



Peace Time Disaster & Emergency Safety Plan Response Manual

PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL

TABLE OF CONTENTS

SECTION 1	Manual Preface & General Information <ul style="list-style-type: none">○ Declaring an Emergency○ Lines of Authority○ Communications Plan○ Staff Roles and Responsibilities○ Resources, Supplies, & Personal Protective Equipment○ Food, Fluids, & Medication Access
SECTION 2	Radiant Care <u>Pleasant Manor</u> Emergency Contacts <ul style="list-style-type: none">○ Part 1 Audit of Human Resources & On Duty Staff Audit○ Part 2 Emergency Fan Out System○ Part 3 Emergency Evacuation○ Part 4 Outside Resource List○ Part 5 Emergency Supplier Contact Numbers
SECTION 3	Radiant Care <u>Tabor Manor</u> Emergency Contacts <ul style="list-style-type: none">○ Part 1 Audit of Human Resources & On Duty Staff Audit○ Part 2 Emergency Fan Out System○ Part 3 Emergency Evacuation○ Part 4 Outside Resource List○ Part 5 Emergency Supplier Contact Numbers
SECTION 4	Emergency Response <ul style="list-style-type: none">○ Air Exclusion○ Bomb Threat○ Chemical Spills○ Emergency Evacuation Plan○ Emergency Staffing○ Fan Out System○ Fire Safety Plan○ Floods○ Gas Leak○ Heat Wave○ Heating System Failure○ Medical Emergencies○ Missing Resident Code Yellow○ Natural Disasters & Extreme Weather○ Power Failure

- Reception of Residents from Other Homes in Emergency
- Telephone System Failure
- Threat of Violence
- Water Problems

Appendices:

- Appendix 1 – Criminal Code
- Appendix 2 – Responsibility of Caregiver
- Appendix 3 – Documentation
- Appendix 4 – Assault Support Plan
- Appendix 5 – Distribution of Fire/Emergency Manual
- Appendix 6 – Air Exclusion Checklist
- Appendix 7 – Staff Nominal Roll
- Appendix 8 – Resident Nominal Roll
- Appendix 9 – Bomb Threat Checklist
- Appendix 10 – Code Yellow Checklist

SECTION 5 Niagara LTC Facilities Collaborative Emergency Shelter Plan

SECTION 6 Outbreak Management

*Please see Section 2 of the Infection Control Manual for these policies:

- Enteric Outbreak
- Food Bourne Illness
- Lab Services During Outbreak
- Nasopharyngeal swabs
- Outbreak Investigations
- Outbreak Management
- Outbreak Management Checklist
- Personal Protective Equipment (PPE)
- Respiratory Isolation – Isolation and Precautionary Guidelines
- Routine Precautions & Additional Precautions
- Staff Immunization and Influenza Outbreaks
- Surveillance
- Transfer to an Acute Care Facility
- Visitation During an Outbreak

SECTION 7 Pandemic Response

- Pandemic Plan

SECTION 8 Radiant Care Pleasant Manor Fire Safety Plans

- 15 Elden Street – Arborview
- 1743 Creek Road – Heritage Place/Brookview
- 1 Pleasant Lane – Creekview
- 19 Elden Street – Garden Court
- 17 Elden Street – Oakview

SECTION 9

Radiant Care Tabor Manor Fire Safety Plans

- 1 Tabor Drive – Spruce Lane Wellness Suites
- 3 Tabor Drive – Maplevue Apartments
- 5 Tabor Drive – Evergreen Apartments
- 7 Tabor Drive – Long Term Care

SECTION 1

Manual Preface & General Information

PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL

PREFACE

GENERAL

This manual has been developed as a communication tool for staff. In it is emergency contact information, as well as the various policies and plans that govern our organization's response in emergency situations.

FORMAT

By way of format, this manual includes a table of contents which will direct people to the policy or information being sought. Next, the body of the manual includes general information, emergency contact information, policies arranged by category, and an emergency shelter plan. Finally, this manual includes the fire manuals for each building on site.

