cans which are emptied daily.
9. All wipe rags, cloth, steel wool or other materials for wiping or cleaning oily or waxy substances, must be placed in metal containers with a metal lid and removed from work areas at the end of each day to the proper disposal area.
10. Keep any source of heat a safe, distance away from cardboard boxes or wooden desks), never place flammable material (i.e. cardboard, clothes etc.) on top of hot plates, never cover lights with flammable materials (i.e., towels over bed lamps or desk lamps)

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SECTION 11.0

BOMB THREAT PHILOSOPHY

Management and Staff are responsible for providing a safe environment for our residents, staff, volunteers, and visitors.

Goal

To protect the lives of the residents, staff, volunteers, and visitors by having a control and search procedure in place if a BOMB THREAT is received.

Objectives

Staff is aware of the control and search procedure.

Action to be taken if a suspicious object is found.

Evaluation Procedure.

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CODE BLACK – BOMB THREAT

CONTROL PROCEDURE - THREAT RECEIVED

Bomb threats usually fall into two categories; those, which threaten the entire building, or one area. The procedure for dealing with both is basically the same. However, the number of people involved will vary depending on the area affected.

Bomb threats are normally transmitted by phone and the person receiving the call should obtain precise information such as:

1. The time the call was received and on what number.
2. The exact words of the person making the call, including location of bomb and any time factor involved.
3. Male or female voice and approximate age.
4. The accent of the caller.
5. Does the person sound intoxicated?
6. Are there any background noises, i.e. traffic, music, etc.
7. Is the voice familiar? Who?
8. Time suspect hung up?

The person receiving the phone call should also be prepared to ask the caller certain questions if the information has not been volunteered:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does it look like?
4. What kind of bomb is it?
5. Why did you place the bomb?

The caller may very well not answer any of the questions, but the answer to any question will be helpful.

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The staff member who has received this call must:

1. Alert the Administrator or person in charge.
2. Contact Police at 911
3. Notify staff by calling "**Code Black**" over the intercom three (3) times.

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IF A SUSPICIOUS PACKAGE OR OBJECT IS FOUND, "DO NOT TOUCH IT"

Should a suspicious object or package be found, the finder should make no attempt whatsoever to move or handle it. He will immediately contact the main control centre, giving the following information:

1. Where the object is.
2. Why it is suspect.
3. A description of the object.
4. Details about who placed it there, if possible.

The control centre will immediately notify the Region Police Force at 911 relaying to them the foregoing information.

While awaiting the arrival of the Explosives Disposal unit of the Region Police Force, the control centre should:

1. Make sure that no person goes near or attempts to move the object.
2. Endeavour to establish ownership of the suspicious object. There have been instances where legitimate property has been left behind in error by innocent persons prior to the Bomb Threat being received.
3. Establish the most direct route to the object.
4. Detail someone familiar with the building and the area where the object is, to meet the Explosives Disposal Unit of the Region Police Force personnel on their arrival.
5. Continue your search procedure until all areas have reported to the control centre; there may be more than one device.

REMEMBER - DO NOT TOUCH OR MOVE THE OBJECT!

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The person receiving the call will:

1. Try to keep caller on the line as long as possible.
2. Attract the attention of another staff by jotting a note.

This person would immediately call police - 911, that a threat has been received and relay all pertinent information to the operating taking the call.

Notify the Charge Nurse that a **BOMB THREAT** has been received and she will initiate search procedure immediately.

A control centre will be set-up at our Business Office where all information can be centralized. Charge Nurse will notify staff on the floors that a **BOMB THREAT** has been received and what area they should search. Staff to report immediately back to the control centre after search has been completed or something suspicious has been discovered. **DO NOT TOUCH OBJECT.**

All areas inside and outside of Home will be searched. Special attention should be given to areas that the general public have easy access to, e.g. lobby, washrooms, stairways, halls, delivery area, garbage containers, etc.

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CODE BLACK

SEARCH PROCEDURES FOR MANAGEMENT

- The incident commander will be the Charge Nurse on duty, he/she has been appointed to co-ordinate all activities related to a bomb threat.
- Any and all bomb threats received by Management will be reported immediately to the Incident Commander.
- The Incident Commander is responsible to notify:
 - Police Department – 911
 - All Department Heads
- If the Police call with information relating to a bomb threat, they shall be directed to the Incident Commander or Alternative. On receiving such information from the Police, Management and Building Staff will follow directions given by the Police.
- In the absence of any instruction from the police the Incident Commander or Alternative will make the decision of whether to evacuate based on the information received.
- Reception and Security shall be notified that no one other than home staff and emergency personnel is to be allowed into the building until further notice.
- While the information is being evaluated, staff should be instructed to begin searching the exits for suspicious objects in anticipation that an evacuation may be necessary.
- If it is decided that an evacuation is necessary, it should not be initiated until management determined that the evacuation route has been searched and confirmed to be safe.
- When the Incident Commander or Alternate determines that an evacuation or partial evacuation is necessary the Department Heads and Medical Staff shall be instructed to initiate evacuation procedures by announcements over the voice communication (public address) system, stating:
 - “Attention all staff, Code Black”, this announcement to be repeated three times.

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EMERGENCY PROCEDURE FOR RECEPTION/WARD CLERK

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line if possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Provide voice communication message as instructed by the Incident Coordinator or Alternate or the Police.

If instructed to do so, activate procedures to summon off-site staff to the facility, (emergency call in lists).

Assist with the evacuation, assembly, and relocation of residents, including arranging for alternate accommodations and transportation.

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EMERGENCY PREPAREDNESS PLAN

CODE BLACK EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and Nursing Staff of the threat.

CODE BLACK EMERGENCY PROCEDURES FOR NURSING STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.

Notify your supervisor and provide him/her with the complete Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Prepare residents for potential evacuation.
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

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EMERGENCY PROCEDURES FOR ENVIRONMENTAL SERVICES SUPERVISOR

If the Environmental Supervisor is not available, the Housekeeping Staff will assume this role.

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Secure all entrances to the building to prevent entry by everyone except staff and emergency personnel.
- Quickly, but thoroughly check all exits for the presence of any bag, box, parcel or letter that cannot be accounted for. If the bomb threat indicated where the bomb is located start searching the exits from this area first.
- Assist Nursing Staff in searching any areas that residents will be evacuated to before residents are moved into that area.
- Search any areas as required by the Incident Coordinator.
- Assist with the evacuation of residents as required by the Incident Commander.

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EMERGENCY PROCEDURES FOR FOOD SERVICE SUPERVISOR AND STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

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EMERGENCY PROCEDURES FOR LAUNDRY STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.

ARIRANG KOREAN LONG TERM CARE

EMERGENCY PREPAREDNESS PLAN

CODE BLACK

EMERGENCY PROCEDURES FOR HOUSEKEEPING AND MAINTENANCE STAFF

If you receive a bomb threat call, follow the following procedures:

- Be calm and courteous.
- Do not interrupt the caller.
- Keep the caller on the line as long as possible.
- Obtain as much information as you can by completing the Threatening Call Information Report. A copy of this report should be kept at the reception desk and all nursing stations.
- After the caller hangs up, initiate call trace by pressing *69 on the telephone.
- Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Incident Commander (Charge Nurse) or the Alternate.

If you are notified that a bomb threat has been made:

- Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas that are readily accessible to the public.
- If you find a suspicious object, notify the Incident Commander or Alternate.
- **Do not touch the Object.**
- Wait for instructions to evacuate from the Incident Commander.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Commander.
- Upon evacuating the building, go immediately to your designated meeting area.
- Have floor plans and plans of the HVAC systems available for search personnel, the police, and/or the fire department is necessary.
- Upon request, provide search personnel, the police, and/or the fire department with the master keys for all areas and rooms in the building.

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EMERGENCY PREPAREDNESS PLAN

CODE BLACK EVACUATION PROCEDURE - CHARGE NURSE

Should a suspicious object be found, then, and only then, should a quiet and systematic evacuation from the area be conducted, in consultation with the Police Department.

Use our Evacuation Procedure

AVOID PANIC

Never tell anyone that there is a bomb in the building. Give a reason, such as the sprinkler system is liable to malfunction, or there is a water leak on the floor above, etc.

UNDER NO CIRCUMSTANCES SHOULD ELEVATORS BE USED

A power failure may leave persons trapped. Special provision may have to be made for the transportation of infirmed or handicapped persons.

The essential task of personnel detailed to assist in evacuation procedures of certain areas, would be to direct people to quietly leave the premises, using tact, power of suggestion and, above all, avoiding panic.

Once evacuation of an area is completed, the control centre should be notified.

REMEMBER - NEVER DISTURB SUSPICIOUS PACKAGES

Let the Explosives Disposal Unit personnel check it. It is better to be a little embarrassed and be around to tell about it...

ARIRANG KOREAN LONG TERM CARE

EMERGENCY PREPAREDNESS PLAN

CONCLUSION

Taking into consideration past events in our city, and other parts of the country, it would be advisable to consider each threat seriously.

A well-prepared and rehearsed plan of our particular concern will ensure a speedy, thorough search, etc., and will ensure a minimum disruption. At the same time, panic and possible tragedy will be avoided

Tight security and housekeeping controls could possibly avoid many problems.

PREVENTION IS THE SOLUTION!

ARIRANG KOREAN LONG TERM CARE

EMERGENCY PREPAREDNESS PLAN

THREATENING CALL INFORMATION RECORD

Employee name:		Floor or unit:	
Telephone line call received on: () Ext.	Time call received:	Time call ended:	
Exact words of caller (continue on back of form):			
Background noise of Call:			
Aircraft Bar sound Children crying Machinery Music			
Traffic Trains Voices Other (indicate)			
Questions to ask:			
Type of threat (What is it?)		What time will it go off?	
Description of threat (What does it look like?)			
Reason for phoning you (Why did you call me?)			
Reason for planting item (Why did you plant the bomb?)			
Name of Caller (Who are you?)		Gender of Caller	
Approximate Age of Caller		Accent of Caller	

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EMERGENCY PREPAREDNESS PLAN

State of Caller

Calm Cool Crying Drugged Emotional Excited Immature
Intoxicated Irrational

Manner of Speech of Caller

Defective Fast Frightened Lispings Obscene
Polite Slow Stuttering Vulgar

Was Callers Voice Familiar?

Yes No

Name and Identity of Caller

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EMERGENCY PREPAREDNESS PLAN

POST PROCEDURE ANALYSIS

Following a bomb threat, the Administrator will conduct a post procedure analysis.

Staff will be interviewed to determine what problems are encountered and what procedures worked well. Contact for this purpose should also include police, fire, ambulance, personnel, etc. to ensure the maximum information is achieved to benefit the future education of the home.

A Post Incident Review Form should be completed to ensure a record is maintained for this type of occurrence.

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EMERGENCY PREPAREDNESS PLAN

POST-INCIDENT REVIEW FORM

Did receiver of bomb threat receive all pertinent data from the caller?
Was CODE BLACK called over the intercom three times?
Did staff react in a calm and professional manner?
Were all individuals contacted as laid out in the procedures?
Did key personnel arrive?
Were searches completed? Kitchen _____ 1 st floor _____ 2 nd _____ 3 rd _____ Basement _____ Office Areas _____ Attic _____
Was the suspected bomb located?
Describe the evacuation that took place?
Duration of emergency?
Comments:
Personnel involved in search:
Completed by: _____ Date: _____

EMERGENCY PROCEDURES FOR MANAGEMENT/CHARGE PERSON WITHIN THE FACILITY

Elevators are a very reliable means of transportation. The regulations governing elevator maintenance and installation require that a number of safety features be provided for every elevator. Occasionally an elevator may malfunction. The safety systems will normally stop the elevator and not allow it to move without the intervention of an elevator technician.

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EMERGENCY PREPAREDNESS PLAN

SECTION 12.0

ELEVATOR MALFUNCTIONS EMERGENCY PROCEDURES FOR MALFUNCTION

When notified of an elevator malfunction:

- Notify the elevator service company of the elevator malfunction and determine their estimated response time. Be sure to notify them if an individual is trapped in the elevator.
- Determine where the elevator is stopped
- Station a person at the floor
- Caution elevator occupants not to panic. Reassure the elevator occupants that help is on the way and when it will arrive
- Ensure that the elevator occupants do not try to force the doors open
- Do not attempt to evacuate elevator occupants
- If the occupant is calm and ok, wait for the elevator company to arrive to free them.
- If any occupant is in distress, call the Fire Department at 911 for assistance.
- Ensure that the elevator is taken out of service until the necessary repairs are made

EMERGENCY PROCEDURES FOR ALL STAFF

If you become aware that someone is trapped in an elevator:

- Notify the supervisor of the situation and location of the elevator
- Reassure the occupants and tell them that help has been called
- Follow the directions of the facility management staff

If you are in an elevator that malfunctions:

- Press the door open button to determine if the door will open
- If you are trapped, press the elevator alarm to get someone's attention
- Remain calm
- Do not attempt to force the elevator doors open
- Do not attempt to evacuate
- If someone is in distress notify the facility management staff
- Wait for the elevator service company to respond and remove you from the elevator

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EMERGENCY PREPAREDNESS PLAN

SECTION 13.0

POWER & WATER LOSS MAJOR POWER FAILURE

Electrical power failure often results from uncontrolled events such as a severe storm conditions, earthquakes, and floods.

EMERGENCY PROCEDURES FOR MANAGEMENT/CHARGE PERSONNEL ON SITE WHEN POWER LOSS OCCURS

- Advise staff, residents, and visitors of the situation through the voice communication system.
- Fire system will maintain functionality. Ensure it is operable.
- Assign maintenance staff to ensure that generators are operating.
- Assign maintenance staff to ensure that the fuel supply is monitored and arrange for delivery before fuel supply is depleted.
- Contact local hydro utility to inform them of the situation.
- If the power failure is likely to be long term, plan for alternate accommodations for residents.

EMERGENCY PROCEDURES FOR NURSING SUPERVISOR

- Ensure that all electronic medical equipment is provided with power through the emergency power systems (RED plugs).
- Print backup eMARs from backup eMAR pdf files on backup computer.
- Reset door mag locks to ensure they are operable and working on generator.
- Ensure that front elevator, fridge/freezer, and HVAC system are all operable and running on generator.
- Ensure emergency lighting in hallways and stairwells are running and operating on battery backup and generator.
- Ensure flashlights, headlights are available for use during the night if the outage is prolonged or occurs at night.

Backup emergency phone is in environmental contractor.

- Business Manager's office should power affect internal phone system.
- Ensure call bell system is operable. Notify maintenance if not functioning and arrange for regular rounds to ensure all residents are well.

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EMERGENCY PREPAREDNESS PLAN

EMERGENCY PROCEDURES FOR MAINTENANCE

- Ensure that the generators are operating properly, and inspections are up to date.

EMERGENCY PROCEDURES FOR DIETARY STAFF

- Ensure fridge/freezer are operating on generator. Notify maintenance if not.
- Assess upcoming menu to ensure that all items can be prepared with operating stove and fridge/freezer.
- Assess for additional staff should the power outage be extended and limiting use of elevator for meals to be served on the units.

EMERGENCY PROCEDURES FOR ALL STAFF

In the event of a power failure:

- notify supervisor
- shut off all nonessential electrical equipment to avoid power surges and to reduce electrical ignition sources when power returns
- Specify the location where the power failure occurred and details of the power failure

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EMERGENCY PREPAREDNESS PLAN

TOTAL WATER LOSS (SEE BOIL WATER ADVISORY SECTION 20 FOR FURTHER DETAILS)

1. Notify Maintenance personnel for direction.
2. Contact the Executive Director.
3. Notify your emergency plumber.
4. Notify the Public Utilities Commission in your area.
5. Switch to disposable items for meal service to minimize water requirements for meal service.
6. Prepare residents for evacuation should water loss be expected for an extended period.
7. Utilize bottled water for residents.
8. Contact a water service to obtain water to the building.

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EMERGENCY PREPAREDNESS PLAN

SECTION 14.0

BIOLOGICAL AND CHEMICAL THREATS CHARACTERISTICS OF A CHEMICAL AGENT

- Generally, in liquid form and often aerosolized (fine mist).
- Has a unique odor and color. Common odors for chemical agents include bitter almond, peach kernels, fresh mown hay, mustard, onion, garlic, geraniums, or green grass.
- Most result in immediate symptoms or are delayed for a few hours at most.
- Inhalation is the most likely route of attacking your body.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Some will break down rapidly when exposed to sun, diluted with water, or dissipated in high winds.

CHARACTERISTICS OF BIOLOGICAL AGENT

- Generally, in liquid or powder form.
- No odor or color.
- Symptoms may be delayed for days.
- Inhalation most likely and effective attack route.
- Attack routes may also be through food/water contamination or skin absorption.
- Many likely agents are heavier than air and tend to stay close to the ground.
- Most will break down rapidly when exposed to sun, diluted with water, or dissipated in high winds.

WARNING SIGNS THAT A BIOLOGICAL/CHEMICAL ATTACK HAS OCCURRED

- Droplets of oily film on surfaces.
- Unusual dead or dying animals in the area.
- Unusual liquid sprays or vapors.
- Unexplained odors.
- Unusual or unauthorized spraying in the area.
- Multiple victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation, or patterns of illness inconsistent with natural causes.
- Low-lying clouds or fog unrelated to weather, clouds of dust, suspended or colored particles.
- People dressed unusually (long sleeved shirts or overcoats in summertime) or wearing breathing apparatus particularly where large numbers of people tend to congregate, such as subways or stadiums.

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EMERGENCY PREPAREDNESS PLAN

EMERGENCY PROCEDURES FOR MANAGEMENT

- Any management personnel that have reason to believe that a biological/chemical attack may have occurred shall immediately ensure that all persons are relocated to an area away from the release. Direct staff using the voice communications (public address) systems. Although evacuation to the outside is preferable, in many cases this is not a practical solution.
- Initially staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken (see below).
- If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a higher floor (since many agents are heavier than air). Measure for shelter in place should be taken.

Note: persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. They will only become another victim.

- When everyone has been evacuated the area shall be sealed off as much as possible by closing doors and shutting down the HVAC equipment.
- The Incident Commander or Alternate shall be notified immediately of the incident.
- The Incident Commander shall immediately phone (!! And inform them of the nature of the incident. They must state that they think a biological/chemical attack has occurred.
- The Incident Commander shall coordinate evacuation procedures.
- Staff responsible for building security shall be notified. No one other than emergency personnel or health care facility staff is to be allowed into the building until further notice.
- Record the names of everyone in the area who may have been in contact with the agent. The list shall be given to the Incident Commander to ensure everyone receives appropriate follow up treatment.
- Quarantine those who may have been in contact with the agent, so as not to affect residents or staff remaining in the building.
- Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.

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EMERGENCY PREPAREDNESS PLAN

Shelter In Place Procedures

If it is not possible or advisable to evacuate the building the following procedures shall be implemented:

- Move occupants upward to an interior room on a higher floor since many agents are heavier than air or to an adjacent fire compartment if movement to a higher floor is not practical.
- Seal off the affected area.
- Seal the building or room so contaminants cannot enter.
- Close windows and doors. Check the inventory of openings to ensure that no openings have been overlooked.
- Seal gaps under doorways, windows, and other building openings. This can be accomplished with sheets, towels, and tape.
- Turn off heating, air conditioning and ventilation systems.
- Monitor radio or television stations for further updates and remain in the shelter until authorities indicate it is safe to come out.

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EMERGENCY PREPAREDNESS PLAN

EMERGENCY PROCEDURE FOR ALL STAFF

If your immediate area has been contaminated by a biological/chemical release, all staff shall take the following actions:

- Protect your breathing airways (distance yourself from contamination source, cover your mouth and nose with handkerchief, clothing, or linen, etc).
- Evacuate as many residents from the contaminated area as possible if this can be one without becoming a victim yourself. Note: Persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. You will only become a victim yourself.
- Although evacuation to the outside is preferable, in many cases this is not a practical option.
 - Initially, staff and residents should be relocated to an adjacent fire compartment. Measures for shelter in place should be taken.
 - If this is not possible or if there is the potential that the biological/chemical agent can spread to the adjacent compartment, occupants shall be moved upwards to an interior room on a high floor (since many agents are heavier than air). Measures for shelter in place should be taken.
- When everyone possible has been evacuated, the area shall be sealed off by closing doors and shutting down HVAC equipment.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- Notify supervisory personnel immediately. If they are not available, notify the Incident Commander or Alternate.
- If splashed with an agent, immediately wash it off using warm soapy water. Do not use bleach.
- Inform responding emergency personnel that you may have been in contact with the biological/chemical agent.

If you have been notified that there has been a biological/chemical release elsewhere in your building, all staff shall take the following actions:

- Seal off your area by closing doors and shutting down HVAC equipment.
- Prepare residents for potential evacuation.
- Follow instructions from your Incident Commander. You may be instructed to either initiate evacuation procedures or shelter in place.