DISTRIBUTION & LOCATION

The Peace Time Disaster and Emergency Safety Plan Response Manual is accessible in electronic format to all staff through Systems 24-7, under Manuals. A slightly amended version of the manual is available to the public on the Radiant Care website. There is also a hard copy of the manual located in the Administration Office. There is a hard copy of each fire manual in the building it pertains to. The electronic version of the manual will take precedence if any discrepancies arise.

POLICY DEVELOPMENT, POLICY REVISIONS, AND UPDATING MANUALS

New policies or existing policies may require development or revision depending on changes in our external environment, at the request of the Board, or because of changes in the workplace. To ensure this manual remains contemporary, the following process shall be followed:

NEW POLICY

When a new policy is developed and approved, it will be uploaded to Systems 24-7 under the appropriate tab, and an updated index will be uploaded to replace the existing index. A hard copy of the policy and updated index will be printed for the manual in the Administration office. The old index will be shredded. Documentation will be made in the "REVISION SCHEDULE" section, noting the date of the change.

REVISION OF EXISTING POLICY

When a policy is revised and approved, the old version of the policy will be deleted from Systems 24-7 and the revised version will be uploaded under the appropriate tab to replace it. An updated index will be uploaded to replace the existing index. A hard copy of the policy and updated index will be printed for the manual in the Administration office. The old policy and index will be shredded. Documentation will be made in the "REVISION SCHEDULE" section, noting the date of the change.

HANDLING OF THIS INFORMATION

The policies and forms within this manual are for the sole purpose of Radiant Care and its staff. Clarifications and interpretations of individual policies are to be directed to the staff's departmental supervisor or the Chief Executive Officer. At no time shall anyone copy, remove, or share the material within this manual with any party outside of this organization without the express written consent of the Chief Executive Officer. Failure to comply with this instruction will result in disciplinary action being taken, up to and including termination.

REVISION SCHEDULE

The table below details when a new policy has been added or when an existing policy has been revised.

Policy Name	New	Reviewed	Revised	Date	Initial
Emergency Staffing	X			August 2022	CR
Air Exclusion			X	September 2022	CR
Bomb Threat			X	September 2022	CR
Emergency Evacuation Plan			X	September 2022	CR
Fan Out System			X	September 2022	CR
Fire Safety Plan			X	September 2022	CR
Gas Leak			X	September 2022	CR
Heat Wave			X	September 2022	CR
Heating System Failure			X	September 2022	CR
Missing Resident/Tenant (Code Yellow)			X	September 2022	CR
Power Failure			X	September 2022	CR
Reception of Residents from Other Homes in Emergency			X	September 2022	CR
Telephone System Failure			X	September 2022	CR
Threat of Violence			X	September 2022	CR
Water Problems			X	September 2022	CR
Appendix 1 – Criminal Code			X	September 2022	CR
Appendix 2 – Responsibility of Caregiver			X	September 2022	CR
Appendix 3 – Documentation			X	September 2022	CR
Appendix 4 – Assault Support Plan			X	September 2022	CR
Appendix 5 – Distribution of Fire/Emergency Manual			X	September 2022	CR
Appendix 6 – Air Exclusion Checklist			X	September 2022	CR
Appendix 7 – Staff Nominal Roll			X	September 2022	CR
Appendix 8 – Resident Nominal Roll			X	September 2022	CR
Appendix 9 – Bomb Threat Checklist			X	September 2022	CR
Appendix 10 – Code Yellow Checklist			X	September 2022	CR
Pandemic Plan			X	November 2022	CR