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EMERGENCY PREPAREDNESS PLAN

SECTION 15.0

SUSPICIOUS PACKAGES

Bombs and biological/chemical/radiological agents have been known to be delivered to intended targets through the mail system. These weapons may be delivered in the form of a package, regular envelope, or even a hollowed-out book. Identifying these packages and dealing with them appropriately before they reach their intended destination is crucial to the safety of the building and its occupants. Characteristics of suspicious packages/letters may include one or more of the following indicators:

- Excessive or inadequate or missing postage
- Handwritten or poorly typed addresses
- Incorrect titles or no name
- Misspelling of common words
- Oily stains, discoloration, or odor
- No return addresses
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Restrictive markings such as “Personal”, “Confidential”, or “To be opened by.”
- Postmarks city/province/state does not match the return address
- Unprofessional wrapping
- Threatening markings on exterior of package
- Inappropriate air mail or special delivery stickers

Upon discovery of a suspicious package, follow the emergency procedures.

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EMERGENCY PREPAREDNESS PLAN

EMERGENCY PROCEDURES FOR MANAGEMENT

Upon receiving a report of a suspicious package in the building:

- Obtain the following information from the discoverer:
 - Object location
 - Object description
 - Any other useful information
- Notify your emergency response team of the potential emergency.
- Attempt to establish ownership of the object
- Report the incident to the police (911)
- If necessary, initiate evacuation procedures.

EMERGENCY PROCEDURES FOR ALL STAFF

Upon discover of a suspicious package:

- Do not shake or bump it
- Do not open, smell, or examine, touch or taste
- Treat it as suspect.
- If you suspect that the package/device is a bomb:
 - Do not cover it
 - Open doors and windows to minimize blast effects
- If you suspect that the package/device is contaminated with a chemical or biological agent:
 - Gently place in clear plastic bag, if available or cover with other material.
 - Close the door
 - Minimize physical contact with other people
 - Wash your hands with soap and water
 - Remove contaminated clothing and place in a sealed container (plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible
 - List all people who may have been in contact or proximity to the suspicious package/device and provide this list to appropriate authorities
 - If necessary, seek medical assistance as soon as possible.
- Clear the immediate area where the package was discovered
- Notify Supervisory staff and provide the following information
 - Object location

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- Object description
- Any other useful information

* Report incident to the police (911)

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SECTION 16.0

CARBON MONOXIDE

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide (CO) in the air in the building:

- stale, stuffy air
- occupants have symptoms of CO exposure
- the pilot light on gas-fired equipment keeps going out
- a sharp odor or the smell of natural gas occurs when equipment turns of
- the burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue.
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide Exposure

Exposure to CO can cause flu-like symptoms without a fever, including:

- Headache
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

Where occupant experiences these symptoms inside a building but felt better when they go outdoors or away from the building, CO may be the cause.

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EMERGENCY PROCEDURES FOR MANAGEMENT

If there is a possibility that occupants have or could be exposed to CO you shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Relocate all occupants from the affected area immediately
- Call the fire department using 911
- Provide medical attention for those that need help. Pay particular attention to anyone with a respiratory ailment (asthma).

EMERGENCY PROCEDURES FOR ALL STAFF

- Inform your supervisor if you or any of the residents experience symptoms
- If possible, open windows to ventilate the area
- Relocate to another area of the building following the evacuation procedures for a fire emergency

CARBON MONOXIDE MONITORING

Carbon Monoxide sensors are in various locations around the home. The Environmental Supervisor is responsible to monitor these sensors daily and report to the Administrator any findings.

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SECTION 17.0

EXTERNAL DISASTER –CODE ORANGE

In the event of an external disaster within the community, the facility may be required to respond by evacuating, or receiving and providing temporary shelter to those in the immediate area.

External disaster may include:

- Transportation Accident
- Subway or Train Derailment
- Chemical Spill
- Emergencies due to Extreme Weather or Severe Weather
- Bomb / Explosion
- Biological or Chemical Threat
- Armed Intrusion or Hostage Taking Situation
- Radiological accident
- Natural Gas Leak
- Earthquake

The Emergency Services Manual outlines all procedures to be taken by staff in the event of a threat from any of the above emergencies.

SECURITY

The police will handle the immediate emergency areas and once the emergency and evacuation procedures are completed, security will become the responsibility of the facility.

The maintenance supervisor will be responsible for arranging 24-hour coverage of the facility.

TRAFFIC CONTROL

One person will be assigned to direct traffic until the police arrive (Maintenance personnel where possible). The person assigned will be responsible for ensuring that the main entrance is kept free from vehicles to allow access for emergency staff to the in-house command and communication station.

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RECIPROCATATE AGREEMENTS

If this home is not required to evacuate, and the community requires temporary shelter, we would be able to provide the following:

- First Aide

- Temporary Shelter

- Food

- Communication Centre

- Holding Area

The Activation rooms, lounges, and community space in the main floor could be set up with cots (obtained from Red Cross) for sleeping arrangements.

All available spaces with the facility shall be utilized for any essential services as required or directed by the Administrator to accommodate immediate community needs.

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EMERGENCY PREPAREDNESS PLAN

SECTION 18.0

EMERGENCIES RELATED TO NATURAL DISASTER

EARTHQUAKE

Though seismic activity in Ontario is generally well below what is experienced in other parts of the country, historically earthquakes of a magnitude in excess of 5 have been experienced. As such, consideration should be given in preparation for such an event.

EMERGENCY PROCEDURES FOR MANAGEMENT

- Warn occupants to expect the fire alarms and sprinklers to go off during an earthquake
- Instruct occupants that it is very dangerous to leave a building during earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building
- Once the shaking has stopped, the Incident Commander (Charge Nurse) or designate, will make the decision as to the requirement to evacuate the building. If evacuation is determined to be necessary, residents should be evacuated from the affected area. **DO NOT USE THE ELEVATOR.** If evacuating to the outside, ensure the residents are moved away from the building, preventing injury from falling debris. Warn occupants of fallen power lines and other hazards.
- If necessary, arrange transport of resident to alternate health care facilities
- If there is significant structural damage, ensure that staff confirm that there are no trapped residents in the building. If necessary, call the fire department for rescue assistance.
- Put out small fires quickly if this can be done without endangering personnel
- Clean up flammable liquid spills immediately
- Expect aftershocks
- The Incident Commander or designate will make the decision as to when reentry to the building will occur. Before authorizing reentry, he/she will need to determine (from advice received from the experts) whether the building is safe to occupy.

EMERGENCY PROCEDURES FOR ALL STAFF

- stay calm and do not run outdoors
- Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris or step under a doorway/corridor/interior room (away from the outer walls). Keep at least 15

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feet away from windows to avoid flying glass. Keep away from overhead light fixtures. Protect your face and head with your arms.

- Stay under cover until the shaking stops. Be prepared for aftershocks.
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinator. Watch for falling debris, or electrical wires upon leaving the building
- If a fire occurs, the alarm sounds.
- Proceed to a safe area away from the danger of being struck by falling glass, bricks, electrical wires, or other hazardous objects
- Follow instructions from supervisory and emergency personnel

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SEVERE STORMS

EMERGENCY PROCEDURES FOR MANAGEMENT

Severe weather conditions such as tornadoes, hurricanes, hail, blizzards, ice storms and heavy rain are monitored by Environment Canada 24 hours a day 7 days a week. If a severe weather storm is on the horizon, the weather service issues watches, advisories, and warnings through the media, thus allowing time for preparation to safeguard against property damage, person injuries and loss of life.

Upon receiving information from weather forecasters that a severe weather condition is imminent the Incident Commander (Charge Nurse) or designate, will make the decisions to:

- close the building to non-essential personnel
- provide safe accommodations for the building occupants

If the building is affected by a severe weather condition:

- identify persons with injuries and provide medical assistance
- check exit stairwells to ensure they are safe and available to use in the event of a building evacuation
- the Incident Commander or designate will make the decision as to the requirement to evacuate the building. Evacuation may be required if the building is determined to be unsafe or there is danger to the occupants due to a severe weather damage
- if necessary, arrange for the transportation of residents to alternate health care facilities

EMERGENCY PROCEDURES FOR ALL STAFF

If a severe weather condition occurs, those in the building will

- stay calm and do not run outdoors
- move residents to the corridor or to an inside room (away from outer walls of the building). Keep at least 15 feet away from windows to avoid flying glass. Keep away from overhead light fixtures.
- Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris. Protect face and head with arms.
- Stay under cover until the severe weather condition has subsided
- Identify persons with injuries and provide medical assistance as appropriate.

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FLOODS

Facility management should assess the threat of flooding to their building based on whether there is a history of such similar events.

EMERGENCY PROCEDURES FOR MANAGEMENT

During a flood:

- if necessary, arrange to have residents relocate to a safe part of the building or another facility
- If necessary, arrange for maintenance staff to open lower-level doors to equalize water pressure on the building's foundation and walls
- Ensure that occupants do not use open flames, as there may be escaping gases from ruptured mains

After a flood:

- Ensure building is structurally safe. Inspect for buckled walls or floors, holes in the floor, broken glass, and other potentially dangerous debris
- Arrange to have drinking water tested after a flood. Particularly in areas where drinking water is obtained from wells.

EMERGENCY PROCEDURES FOR STAFF

In the event of a flood:

- Shut off all electrical power in the affected area
- Be prepared to assist with the relocation of resident to a safer part of the building when advised to do so.

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ROOF COLLAPSE

Buildings may experience roof collapse due to environmental conditions such as high winds, severe storm, and in particular snow load. A cubic foot of snow can weigh from 7 pounds new and dry snow up to 30 pounds for old, compacted snow. Drifting snow may put excessive load on an area where it piles up.

EMERGENCY PROCEDURE FOR MANAGEMENT

To mitigate the risk of roof collapse:

- Have roof assessed by professional engineer to determine whether snow load is significant or there are any visible signs of structural distress (twisting, bending, or cracking)
- Implement a safe snow removal procedure that will not result in producing an uneven or concentrated loading on the roof.

EMERGENCY PROCEDURE FOR MAINTENANCE SUPERVISOR

- if possible, shut off all services to the affected area

EMERGENCY PROCEDURE FOR ALL STAFF

In the event of roof collapse:

- Immediately evacuate the affected part of the building to outside following the evacuation procedure for fire emergencies.

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SECTION 19

HAZARDOUS SPILLS HAZARDOUS MATERIALS ACCIDENT

EMERGENCY PROCEDURES FOR MANAGEMENT

- Any spill or leak of chemical must be treated as being a potential hazardous material incident until the chemical can be identified.
- Immediately evacuate all persons from the danger area(s).
- Determine the name of the spilled or leaking chemical or material from the label on the container or from the shipping manifest or invoice.

Note: If the type of spilled/leaked substance cannot be determined, then it must be assumed to be the most dangerous substance used/stored in the building

- If anyone is, or appears to be injured or ill because of the spill
→ Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.

→ Provide any medical treatment specified on the Material Safety Data Sheets (MSDS). These can be found on the 1st floor, employee's entrance, or Nursing Stations on the floors.

- Determine if the chemical or material is one of the following:
 - Explosive material
 - Flammable gas
 - Poisonous gas
 - Corrosive gas
 - Flammable or combustible liquid
 - Flammable solid
 - Oxidizer
 - Poisonous or infectious substance
 - Reactive material
 - Corrosive material

If necessary, consult the MSDS's located in the binder on the first floor, employee's entrance or Nursing Stations on the floors to determine the characteristics of the material.

- If the chemical or material is not one of the above, you do not have a hazardous material incident and the material can be cleaned up using normal housekeeping procedures.
- If the chemical or material is one of the above, you are dealing with a hazardous material and the following procedures must be followed

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Establish:

- health hazard
- fire hazard
- hazard to the environment
- procedure for containing the spill/leak
- procedure for disposing of the spilled chemical/ material

- The Incident Coordinator or Alternate will notify the Fire Department at 911 if, in their opinion in-house personnel cannot safely deal with the hazard.
- Determine the need to evacuate the building or part of the building from the information in the SDS
- If it is determined that an evacuation or partial evacuation is necessary, instruct the response team members to initiate the evacuation procedures for fire emergencies.
- If the material is flammable, eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area.
- Ensure that the appropriate staff cleans up the spill
- If the personal protective equipment specified in the SDS is available and if you are sure of the procedures to follow, proceed to clean up the spill.

If personal protective equipment specified in the SDS is not available or if you are not sure of the procedures to follow, you must contact the hazardous waste removal contractor immediately and arrange for them to clean up the spill

- Immediately after all safety matters have addressed, if any substance has entered, or believed to have entered, a drain or water course, the Incident Coordinator shall notify the following
 - The Ministry of the Environment
 - The Local Spills Coordinator
 - The Local Public Works Department, and
- All spills no matter how small, are to be documented. A record shall be kept of
 - The name of the spilled material
 - The quantity involved
 - The names of person involved in the spill and clean up
 - The names of anyone requiring medical attention
 - Any outside agencies or contractors that were involved

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EMERGENCY PREPAREDNESS PLAN

→ How the spill material was disposed of

EMERGENCY PROCEDURES FOR MAINTENANCE SUPERVISOR

Depending on the nature of the substance involved in the spill, it may be appropriate to have maintenance staff responsible for containing and cleaning up the spill.

Contain and clean up the spill by:

- Stopping any ongoing leak
- Protecting drains in the immediate area by covering them with rubber sewer drain covers or surrounding them with spill socks.
- Scraping up the bulk of the material and putting it in an appropriate container
- Soaking up the remainder of the material using an absorbent substance (sawdust, oil sorb, absorbent pads). This material must be compatible with the spilled material
- Placing the waste material in an appropriate container
- Following disposal instructions as established with the hazardous waste removal contractor
- Cleaning the spill/leak area with an appropriate cleaning solution
- Contacting the hazardous waste removal contractor to have the waste removed

EMERGENCY PROCEDURE FOR ALL STAFF

- Any spill or leak of chemical or other material must be related as being potential hazardous material incident until the material can be identified.
- Immediately evacuate all persons from the danger area(s).
- If anyone is or appears to be injured or ill because of the spill:
 - Call 911. Ensure that emergency responders are informed of the name of the chemical or material involved.
 - Provide any medical treatment specified in the SDS.
- Notify your supervisor. The supervisor will advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area
- Follow the instructions of the Supervisor and the Incident Coordinator.

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SECTION 20

BOIL WATER ADVISORY

The Medical Officer of Health will issue a boil water advisory when the water is unsafe for drinking.

This can be based on:

- Results of bacteriological testing OR
- An occurrence of illness in the community that has been linked to consumption of the water OR
- Other information indicating that the water is unsafe to drink OR
- As a precaution if there is a loss of pressure in the water system serving the home.

RESPONSIBILITIES OF THE CHARGE PERSONNEL UPON NOTIFICATION OF THE BOIL WATER ADVISORY:

- Notify the Administrator, DOC and IPAC lead of the advisory.
- Secure a supply of potable (drinkable) water by:
 - Obtaining the emergency water supply from the supply room.
 - Boil water. Water should be brought to a rolling boil and boiled for a minimum of 1 minute, allowed to cool and then stored in a covered sanitized container.
 - Use commercially bottled water. Send staff to local grocery store to purchase 10– 5-gallon jugs and 20 cases of small bottles for immediate use.
 - Obtain store of bottled water kept in storage area.
- Shut off drinking water fountains/dispensers.
- Disconnect all equipment directly plumbed to water systems including ice makers; juice machines, coffee machines and housekeeping chemical dispensers for dilution.
- Post signs at all faucets and sinks that water is undrinkable and that there is a boil water advisory in effect.

RESPONSIBILITIES OF ADMINISTRATOR/ DOC

- Ensure preliminary action has been undertaken by the charge personnel in the home.
- Source additional potable drinking water from outside of area of the boil advisory.

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- Ensure 72-hour supply of drinking/cooking water is kept as emergency supply in emergency storage.

FOOD PREPARATION AND COOKING

- Discard any ready and prepared food that was prepared with potentially unsafe water prior to the issuance of the advisory. (Coffee, juice, jello, ice tec.) If you are unsure of any food to discard, consult with Public Health inspector.
- Restrict menu to items that require little or no additional water, and little preparation.
- Use safe potable water sources as above for all food preparation activities.
- Only use safe potable water to wash and prepare fruits and vegetables and as any ingredient in a ready to eat food product.
- Dishes and cutlery may be washed in the commercial dishwasher provided that temperatures are maintained above 82 C (180 F) for the final rinse. Low temperature dishwashers that use chemical sanitizers cannot be used for dishes/cutlery.
- Safe potable water (as described above) is to be used to clean and sanitize equipment and utensils.
- Disposable utensils should be used for meal service if dishwasher cannot be used.

HOUSEKEEPING

- Only safe potable water can be used to mix with chemical cleaners and disinfectants for use in environmental cleaning.
- Obtain fully diluted chemicals from suppliers and refrain from using concentrate machines for chemicals. Ensure that any dilution dispensers are unhooked from water supply to ensure that unsafe water is not used.

HAND HYGIENE

- Use hand sanitizer to clean hands when hands are not visibly soiled.
- When hands are visibly soiled, use only safe heated potable water (as described above) from an insulated container with a spigot to wash hands. After washing your hands with the warm potable water, dry them with paper towels and then use hand sanitizer afterwards.
- Post hand washing directions as above at all sinks advising not to use the sink to wash hands but to use above method.

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RESIDENT CARE

- Resident hand hygiene before and after meals should be done as above.
- Teeth brushing and denture care should be completed with potable water.
- Unless otherwise specified by Public Health, bathing may continue as per regular practices if residents do not consume the water and their skin is fully intact. Follow up with Public Health to confirm when the boil water advisory is issued. After bathing the resident, practice hand hygiene as above.
- For any medical procedures requiring water, use safe potable water as above.
- For any residents who may not be able to follow the boil water advisory signs in their room, shut the water off to the sinks in their bathrooms.

LAUNDRY

- Routine laundry practices are followed for laundering linens and clothing.
- Laundry staff to follow hand hygiene practices as above.

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EMERGENCY PREPAREDNESS PLAN

SECTION 21

NATURAL GAS LEAK

EMERGENCY PROCEDURES FOR MANAGEMENT

Building management should retain a list or drawings that identify the location of all gas shut off valves, not just the main shut off valve.

If management believes that a nature gas leak has occurred, they shall:

- Inform the Incident Coordinator (Charge Nurse) or alternate
- Instruct building maintenance to immediately shut off the gas at the main valve and any secondary valves if necessary
- Relocate staff, residents from the affected area or the building following the fire emergency procedures.
- Instruct occupants to not smoke or use any electrical devise, including cell phones
- Call 911 from a phone located well away from the source of the leak
- Call the gas company from a phone located well away from the source of the leak

EMERGENCY PROCEDURES FOR ALL STAFF

- If you smell natural gas, inform your supervisor
- Relocate to a safer area
- Wait for instructions to evacuate the building
- Do not light matches or lighters
- Do not turn on or turn off electrical power.

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EMERGENCY PREPAREDNESS PLAN

SECTION 22

RADIOLOGICAL ACCIDENTS

The following procedures address radiological accidents.

ents that originate offsite. A radiological accident is an event that involves the release of potentially dangerous radioactive materials into the environment. This release will usually be in the form of a particle cloud or vapor plume and could affect the health and safety of anyone its path. In Ontario, Emergency Measures Ontario is the provincial authority to direct a response during nuclear emergencies.

Following a radiological accident, authorities will monitor any release of radiation and determine when the threat has passed.

EMERGENCY PROCEDURES FOR MANAGEMENT

If management becomes aware that a radiological accident may have occurred, they shall:

- Inform the Incident Commander (Charge Nurse) or alternate.
- Tune to local radio or TV station for information and direction from Provincial or community authorities.
- Alert building occupants that an evacuation may be necessary.
- Ensure that windows, doors and other opening to the exterior are closed.
- Ensure that air condition, vents, fans, and heating equipment are turned off.

If advised by Provincial authorities to evacuate the building, management should:

- organize a calm environment
- ensure the building is secure
- arrange transportation for those who must be transported to alternate health care facilities

If advised by Provincial authorities to remain in the building, management should:

- Notify the building occupants of the hazard and reasons to shelter in place
- Seal building so contaminants cannot enter.
 - Ensuring that all windows and doors are closed
 - Sealing gaps under doorways, windows, and other building opening
 - Ensuring that all heating, air conditioning and ventilation systems are turned off

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- Monitor radio, or television stations for further updates and remain in shelter until authorities indicate it is safe to come out

EMERGENCY PROCEDURES FOR ALL STAFF

- If building staff becomes aware that a radiological accident may have occurred, they shall immediately inform their supervisor. If they are not available notify the Incident Coordinator (Charge Nurse) or alternate.
- Remain in the building unless specifically instructed to evacuate
- Close windows, doors, and other openings to the exterior in your area.
- Turn off air conditioning, vents, fans, and heating equipment
- If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Coordinator.