SECTION 2

Radiant Care Pleasant Manor
Emergency Contacts

**RADIANT CARE PLEASANT MANOR
AUDIT OF HUMAN RESOURCES**

PROPERTY OWNER	Pleasant Manor Retirement Village (O/A Radiant Care Pleasant Manor) 15 Elden Street, Virgil, ON L0S 1T0 905-468-1111
CHIEF EXECUTIVE OFFICER	Tim Siemens 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]
SENIOR ADMINISTRATOR LONG-TERM CARE	Fola Akano 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED]
DIRECTOR OF CLINICAL SERVICES	Dawn Clyens 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED] (H) [REDACTED]
MAINTENANCE MANAGER	Rick Green 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED]
DIRECTOR OF FINANCE	Eileen Tepsa 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED] (H) [REDACTED]
NUTRITION MANAGER	Bronwen Herbert 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED] (H) [REDACTED]
THERAPEUTIC RECREATION SUPERVISOR	Chelsea Bilton 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED] (H) [REDACTED]
HUMAN RESOURCES MANAGER	Alaina Costea 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED]
CHAPLAIN	Michael Dyck 15 Elden Street, Virgil, ON L0S 1T0 (H) [REDACTED]
SUPPORTIVE HOUSING MANAGER	Megan Challice 15 Elden Street, Virgil, ON L0S 1T0 (C) [REDACTED] (H) [REDACTED]

Updated: January 16, 2023

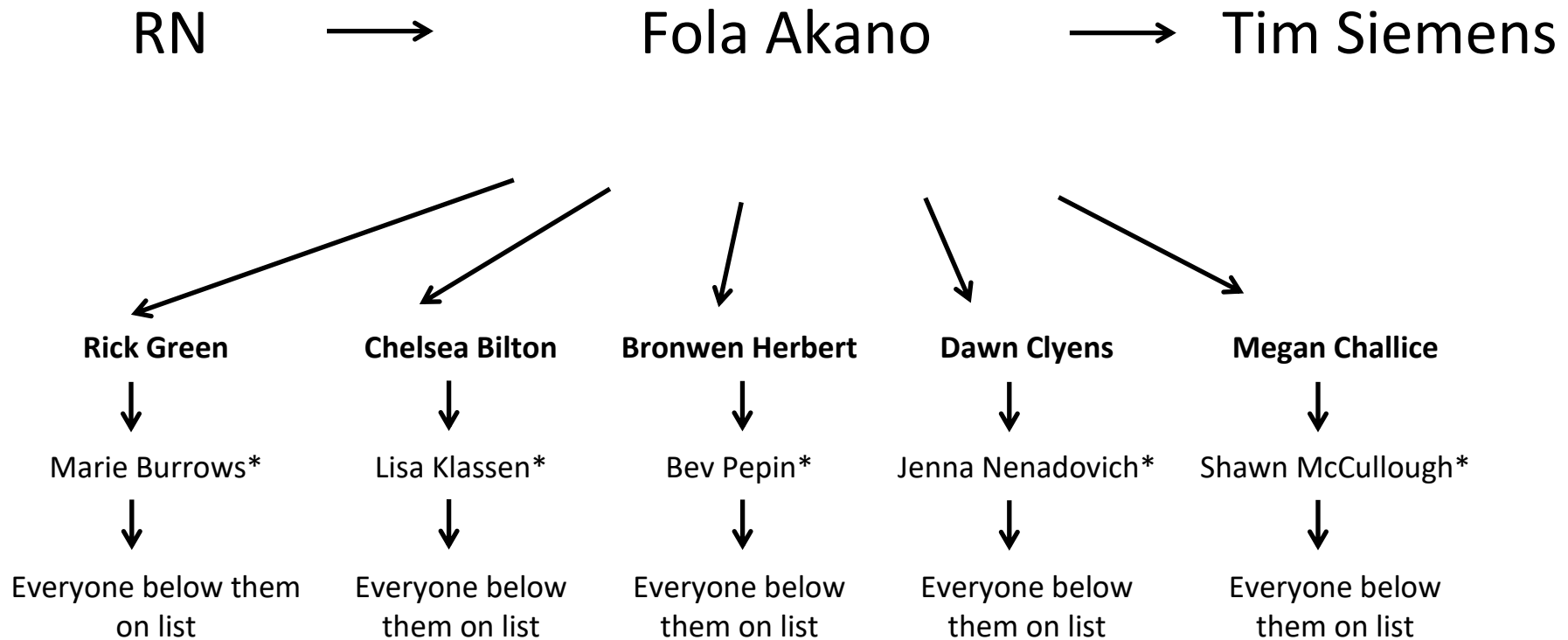
RADIANT CARE PLEASANT MANOR ON-DUTY STAFF AUDIT

DAY STAFF	NUMBER OF STAFF	SCHEDULED HOURS
Senior Administrator Long-Term Care	1	8:00 am – 4:00 pm
Director of Clinical Services	1	8:00 am – 4:00 pm
Assistant Director of Care	1	8:00 am – 4:00 pm
Nursing Clerk	1	8:00 am – 4:00 pm
Registered Nurse	1	10:00 am – 6:00 pm
Registered Practical Nurse	1	7:00 am – 3:00 pm
Personal Support Workers – Long-Term Care	5	6:00 am – 2:00 pm
Maintenance Manager	1	8:00 am – 4:00 pm
Maintenance Staff	1	7:00 am – 3:00 pm
Nutrition Manager	1	8:00 am – 4:00 pm
Assistant Nutrition Manager	1	8:00 am – 4:00 pm
Housekeepers	1 1	6:00 am – 2:00 pm 7:00 am – 3:00 pm
Laundry	1	6:00 am – 2:00 pm
Cook	1	6:30 am – 2:30 pm
Dietary Aide	2	7:00 am – 3:00 pm
Therapeutic Recreation Supervisor	1	8:00 am – 4:00 pm
Therapeutic Recreationist	1	8:00 am – 4:00 pm
Supportive Housing Manager	1	7:00 am – 3:00 pm
Supportive Housing Assistant	1	8:00 am – 4:00 pm
Personal Support Workers – Supportive Housing	6	7:00 am – 3:00 pm
Spiritual Life Lead	1	8:00 am – 4:00 pm
Administrative Receptionist	1	8:00 am – 4:00 pm

AFTERNOON STAFF	NUMBER OF STAFF	SCHEDULED HOURS
Registered Nurse	1	3:00 pm – 11:00 pm
Cook	1	10:30 am – 6:30 pm
Dietary Aide	1 1	11:00 am – 7:00 pm 3:00 pm – 8:00 pm
Personal Support Workers – Long-Term Care	1 4 1	11:00 am – 7:00 pm (ActR) 2:00 pm – 10:00 pm 5:00 pm – 10:00 pm
Personal Support Workers – Supportive Housing	4	3:00 pm – 11:00 pm
Therapeutic Recreationist	0.5	11:00am – 7:00pm (rotating schedule)

NIGHT STAFF	NUMBER OF STAFF	SCHEDULED HOURS
Registered Nurse	1	11:00 pm – 7:00 am
Personal Support Workers – Long-Term Care	2	11:00 pm – 7:00 am
Personal Support Workers – Supportive Housing	3	11:00 pm – 7:00 am

Radiant Care Pleasant Manor Fan Out System



Instructions:

1. In an emergency, RN will call Senior Administrator Long-Term Care
2. Senior Administrator Long-Term Care will call CEO and decide if we need to enact Fan Out System
3. If yes, Senior Administrator Long-Term Care will call Supervisors (first line of list), then report to the home immediately
4. Supervisors (first line) will each call the caller listed below them (on second line), then report to the home immediately
5. *Callers (second line) will consult the Fan Out List to call all staff below them on the list to request that they report to the home immediately. Once they have called all staff below them, the caller will report to the home.

NOTE: Everyone listed on this page should keep a copy of the Fan Out List with them at all times.