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EMERGENCY PREPAREDNESS PLAN

SECTION 23

PHYSICAL THREATS

PROTEST – DEMONSTRATION – DISTURBANCES

Information about a protest or demonstration is usually received in advanced.

On receipt of information relating to a planned protest or demonstration to be held around the building perimeter or on the grounds or parking areas connected to the building the following procedures shall be implemented:

- Notify the police using the business number (note: if the protest is already taking place or violence appears imminent, call 911)
- Ensure that personnel responsible for security lock all doors except receiving door, which will be used by the staff entrance during protest; this will prevent entry to the building (nothing should be done that will inhibit evacuation from the building).
- Inform the reception/ward clerk that no visitors to be allowed into the building unless escorted by an employee.
- Remove employees and residents away from the ground floor windows if there is a possibility that the windows could be broken

EMERGENCY PROCEDURES FOR ALL STAFF RE: PROTESTS OR DEMONSTRATIONS

- If you learn that a demonstration may occur around the building perimeter or on the grounds, or parking areas connected to the building notify supervisory personnel. If they are not available notify the Incident Coordinator (Charge Nurse) or Alternate.
- If a demonstration is taking place when you arrive at the building, enter the building through the receiving entrance if possible. If you are prevented from entering the building, go to a safe location and call your supervisor.
- **At no time do anything that will place you in confrontation with the demonstrators.**
- If you are in the building when a demonstration occurs outside. Remain in the building. Move residents away from the ground floor windows to avoid being hurt by glass if the window is broken.
- If you see any demonstrators or strangers in the building notify the staff responsible for security immediately. Do not attempt to remove them yourselves.
- Follow the instructions of your Supervisor or Security

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EMERGENCY PREPAREDNESS PLAN

SECTION 24

ARMED INTRUSION OR HOSTAGE TAKING SITUATION

EMERGENCY PROCEDURES FOR MANAGEMENT

Any management person who becomes aware of an intrusion by an armed person, a violent act (shooting, stabbing, or physical assault) or hostage taking incident shall take the following actions:

- Immediately evacuate as many people as possible from the area
- Cordon off the area or otherwise prevent people from entering the area
- Call 911. Tell them if people have already been injured, how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or Alternate and the staff responsible for security of the situation.
- Ensure that any victims receive medical treatment if this can be provided without putting anyone in danger.

The police will take command of the situation when they arrive. Management will provide the police with any information they require, including floor plans of the area in question.

If the police determine that an evacuation of the building is required, occupants will utilize the exit route described in the Fire Safety Plan without the activation of the Fire Alarm signal. Use the Voice Communication (public address) System or by Police Officers visiting each area and verbally advising occupants to evacuate.

EMERGENCY PROCEDURES FOR ALL STAFF

If an armed person invades your area, or if a violent act (shooting, stabbing or physical assault) or a hostage taking incident occurs in your area, all occupants shall take the following actions:

- Evacuate as many residents from the area as possible if this can be done without becoming hostage or a victim yourself.
- Warn others in the immediate area of the danger and prevent anyone from entering the area.
- If you are unable to leave the area, barricade yourself in the most secure room available. Keep calm and do nothing that will attract the intruder's attention.

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- Call 911. Tell them how many intruders there are and what weapons they have.
- Advise the Incident Coordinator (Charge Nurse) or alternate of the situation.
- Provide medical treatment to any victims if this can be done without putting yourself in danger.
- Follow the instructions of the police or staff responsible for security or your supervisor.

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IDENTIFICATION OF AND RESPONDING TO VIOLENT OUTBURSTS

1. In alignment with the home's workplace and violence policies and responsive behavior management program, staff should be informed when there is an anticipated risk from violence in the workplace. Residents who are at risk of violent, aggressive or responsible behaviours will be identified in their careplan as such.
2. The careplan will also identify possible interventions that staff **MUST** follow in order to reduce the risk of violence by the resident. All staff must be aware of the careplan of the residents they care for. This is the staff's responsibility to review.
3. This risk of violence will also display on the resident's Kardex in pointofcare for staff to review and be informed.
4. All staff must follow the residents' plan of care.
5. Staff are expected to follow the home's policies and procedures regarding Responsive Behaviours and Workplace Violence to reduce the risk of violence during their work responsibilities.
6. When providing care to a resident with a risk of violence, all staff must work with a partner. No staff shall enter a room or provide care to a resident with a stated risk of violence alone.
7. When an individual is displaying violent behaviours or risk of violence, staff should ensure that residents and other staff in immediate danger are looked after as much as possible. Staff can attempt to diffuse the situation if it is safe to do so.
8. When an individual is displaying violent behaviours, staff should initiate the emergency nurse call signal as close to them as possible.
9. Other staff are expected to respond to the nurse call signal as quickly as possible to offer assistance.

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10. Remove residents in immediate danger and attempt to isolate the person causing the situation. Staff should not place themselves in danger, but rather remove those at risk of danger.
11. If the staff cannot diffuse the situation and require additional charge personnel to assist; one staff will be assigned to call the charge RN on their phone which they carry with them at all times.
12. If the RN cannot be reached directly through their extension; the staff will then page "RN stat-(location) Code White over the PA system. When this is paged the charge RN shall immediately report to the location directly to assess the situation.
13. Once the RN is at the location; the RN shall assess the situation, direct staff to ensure that other residents and staff are as safe as possible.
14. If the RN is unable to contain the situation and/or diffuse the situation and requires further staff to assist; the RN shall then page "Code White ALL staff to (location). All staff will then report to the area to assist.
15. Once staff hear Code White ALL staff; all staff will respond to the area to assist.

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SECTION 26

MEDICAL EMERGENCY CARE

An emergency is defined as a serious situation that arises suddenly and threatens the life or welfare of the resident.

Emergency nursing is the nursing care provided to prevent imminent, severe damage, death, or to avert serious injury. Nursing strategies are listed for some of the emergencies that could possibly occur at the facility. All Nursing Staff are responsible to be aware of treatment required during an emergency and responding appropriately.

PRIORITY ASSESSMENT

The Nurse is required to do a priority assessment of the resident's condition to ensure that appropriate treatment is given. Following a physical assessment of the resident, the registered staff will complete a progress note to summarize the assessment.

Airway

- presence of respiration
- presence of foreign body in the mouth or airway

Breathing

- respiration rate, depth and character
- use of accessory muscles for breathing
- tracheal deviation

Circulation

- presence of carotid pulse
- pulse rate, strength, rhythm
- presence of hemorrhage
- skin color, temperature, moisture

Level of Consciousness

- response to voice, touch or painful stimuli
- pupillary response
- unconscious

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EMERGENCY PREPAREDNESS PLAN

HEAD INJURY

DEFINITION

Head injuries are any blow to the head and can range from a minor blow to the head to a massive skull fracture. A skull fracture can be very dangerous, fragments of bone can pierce brain tissue and cause damage to the tissue. Concussion can occur from any head blow, even if it is a minor blow.

PROCEDURE

The Charge Nurse will notify the resident's family of all head injuries and falls, the day of the incident, or if the injury occurs during the night, notification may occur the following morning if there is no serious injury.

All staff is to notify the Charge Nurse immediately of all falls and incidents, prior to moving the resident, so the nurse may complete an assessment.

Documentation will include completion of the incident report in the Risk Management documentation of pointclickcare, incident progress notes in the client record of pointclickcare, completion of critical incident when required and the head injury routine form.

Head injury routine to be followed and record on the head injury routine form and in pointclickcare:

- assess vital signs, including:
- pulse,
- respiration,
- temperature
- blood pressure,
- LOC,
- motor and sensory response, and
- pupil reaction according to the following schedule
- all vital signs will be assessed according to the following schedule:
 - a. every 15 mins for the first hour
 - b. every ½ hour for the next 2 hours
 - c. every 1 hours for 4 hours
 - d. every 4 hours for the next 16 hours
 - e. every 8 hours for the next 72 hours

All vital signs are recorded on the Head Injury Routine Record.

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Follow up should occur following any drastic change in the vital signs. Consideration for transfer to acute care or notifying the attending physician immediately, as appropriate.

Assessment of the resident's condition to be recorded in the interdisciplinary progress notes by the nurse on duty for each shift for the next 72 hours (3 days).

Obtain accurate account of the incident from the staff and the resident, if possible, try to determine the cause of the injury.

Ensure that the resident care plan indicates a potential for falls and update the care plan to indicate that the resident did fall and sustained a head injury. Evaluate the plan of care on an ongoing basis to ensure that the nursing interventions are successful in preventing further falls, if not adjust the plan of care accordingly.

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EMERGENCY PREPAREDNESS PLAN

FRACTURES, STRAINS, SPRAINS OR DISLOCATIONS

A fracture is a break in continuity of the bone. Although fractures are not classified as life threatening, they do require medical evaluation and immobilization as soon as possible.

A sprain is an injury to a joint from a stretched or torn ligament.

A strain is an injury to a muscle that causes stretching and tearing.

A dislocation occurs when joints are out of alignment.

All the above are a result of injury to the musculoskeletal system and manifest with the following symptoms:

- pain
- swelling
- inflammation
- restricted movement of the affected limb
- discoloration

Hip fracture is one of the most common and the most serious in our resident population. Recovery rates from surgical repair of hip fractures and the resultant complication of the surgery and anesthetic, is very low. It is imperative that every effort be made to prevent falls that result in hip fractures.

To assess for a fracture of the hip:

- lay resident, if possible flat on their back
- ask them to point or touch the area that hurts, observe for resident grasping femur or higher towards hip or pelvic region
- attempt very gently to move the leg, watch for residents' response, if painful hip fracture is likely
- measure both legs, if unequal in length, hip fracture is likely
- ask the resident to move both limbs, if unable or painful, hip fracture is likely (rotation- inward or outward).
- ask resident to simultaneously push both of their feet onto your hands and measure the strength of their movement, if painful or unequal hip fracture is likely

If you suspect hip fracture, notify the physician, and transport the resident to the hospital for medical assessment and surgical intervention.

Notify the family members immediately and inform them of the transfer so they can arrange to meet the resident at the hospital.

If you suspect fracture to any bone, or joint dislocation, notify the physician immediately for assessment and medical intervention.

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Complete a transfer record to go with the resident to the hospital including functional level and all medications, with a full description of the injury, the resident's complaints, and resultant deficits.

Document in the progress notes and update the resident care plan, including and decrease in functional ability to perform ADL's or CCL's and any accompanying behaviors associated with the injury including the nursing interventions implemented with the times and frequencies.