Fan Out List

The Fan Out List is available in the following locations:

1. Emailed to all Supervisors and Callers
2. At the Nurses Station
3. In Section 2 of the hard copy Peace Time Disaster & Emergency Safety Plan Response Manual, located in the Administration Office

Emergency Evacuation Resident List

The Emergency Evacuation Resident List is available in the following locations:

1. \\rcpm-dc01\Pleasant\Administration\DATA\MANUALS\DISASTER\MAJOR EMERGENCY EVACUATION LIST (electronic copy)
2. Section 2 of the Peace Time Disaster and Emergency Safety Plan Response Manual, located in the Administration Office (hard copy)
3. Emergency Evacuation Binder, located at the Nurses Station (hard copy)
4. Long-Term Care (LTC) Fire Box, located at the entrance of LTC building (hard copy)

**RADIANT CARE PLEASANT MANOR
OUTSIDE RESOURCE LIST**

NAME	PHONE NUMBER	
Emergency Fire/Police/Ambulance	9-1-1	
Ambulance Dispatch	1-800-263-5767	
Classic Care Pharmacy	905-631-9027	
Coroner	905-685-5883	
Evacuation Site:		
• Niagara Long-Term Care Residence, NOTL	905-468-2111	
Fire Department	905-684-4311	
Horizon (Hydro Utility)	905-684-8111	
Hospitals:		
• St. Catharines General	905-378-4647	
• Hotel Dieu Shaver	905-685-1381	
Media		
• CKTB Newsroom	905-684-0480	
• CHCH News	905-682-3546	
• GIANT – FM 91.7	905-732-4433 (office hours)	
	905-732-6917 (after hours)	
• CKTB 610	}	905-684-6397
• HTZ-FM 97.7		
• EZZROCK 105.7		
Ministry of Labour	1-877-202-0008	
Ministry of Long-Term Care		
• Compliance & Inspections	905-546-8294 OR 1-800-461-7137	
• Family Support & Action Line	1-866-434-0144	
Niagara Region Public Health		
• Main line	1-800-263-7248	
• Dr. Mustafa Hirji, Acting Medical Officer of Health	905-688-8248 ext. 7338	
Police Department, St. Catharines	905-688-4111	
Public Health Nurse	905-688-8248 ext. 7330	
Staging Area:	905-468-1111	
• Creekview Link		
Water Delivery Service (Ricochet Water)	905-938-9697	

**RADIANT CARE PLEASANT MANOR
EMERGENCY SUPPLIER CONTACTS**

NURSING

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
ARJO	Nursing/ Medical Equipment	David Baillargeon Sean Jenkins		
Behavioural Supports Ontario (BSO)	Support & training for managing responsive behaviours; provide social workers if needed	Holly Rogers		
Cardinal Health Canada (formerly Futuremed)	Nursing Supplies	Doug Widner		
Care RX (formerly Classic Care Pharmacy)	Medication	Robert Vukovich		
Hauser's Home Healthcare	Assistive Devices	Whitney Brown		
KCI	Therapeutic Mattresses	Erika Szilagyi		
TENA	Continence Products	Paula Burns		

DIETARY / HOUSEKEEPING / LAUNDRY

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Agropur	Milk			
Canada Bread Company	Bread	Order Desk		
Canadian Springs	Delivery for drinking water service	Carolyn Woodham		
Complete Purchasing		Nancy Walker		
Flexo	Chemicals, Laundry & Housekeeping Supplies	J'neene Marchese		
George Courey	Linens	Bill French		
Mother Parkers Coffee		Jeff Hadall		
Nella Cutlery	Knife Sharpening	Adam		
Niagara Restaurant Supplies	Kitchen Supplies and Equipment	Margaret Boorsma		
Sanimax	Used Oil			
SYSCO Toronto	Food & Food Supplies	Jennifer Rossi		

MAINTENANCE

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
All Green Irrigation	Outside Sprinklers	Al		
Bath Fitters	Tub 2 Shower			
Britain Mechanical Group Ltd.	Diesel Tanks			
Brooker Power	Auto Doors	Rory		
Canadian Door Doctor	Garage Door			
Canadian Waste Handlers	Bin pickups (Creekview only)			
Castle Plumbing	Plumbing/HVAC	Craig		
Control Chem	Monthly Contract Water Treatment			
Complete Comfort Niagara	Heat Pump to MV AC			
Direct Restaurant Service	Kitchen Equipment/Repair	David Lees		
Fire Department				
Fire Monitoring Company	Alarm			
Fire Safety Tech		Chris Paul		
First Klass Decorating	Painter	Tim		
Hamilton Audio Video	Door Guards in the Apartments			
Harco	Commercial Laundry Equipment			

Johnson Controls / Tyco	Fire Alarm System	
Kraun Electric Services	Electrical	Tom
Lincoln Appliance	Appliance Repair	Herb
Niagara Contractors		Mike
Niagara Generator	Generator	
Overhead Door	Garage Door	
Pro	Pest Control	Mike Heinen
PEC Roofing	Roofing	
Peninsula Flooring	Flooring	
Penner Building Centre	Maintenance Supplies	
Regional Doors	Garage Doors	
Rick	Elevator	
Roto-Rooter	Plumbing 24/7	
Service Experts	Plumbing/Heating	
Thyssen Krupp	Elevator	
Waste Management	Garbage & Recycling	Linda



HUMAN RESOURCES

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Dunk & Associates	Systems 24-7 – platform for online training & manuals	Nancy Dunk Tech support		
Groove Identification Solutions	Name tag printer & supplies, incl swipe cards	Debbie Ritter		
Manulife	Benefits RRSP	Kimberly Johnson Plan Administrator/ Advisor Helpline Plan Member Helpline		
Synergy Benefits	Benefits	Wayne Farrow		
WSIB	Workplace Injuries			

UTILITIES (PRE-AUTH)

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Bell	Phone charges	Customer service		
Cogeco	TV and Internet services	Customer service/Billing Technical Support Justin DeGordick (technician)		
Enbridge	Natural gas			
NOTL Hydro	Hydro			
Rogers	iPhones & iPad charges			
Telus	Cell phone charges	Telus mobility service support		
Vaxxine	DSL business internet line			

ADMIN, IT, & MISCELLANEOUS

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
AdvantAge Ontario	Annual Membership			
Amber Same Day Delivery	For blue bag delivery between Pleasant Manor & Tabor Manor			
B4 Networks	Managed computer services and IT support			
Beatties	Office Supplies	Sandy Bagshaw		
	Canon Copiers: • Servicing • Meter usage	James Sajur		
Big Al's Aquarium	Aquarium Servicing			
HCH Lazerman	Printer toner	Tony		
Made By Frame	Radiant Care website	Drew Unruh		
Ontario Long-Term Care Association	Annual Membership			
Pinders	Keys	DS		
Point Click Care (WesCom)	PCC Software Medical Packages			
Systemacs	Supply, install and repair of phone system	Don Willms		
Valumart	Food			

SECTION 3

Radiant Care Tabor Manor
Emergency Contacts

**RADIANT CARE TABOR MANOR
AUDIT OF HUMAN RESOURCES**

PROPERTY OWNER	Mennonite Brethren Senior Citizens Home (O/A Radiant Care Tabor Manor) 1 Tabor Drive, St. Catharines, ON L2N 1V9 905-934-2548
CHIEF EXECUTIVE OFFICER	Tim Siemens 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]
SENIOR ADMINISTRATOR LONG-TERM CARE	Fola Akano 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED]
DIRECTOR OF CARE	Rainier De Las Llagas 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]
MAINTENANCE MANAGER	Rick Green 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED]
DIRECTOR OF FINANCE	Eileen Tepsa 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]
NUTRITION MANAGER	Barbara Osborne 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]
THERAPEUTIC RECREATION SUPERVISOR	Norma Restivo 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]
HUMAN RESOURCES MANAGER	Alaina Costea 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED]
CHAPLAIN	Jim Evans 1 Tabor Drive, St. Catharines, ON L2N 1V9 (H) [REDACTED]
SUPPORTIVE HOUSING MANAGER	Megan Challice 1 Tabor Drive, St. Catharines, ON L2N 1V9 (C) [REDACTED] (H) [REDACTED]