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EMERGENCY PREPAREDNESS PLAN

CHEST PAIN

The most common complaint of victims of cardiac emergencies is chest pain, they may also complain of pounding in their chest, shortness of breath, and pain or tingling in arm shoulder or jaw.

ACTION

1. Assist the resident to sit or lie down as soon as possible, do not ask them to walk a long distance to do this, as this will put an added stress on their heart.
2. Loosen any tight clothing.
3. Obtain vital signs and assess the pain.
4. Check the MAR sheets for an order for Nitroglycerin, if available give nitro as ordered.
5. Contact the physician immediately for medical assessment and treatment. Contact an ambulance if necessary.
6. Stay with the resident, this is a very frightening experience, and they will need reassurance.
7. Check the resident's chart for Advanced Health Care Directives, prepare to do CPR if necessary, until the ambulance arrives.
8. Complete a transfer record and prepare to transport the resident to the emergency department of the hospital.
9. Notify family member of events and the pending transport to the emergency department.
10. Document assessment and actions in the progress notes.

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RESPIRATORY EMERGENCIES

Respiratory emergencies may include:

- Congestive heart failure and resultant shortness of breath
- Asthma attacks
- Emphysema

Action

- Position the resident to aid in breathing, upright, leaning over a bedside table, onto a pillow
- Loosen any tight clothing
- Open a window or turn on a fan
- Give oxygen if ordered
- Contact physician with assessment and request for medical assistance
- Call ambulance
- Give any medication as ordered by the physician
- Review residents' chart for Advance Health Care Directive, prepare to do rescue breathing if necessary
- Complete the transfer record
- Contact family with information about the event and the pending transport to the hospital
- A staff member should stay with the resident until the ambulance arrives, this is a very frightening experience for the resident, and they will require reassurance and support
- Document in the progress notes the events, your assessment and actions

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EMERGENCY PREPAREDNESS PLAN

DIABETIC EMERGENCIES REFER TO DIABETIC CARE PROGRAM FOR HYPO AND HYPERGLYCEMIC REACTIONS SEIZURES

Seizures may occur with any resident at any time. Seizures may result from:

- Medication
- Cerebral vascular accident
- Low blood levels of anticonvulsant medication
- Head injury
- Fever
- Head injury
- Hyperventilation
- Changes in sleep pattern
- Alcohol
- Emotional stress

Actions include:

- Protect the resident from injury and/or fall
- Do not restrain the residents' limbs
- Protect the head to prevent trauma
- Notify the physician for medical assessment and treatment
- Notify the family
- Document the event and the follow up
- Ensure that the resident care plan indicates seizure activity as a potential for injury

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CEREBRAL VASCULAR ACCIDENTS (CVA)

Cerebral vascular accidents occur when their blood flow to the brain is interrupted, and damage occurs.

Symptoms can include, but are not limited to:

- Loss of motor power
- Loss of sensation
- Slurred speech
- Loss of consciousness
- Mental impairment
- Swallowing deficits
- Seizures

Actions should include:

- Ensure the residents safety and prevent falls
- Reassure the resident as this is very frightening
- Position with head raised to relieve pressure on brain tissue
- Ensure airway is cleared and respirations adequate
- Consult physician for medical advice and treatment
- Notify the family
- Document assessment and actions

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ACUTE ABDOMINAL DISTRESS

Acute abdominal distress can be caused by many different conditions. Symptoms include:

- Pain
- Tenderness
- Rapid and shallow breathing
- Tendency to lie in a guarded position
- Nausea and vomiting
- Abdomen is rigid and distended
- Possible absence or over abundant bowel sounds

Residents with acute abdominal distress require medical assessment and treatment.

Action:

- Assess the resident including pain assessment, and vital signs
- Abdominal assessment, both palpation and auscultation
- Review the BM chart to see the resident's bowel pattern
- Contact physician with assessment and arrange a medical assessment
- Document assessment in the progress notes
- Notify the family
- Hold all food and fluid intake, as required

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CHOKING

Choking occurs because of a blocked airway, or aspiration of food or fluids. In emergencies airway obstruction is critical. Establishing an open airway is the first step in emergency care. The nurse must provide an adequate airway for the resident. Often, this is all that is required to reestablish breathing in a non-breathing resident.

Airways can be obstructed in many ways, including:

- Head position can cause the tongue to fall back and block the airway
- Trauma can cause broken teeth, blood, vomit, mucus, foreign body to obstruct the airway
- Food can block an airway
- Objects and foreign bodies can cause obstruction

Airways can be partially or completely blocked. With a partial obstruction the nurse should allow the resident time to dislodge the obstruction on his or her own. With a complete airway obstruction, the nurse must perform a Heimlich maneuver immediately.

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EMERGENCY PREPAREDNESS PLAN

HEIMLICH MANEUVER

PURPOSE

To clear a completely obstructed airway.

PROCEDURE

1. Assess resident for ineffective airway clearance related to obstruction, aspiration of a foreign body and ineffective breathing pattern.
2. Position self behind the resident.
3. Wrap arms around the resident, waist level.
4. Make a fist with one hand and place your thumb side against the victim's abdomen, between the umbilicus and xiphoid process.
5. Grasp your fist with the other hand.
6. Press into the victim's abdomen with quick upward thrusts
7. Repeat thrusts until either the foreign body is expelled, or the victim becomes unconscious.
8. When victim becomes unconscious, position on back
9. Call for help.
10. Look into victim's mouth for foreign body, and perform finger sweep by inserting forefinger into the mouth in a hooking motion and sweeping finger towards you, to remove foreign body.
11. Attempt to ventilate.
12. If unable to ventilate perform abdominal thrusts
13. Repeat finger sweep.
14. Repeat ventilation, abdominal thrust, and finger sweep until foreign body is expelled.
15. Refer the victim for medical assessment and document all actions.

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EMERGENCY PREPAREDNESS PLAN

BURNS

Heat, electricity, or chemicals can cause Burns. They are classified according to the depth and extent of the body surface that is injured. This classification determines the severity of the burn and its potential for complications. The deeper and more severe the burn, the more complications for the resident.

If a burn occurs:

- Cool the burn immediately
- Soak in cool (not cold) water
- Apply cold compress for as long as it takes to decrease the pain
- Avoid grease, butter, salt water, or topical ointments
- Cover wound with a sterile dressing
- Document your assessment in the progress notes
- Consult with the physician for medical advice
- Notify the family

The key is preventing the burn from occurring, monitor the environment daily and eliminate any articles or procedures that could cause burns. Preventative measures that are undertaken daily include:

- Measuring hot water temperatures every shift
- Checking temperature of bath water before resident enters tub
- Removing all smoking material from residents
- Supervising all smoking
- Checking all electrical cords and appliances for safety
- Unplugging or turning the power off to resident stoves when not supervised.

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OPEN WOUNDS

Open wound treatment is dependent upon, the depth and severity of the wound.

Action:

- Control bleeding
- Assess for foreign bodies
- Clean wound
- Assess ability to approximate the edges of the wound, if unable refer for medical consult and suturing
- Cover wound with dressing, as required
- Notify the physician
- Notify the family
- Document assessment, cause of the wound, and treatment provided

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POISONING

Poisons can be ingested, absorbed, injected, and inhaled.

Ingested poisons can include:

- Medication
- Household cleaners
- Chemicals
- Alcohol

It is imperative to contact the Poison Control Center for advice.

Inhaled poisons come from:

- Industrial gases
- Chemicals
- Carbon monoxide

It is imperative to remove the resident from the area as quickly as possible and monitored.

Injectable poisons can include:

- Snake bites
- Insect bites

Assess the severity of the reaction. Remove or scrape away any stingers or absorption will continue. Apply cold packs to the area and elevate if possible.

Absorbed poisons can come from:

- Poisonous plants encountering the skin

Prevent by monitoring plants in the resident areas. If reaction does occur wash the area off immediately, apply a cold compress and monitor.

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POISON CONTROL CENTER

Toll free number: 1-800-268-9017 operational 24 hours/day X7days/week

Information required when calling:

- Name of resident
- Age
- Sex
- Weight
- Ingredients ingested, inhaled, or contacted
- Percentage of ingredient ingested
- Time of ingestion, inhalation, or contact
- Dosage of any medication ingested

Do not induce vomiting or give the resident anything to eat or drink until you have contacted Poison Control Center for advice.

If an abrasive has splashed in the eyes, rinse immediately with lukewarm water for fifteen minutes.

If a resident has swallowed a battery, there is a possibility that it could decompose and damage the GI tract. Observe the stool for four to six days and if it has not passed suggest that an x-ray be taken.

Always notify the physician of the event that occurred.

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CARDIOPULMONARY RESUSCITATION OBJECTIVE

To ventilate the patient until adequate circulation to the brain is re-established.

PROCEDURE

1. Where indicated by residents wishes and/or clinical judgement cardiopulmonary resuscitation should begin within 4 minutes after the following symptoms occur:
 - a. No pulse
 - b. No respirations
 - c. No heartbeat
2. Call 911 or direct another staff member to call 911.
3. Place in supine position on a firm surface with head tilted backward and mandible pulled forward.
4. Begin external chest compressions. 30 chest compressions. (100 to 120 compressions per minute)
5. Commence artificial ventilation. Use an Ambu bag if present, assuring a seal over the nose and mouth of the Resident/Person. In absence of an Ambu bag, begin mouth to mouth, or mouth to nose breathing making sure that the chest expands. When the chest rises, stop inflation, turn your face to the side and allow the patient to exhale passively. When his exhalation is finished, give the next deep inflation. Give two breaths following each set of 30 chest compressions.
6. Repeat step 4 and 5.
7. When carotid and femoral pulses become palpable. Stop CPR. Otherwise continue CPR until emergency services arrives.
8. If cardiac arrest recurs ventilation must be re-started.
9. If patient responded to initial emergency treatment, transfer to a hospital will be arranged, if indicated by resident's wishes.
10. Chart in resident's progress notes events leading to CPR< during CPR and after CPR. Notify POA, DOC, Coroner (if required), MOHLTC if indicated and inform MD as appropriate.

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CARDIOPULMONARY RESUSCITATION IN COVID POSITIVE RESIDENT

OBJECTIVE

To ventilate the patient until adequate circulation to the brain is re-established.