Updated: February 13, 2023

RADIANT CARE TABOR MANOR ON DUTY STAFF AUDIT

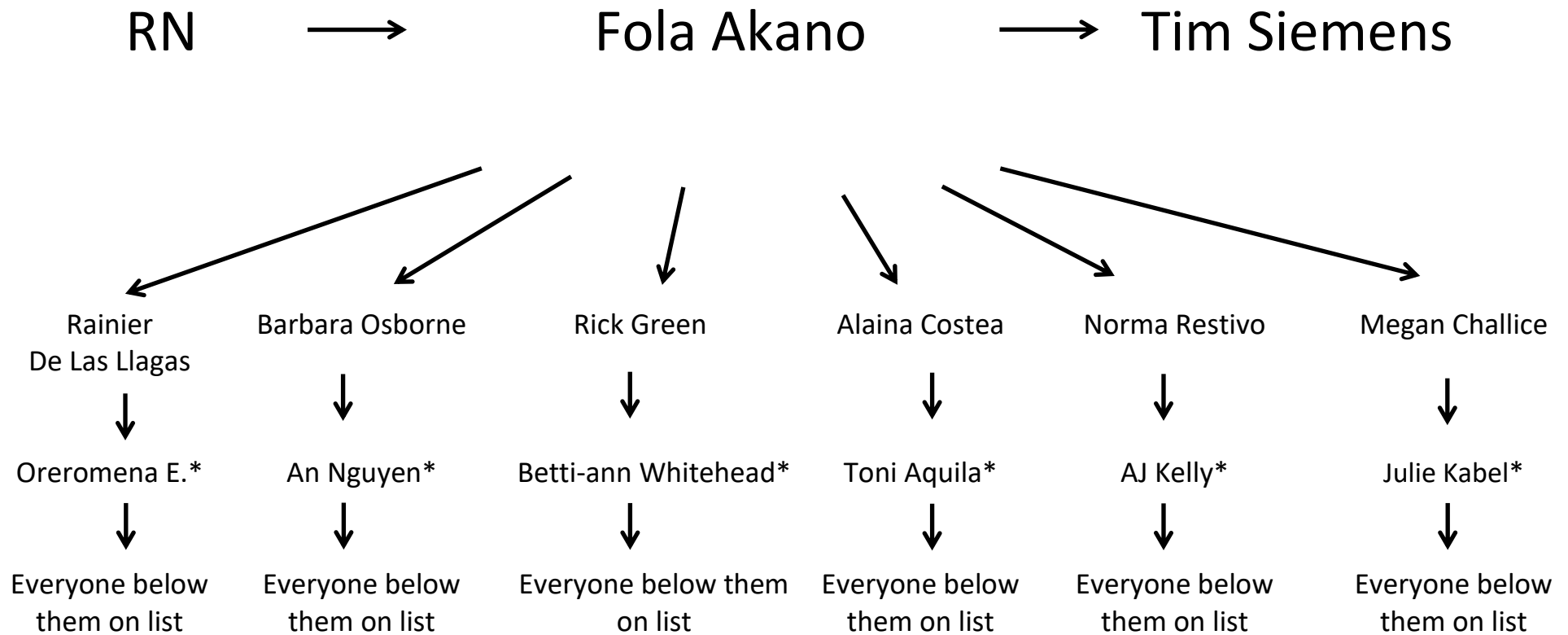
DAY STAFF – 6:00 am to 5:00 pm	NUMBER OF STAFF	SCHEDULED HOURS
Chief Executive Officer	1	8:00 am – 4:00 pm
Executive Assistant	1	8:00 am – 4:00 pm
Administrative Assistant	1	8:00 am – 4:00 pm
Admissions Coordinator	1	8:00 am – 4:00 pm
Director of Finance	1	8:00 am – 4:00 pm
Assistant Director of Finance	1	8:30 am – 4:30 pm
Senior Accountant	1	8:00 am – 4:00 pm
Junior Accountant – Accounts Payable	1	8:00 am – 4:00 pm
Junior Accountant – Accounts Receivable	1	8:30 am – 4:30 pm
Human Resources Manager	1	8:00 am – 4:00 pm
Human Resources Coordinators	2	8:00 am – 4:00 pm
Payroll Coordinator	1	8:00 am – 4:00 pm
Payroll Clerk	1	8:30 am – 4:30 pm
Volunteer Coordinator	0.8	8:00 am – 4:00 pm (except Wed)
Administrative Receptionist	1	8:00 am – 4:00 pm
Senior Administrator Long-Term Care	1	8:00 am – 4:00 pm
Director of Care	1	8:00 am – 4:00 pm
Assistant Director of Care	2 (part-time)	8:00 am – 4:00 pm
Nursing Clerk	1	8:00 am – 4:00 pm
Scheduling Clerk	1	8:00 am – 4:00 pm
Clinical Quality Coordinator	1	8:00 am – 4:00 pm
Assistant RAI Coordinator	1	8:00 am – 4:00 pm
Registered Nurse	1	7:00 am – 3:00 pm
Registered Practical Nurse	4	7:00 am – 3:00 pm
Personal Support Workers – Long Term Care	17	6:00 am – 2:00 pm
Supportive Housing Manager	1	7:00 am – 3:00 pm
Personal Support Workers – Supportive Housing	4	7:00 am – 3:00 pm
Maintenance Manager	1	8:00 am – 4:00 pm
Maintenance Staff	2	7:00 am – 3:00 pm
Nutrition Manager	1	8:00 am – 4:00 pm
Assistant Nutrition Manager	1	8:00 am – 4:00 pm
Cook	1	6:00 am – 2:00 pm
Dietary Aide	1	6:00 am – 2:00 pm
	4	7:00 am – 3:00 pm
Housekeeper	2	6:00 am – 2:00 pm
	0-1	7:00 am – 3:00 pm
Housekeeper/Laundry	0-1	10:00 am – 4:30 pm
Laundry	1	7:00 am – 3:00 pm
	1	8:00 am – 4:00 pm