PROCEDURE

1. Where indicated by residents wishes and/or clinical judgement cardiopulmonary resuscitation should begin within 4 minutes after the following symptoms occur:
 - No pulse
 - No respirations
 - No heartbeat
11. Call 911 or direct another person to call 911.
12. Place in supine position on a firm surface with head tilted backward and mandible pulled forward.
13. Begin external chest compressions. 30 chest compressions. (100 to 120 chest compressions per minute).
14. Do not initiate emergency breathing or ventilation manipulation. Lightly cover resident's mouth and nose with a cloth during chest compressions to decrease droplet spread.
15. Continue chest compressions only.
16. When carotid and femoral pulses become palpable. Stop CPR. Otherwise continue CPR until emergency services arrives.
17. If cardiac arrest recurs resuscitation must be re-started.
18. If patient responded to initial emergency treatment, transfer to a hospital will be arranged, if indicated by resident's wishes.
19. Chart in resident's progress notes events leading to CPR< during CPR and after CPR. Notify POA, DOC, Coroner (if required), MOHLTC if indicated and inform MD as appropriate.

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ANAPHYLACTIC REACTION

ANAPHYLACTIC REACTION

Severe and sometimes fatal systemic hypersensitivity reaction to a sensitizing substance e.g. Drug, venom, foods, or chemicals.

SIGNS AND SYMPTOMS

Sudden constriction of bronchiolar muscles, edema of the pharynx and larynx, and severe wheezing and shortness of breath. The resident may also become severely hypotensive, requiring emergency resuscitation measures.

POLICY

Epinephrine: To provide rapid relief of anaphylactic reactions.

PROCEDURE

1. When anaphylactic reaction is noted draw up 1ml of Epinephrine 1:1000 and administer IM or SC ASAP (do not give IM in buttocks)
2. Monitor vital signs
3. Call physician for further direction
4. May administer Epinephrine in 10-15 minute intervals according to doctor's orders

NOTE: In the event that you cannot contact the doctor and/or the resident's condition continues to deteriorate, call 911.

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SECTION 27

MISSING RESIDENT CONTINGENCY PLAN FOR MISSING RESIDENT

Staff are to inform the Charge Nurse immediately if they are unable to locate any resident.

Charge Nurse commences the search:

- Obtain picture of resident from PCC and obtain up to date physical description of the resident from staff on resident's unit. Obtain a Wandering Resident Search Audit and commence completing the audit. Note the time at the start of the search.
- Charge Nurse will announce "Code Yellow, Stage One, Residents Name and normal location of the missing resident"

STAGE ONE SEARCH:

Each staff is assigned to a specific zone to check for the missing resident.

- Zone One: includes all resident bedrooms, closets, under beds and inside bathrooms, on the resident's ward
- Zone Two: including all dining rooms, lounges, bath and shower rooms, community washrooms and all other common areas on the resident's ward
- Zone Three: all locked areas including clean and dirty utility rooms, medication, and treatment rooms on the resident's ward

Once staff have checked their assigned area, report back to the nursing station with results of the search. Move to Stage Two if Stage One search is not successful in locating the resident.

STAGE TWO SEARCH

Charge Nurse will announce "Code Yellow, Stage Two, with the resident's name."

Charge Nurse to notify the Director of Resident Services, or the staff member in charge of the building, the most senior staff member in the building will be designated as the Search Coordinator.

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Designated individual will check security cameras to determine the resident's last known whereabouts and whether they were seen exiting the facility.

Search Coordinator will assign staff to search all Zones as follows:

- Zone One: one staff will search the resident's immediate home area and room.
- Zone Two: Staff will commence an immediate search of their unit including all residents' bedrooms, bathrooms, closets, dining rooms, tub and shower rooms, service areas, and common resident areas.
- Zone Three: All administration office, reception and staff areas.
- Zone Four: the service areas including, kitchen, hairdresser's salon, laundry, and maintenance areas.

Once staff have completed the extensive search of their assigned areas, report back to the nursing station with the results of the search. If resident found report the location that the resident was found. If resident has not been found or was observed to have left the building using the cameras move to Stage Three.

STAGE THREE SEARCH

The search coordinator will announce, "Code Yellow, Stage Three, and state the residents name."

Staff will be assigned to search the following areas:

- Zone One: outside each exit door, and walk around the building
- Zone Two: walk one block north, one block south, one block east, and one block west of the building and along the back of the property along the alley

If staff are unable to locate a resident within 20 to 30 mins from start of search (stage 1) contact the police immediately. (9-1-1, 416-808-2222, [tps.ca/services](https://www.tps.ca/services))

Once staff have completed the extensive search of their assigned area, report back to the nursing station with the results of the search. If the resident is found, report the location that the resident was found and complete risk management report. If resident has not been found, move to the next stage:

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STAGE FOUR SEARCH

Search Coordinator to send one or two staff in their cars to drive a 2 to 3 block perimeter of the building searching for the resident, if possible. Print out picture of resident and gather any information that the police will need in their search including all areas searched, last time the resident was seen, and a description of clothing the resident was last seen wearing.

Search coordinator to contact the following people:

- Police to assist in the search
- Director of Resident Services
- Administrator
- Residents' family members

The local emergency personnel will then take over the search responsibilities and notify Home staff of the results and any specific help they need in the search.

The Director of Care/Delegate is responsible for notifying the After Hours (if applicable) or submitting the appropriate Critical Incident (if applicable).

Once the resident has been located:

- Ensure the resident is safe and unharmed. Complete a head-to-toe assessment in PCC.
- Contact the Attending Physician to address any concerns regarding the resident's health.
- Notify the family of the resident's status.
- Notify the Administrator and Director of Care
- Complete the Risk Management Report in PCC.
- **The Administrator, Director of Care or designate shall be responsible for reporting the incident as follows.**
 1. If the resident is Missing less than 3 hours and has no injuries, contact the MOH by at least the next day via a Critical Incident Report
 2. If missing less than 3 hours but has sustained an injury, contact the MOH immediately using the after hours pager if necessary and initiate a Critical Incident Report
 3. If the resident is missing greater than 3 hours (regardless of injury) contact the MOH immediately using the after-hours pager if necessary and initiate a Critical

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Incident Report.

- Complete a Ministry of Health Critical Incident Reporting Form, and incidental documentation in the resident's progress notes.
- The Director of Nursing will ensure completion of the Critical Incident Reporting Form and submission to the Ministry of Health office.
- The Charge RN will review the residents care plan to ensure that Potential for Exit Seeking is documented and there are relevant interventions to address the issue. Review all safety features that are in place to address the resident's safety.

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MISSING RESIDENT SEARCH AUDIT

DATE: _____ **RESIDENT:** _____

Clothing resident last seen wearing: _____

Place and time resident last seen: _____

STAGE ONE:

TIME: _____ **SEARCH COORDINATOR:** _____

ZONE	RESPONSIBLE STAFF
------	-------------------

Zone One:	_____
-----------	-------

Zone Two:	_____
-----------	-------

Zone Three:	_____
-------------	-------

STAGE TWO:

TIME: _____ **ADMINISTRATION NOTIFIED:** YES / NO

ZONE	RESPONSIBLE STAFF
------	-------------------

Zone One:	_____
-----------	-------

Zone Two:	_____
-----------	-------

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Zone Three: _____

Zone Four: _____

STAGE THREE:

TIME: _____

ZONE	RESPONSIBLE STAFF
------	-------------------

Zone One:	_____

Zone Two:	_____

Zone Three:	_____

STAGE FOUR

TIME: _____ POLICE NOTIFIED: YES / NO

Name of police officer: _____

Notified by whom: _____

Family notified: Name _____

Administration notified: _____

ONCE RESIDENT LOCATED

Met / Unmet N/A

Ensure resident is safe

Contact Physician to address any health issues

Notify family

Notify Administration

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Notify Ministry of Health

Complete Ministry of Critical Incident

Document in Residents Progress Notes

Complete Risk Management Report in PCC

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SECTION 28

OUTBREAK CONTINGENCY PLAN

STATEMENT OF PURPOSE

Purpose

As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, Homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics. Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed.

To outline roles, responsibilities, policies, and procedures in the event of an outbreak situation that complies with Regional Public Health Department and Ministry of Health standards.

1. *OUTBREAK RECOGNITION*

Staff monitors all residents' conditions daily on the 24-hour report and record any new symptoms and conditions. Infection surveillance is the essential component of our Infection Control Program. Infection Control Records are completed for any indication of infection. This surveillance establishes baseline information about the frequency and types of infections that exist in the facility and can be used to determine deviations from that baseline.

An outbreak is suspected anytime an illness exceeds the normal distribution in each area, at a given time. Surveillance of infections is a satisfactory indicator of a potential outbreak, but most often outbreaks are discovered when the nurses on a floor feel that "something is not quite right".

2. CASE DEFINITIONS

Case definitions are outbreak specific based on IPAC guideline and each case definition has to be developed at the outset of each outbreak. Review of the 24-hour

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report and the nosocomial infection reporting forms assists in developing the case definition.

3. NOTIFICATION

Early reporting and rapid response will minimize the impact of an outbreak.

If staff suspects an outbreak of any nature, notify Public Health for assistance, and advise.

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4. VERIFICATION OF OUTBREAK

Obtain specimens from the residents with the most recent infections as applicable to the symptoms. Contact Public Health to pick up the specimens and deliver them to the Public Health Laboratory.

The line listing is a tracking tool on which information that could be useful in characterizing the outbreak is recorded. It is started at the time an outbreak is suspected. It lists information regarding residents, location, symptoms, and lab specimens taken.

Collection of specimens from residents and staff. Positive verification can only be determined through Public Health Laboratory analysis of specimens. Type of samples may include food, stool, nasopharyngeal swabs and environmental swabs.

5. COMMUNICATION/NOTIFICATION

Once the virus type has been identified, notify all members of the Infection Control Committee, and establish an Outbreak Management Team. This team may consist of:

- Administrator/Director of Care
- Medical Advisory Physician
- Public Health Inspector
- Laboratory
- Pharmacy
- Infection Control Hub
- Food Service Supervisor

Notify the Ministry of Health & Long-Term Care by completing and submitting a critical incident report regarding the type of outbreak and the number of residents and staff affected. If the outbreak is declared after hours, phone and notify the Ministry via the After-hours number.

Accurate written documentation and daily communication with all parties involved is imperative. Detailed documentation regarding symptoms and new cases is essential for reporting to the Public Health and Ministry of Health.

Notify Residents, Family and Staff via emergency email contact list.

The Administrator is responsible for communication and release of information.

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6. SURVEILLANCE (VIA LINE LISTING)

Surveillance of both residents and staff members should continue throughout the outbreak to monitor new signs and symptoms and resolved signs and symptoms.

7. VISITORS/VOLUNTEERS

Signs will be posted notifying visitors that there is an outbreak in the home and the restrictions that are in place due to the outbreak. Volunteer programming and services will be cancelled during an outbreak to prevent cross contamination into the community.

8. COHORT NURSING/SEPARATING RESIDENTS

Residents may be separated during an outbreak to isolate symptomatic residents from well residents. The IPAC lead will review and institute cohort nursing so that nurses caring for well residents will not be caring for ill residents.

9. *NEW ADMISSION*

New admission and/or readmission to the home may be held depending on the type of outbreak the home is experiencing. There may be qualifying information required prior to deciding regarding admitting or readmitting residents.

10. IDENTIFICATION OF SOURCES

Identification of the potential source and determine the type of epidemic. Food will be assumed to be the source of an enteric outbreak until proven otherwise.

11. EDUCATION

Education of staff, residents, families, and volunteers regarding the type of outbreak, the symptoms, the precautions in place to prevent further spread, is the responsibility of the IPAC lead.

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OUTBREAK TEAM RESPONSIBILITIES

POLICY

Individual members of the Outbreak Management Team will have clearly defined responsibilities.

CHAIRMAN / ADMINISTRATOR/Director of Care

- Arrange for meetings with all parties.
- Be responsible for co-ordination of the Outbreak Management Team's activities.
- Communicate information regarding the outbreak to the institution's staff, residents, family members and visitors.
- Establish protocol regarding visiting privileges and media support when necessary.
- To communicate with the Ministry of Health and TPH.
- To communicate with Head Office. They can act as a resource re supplies and staffing.
- Arrange extra staffing as required to facilitate cohort nursing.
- Monitor daily reports of ongoing surveillance among residents and staff.
- Report CIS in LTCHomes.net
- Attend meetings.

INFECTION PREVENTION AND CONTROL LEAD

- Collect and communicate all surveillance data for Public Health, and the Ministry of Health, and Head Office, for both residents and staff.
- Complete line listing of all symptomatic, asymptomatic, negative, positive, and cleared cases.
- Reinforce precautions with staff.
- Education of staff.
- Attend daily meeting.
- To advise of the collection and transport of specimens during day, evening and weekends.
- To isolate and identify the etiological agent.
- To coordinate transfer of culture specimens to reference labs as required.
- To communicate lab finds to the Outbreak Management Team.

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RESPONSIBILITIES OF ADVISORY PHYSICIAN

- Consult and or assists the Outbreak Management Team.
- Coordinate resident care with regards to medical protocol. Other attending physicians are informed of these recommendations.

RESPONSIBILITIES OF FOOD SERVICE SUPERVISOR AND DIETARY DEPARTMENT

Immediate Steps in Food Control

It is essential to take IMMEDIATE MEASURES to eliminate food as a continuing source of infection.

1. Food Handlers:

An immediate investigation for illness or carrier status in all food handlers should be carried out. All dietary staff, including temporary or part time staff, should be interviewed regarding recent illnesses and submit stool specimens as soon as the outbreak is recognized if so by M.O.H. Exclude from work all cases or suspected cases involved in any aspect of food handling pending further investigations.

2. Inspection

An immediate in-depth inspection of kitchens, food preparation, storage, handling and distribution methods should be carried out by Public Health Officials. An objective examination by local public health inspectors is most productive in detecting problems.

As part of the inspection, samples of left-over vulnerable food should be submitted for laboratory examination. Once inspection has identified possible deficiencies in equipment or food handling, prompt and vigorous correction and ongoing maintenance of these standards is essential.

3. Menu Changes

Copies of Menus must be saved to assist in the outbreak investigation. To facilitate investigation, menus are retained as a routine practice.

Menus should be adjusted to minimize the number of vulnerable food items being prepared while awaiting completion of inspection and a comprehensive evaluation of food processing.

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4. Food Handling

- a. Personnel processing food, handling trays and dishes, and distributing trays to patients should wear disposable plastic gloves after instruction in their proper use. The need for good hygiene even while using gloves must be emphasized.
- b. Temperature control and areas of possible cross-contamination of cooked foods by raw foods or contaminated equipment should be immediately monitored and dealt with.

5. Outside Sources of Food

During an outbreak, it is advisable to eliminate the possibility of food-borne illness being introduced from outside the institution by banning outside food sources. Thus visitors would not be allowed to bring in food and would not be permitted to obtain food from local restaurants or take-out facilities.

ENVIRONMENTAL SUPERVISOR

- Arrange staffing as required.
- Provide isolation bags for laundry.
- Make provisions for adequate linen supplies.
- Reinforce appropriate cleaning of rooms.
- Reinforce education to staff re appropriate procedures to prevent spread of infection in housekeeping and laundry.
- Ensure proper disposal of waste.
- Check ice dispensers and other equipment to ensure working appropriately.
- Assist with moving beds as necessary for cohort nursing

RESPONSIBILITIES OF CHARGE NURSE

- To report residents' physical condition to I.C. officer and O.M.T.
- To assist I.C. officer as requested and initiate outbreak envelope.
- To supervise isolation procedures and supplies required.
- To obtain supplies for Isolation.
- Setup isolation caddies as required.
- C.N. directs Housekeeping to do extra cleaning to prevent cross contamination. (ex. disinfect doorknobs, phone receivers, toilets etc.).
- C.N. directs activity persons to help with jobs not in their job description. (ex. deliver extra juices to dehydrated residents).

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- C.N. posts signs to deter visitors from Isolation Areas.
- C.N. would make necessary entries in line listing.
- To assist I.C. officer to inform families of residents' condition to ensure families are kept informed.
- C.N. ensures staff on their shift are knowledgeable re isolation procedures needed on that shift.
- C.N. on each shift is responsible for infection control oversight of staff. All staff must help her/him.

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RESPONSIBILITIES OF ACTIVITY DIRECTOR

- To follow Medical Officer of Health's directives.
- To assist Infection Control officer as requested.
- Ensure programming is modified as applicable to the outbreak. Modify staffing if required.
- Provide individualized bedside activities for those in isolation. Program 1:1 visits if possible.
- Ensure methods of communication are made available to residents/families if visiting in the home is not permitted. (Eg. Ipads, phones, window visits)
- Schedule staff to assist with meals and care if needed

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OUTBREAK LINE LISTING

POLICY

All residents and staff members who show similar signs and symptoms during an outbreak will be listed on the Line Listing.

PROCEDURE

1. Complete the top section of the Infection Control Line Listing, including the case definition, case number, and contacts at the nursing home and the Public Health Department.
2. List the name of the resident or staff, age, location in the facility, date and time of onset, date of recovery, symptoms, any procedures completed and any other critical information.
3. One line listing will be maintained for all ill residents, at the nursing station during an outbreak.
4. One line listing will be maintained for all ill staff member.
5. The infection control practitioner reviews the line listing daily during the outbreak.
6. A copy of the line listing is faxed to the Public Health Department on a daily basis.
7. All line listings are stored for a one-year time period after the outbreak.

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INFECTION CONTROL PRACTITIONER/LEAD ROLE DURING OUTBREAK

The Infection Control Practitioner/Lead is responsible **before outbreak season** for the following:

1. Review the vaccine order calculated for the facility by the Health Department.
2. Plan and implement annual vaccination program. It is recommended that flu vaccine be given in early November, because the influenza vaccine's protectiveness wanes over time, giving the vaccine later in the season will protect residents during the peak influenza season.
3. Promote vaccine program to residents, staff, and visitors.
4. Provide education sessions to residents, families, and staff.
5. Review outbreak contingency plan with staff.
6. Obtain creatinine clearance levels of all residents and provide this information to the pharmacy.
7. Place caution signs on all entrance locations of the building in early October to inform family and other visitors that they should refrain from visiting when they have an acute respiratory illness or flu symptoms.

The Infection Control Practitioner is responsible **during the influenza season** for the following:

1. Determine the vaccine status of all new admissions, and new staff to the facility. Offer late vaccination to all new admissions who have not been vaccinated or whose vaccination status is unknown.
2. Ensure nursing staff have an increased awareness of influenza-like symptoms during the season.
3. Provide the vaccine status of a resident when transferring to an acute care hospital. This information will be requested by the hospital when a patient in a high-risk category for influenza is admitted.
4. Ensure that at least two nursing staff are trained in the appropriate technique for collection of nasopharyngeal swabs on residents presenting with influenza-like symptoms, to identify possible index case of an outbreak.
5. Reassign staff member's ill with acute respiratory symptoms to duties with no resident contact or send them home when possible.
6. Keep residents with acute respiratory illness out of common areas such as dining or sitting rooms and exclude them from group activities.

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The Infection Control Practitioner/Lead is responsible **during an outbreak** for the following:

1. Assess clinical features of illness for consistency.
2. Notify the Public Health Department if there are two or more cases, or if an outbreak of is suspected.
3. Ensure MOH is notified via CI.
4. Establish an Outbreak Management Team.
5. Isolate all ill residents.
6. Keep ill residents away from common areas and exclude them from group activities until their acute symptoms have resolved.
7. Institute cohort nursing.
8. Ensure that housekeeping staff pay particular attention to cleaning of surfaces, such as handrails, doorknobs, counter tops.
9. Reinforce hand washing among staff and residents.
10. Ill staff to remain off work or reassign them to positions where there is limited resident contact.
11. Offer influenza vaccine to all previously unvaccinated residents and staff.
12. Place outbreak notice sign on all entrance doors to the facility indicating an outbreak and that visitor restrictions are in effect (as applicable).
13. Antiviral treatment and prophylaxis should be considered immediately when influenza A has been positively identified in the community and residents are exhibiting influenza-like symptoms.
14. Contact the management company to inform them of your current outbreak status.
15. Inform staff not to work in other LTCF's during the outbreak. Staff working in other facilities should not work in this facility for the duration of the outbreak.
16. Limit the movement and the activities of the residents.
17. Residents being treated in the hospital at the time that an outbreak is declared should not be transferred back to the facility until the outbreak has been declared over.
18. New admissions to the facility during an acute outbreak will be determined by PH and the LHIN.
19. The outbreak will be declared over by the Public Health Department.

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OTHER AREAS WHERE INSPECTION AND

CONTROL MEASURES MAY BE REQUIRED

1. Pharmacy

- Storage
- Dispensing Procedures and handling of medication
- Health of Staff

2. Laundry

- Collection procedures - routes taken by soiled laundry
- Adequacy of processing

3. Water Supply

- Condition of drinking fountains, water taps, and ice machines.

4. Nursing Stations

- Food Storage
- Cleanliness

5. Commonly used Equipment

- Proper cleaning procedures and storage of equipment, ie. bedpan, etc. between residents.