Lead Chaplain	1	8:00 am – 4:00 pm
Chaplain	1	8:00 am – 4:00 pm
Therapeutic Recreation Supervisor	1	8:00 am – 4:00 pm
Therapeutic Recreationist	2-3	8:30 am – 4:30 pm

EVENING STAFF 11:00 am – 11:00 pm	NUMBER OF STAFF	SCHEDULED HOURS
Registered Nurse	1	3:00 pm – 11:00 pm
Registered Practical Nurse	4	3:00 pm – 11:00 pm
Personal Support Workers – Long Term Care	14	2:00 pm – 10:00 pm
Personal Support Workers – Supportive Housing	3	3:00 pm – 11:00 pm
Cook	1	10:00 am – 6:00 pm
Dietary Aide	1	11:00 am – 7:00 pm
	2	11:30 am – 7:30 pm
	3	3:30 pm – 7:30 pm
Housekeepers	2	11:00 am – 7:00 pm
Therapeutic Recreationist	0-2	12:00pm – 8:00pm

NIGHT STAFF 10:00 pm – 7:00 am	NUMBER OF STAFF	SCHEDULED HOURS
Registered Nurse	1	11:00 pm – 7:00 am
Registered Practical Nurse	1	11:00 pm – 7:00 am
Personal Support Workers – Long Term Care	6	10:00 pm – 6:00 am
Personal Support Workers – Supportive Housing	3	11:00 pm – 7:00 am

Radiant Care Tabor Manor Fan Out System



Instructions:

1. In an emergency, RN will call Senior Administrator Long-Term Care
2. Senior Administrator Long-Term Care will call CEO and decide if we need to enact Fan Out System
3. If yes, Senior Administrator Long-Term Care will call Supervisors (first line of list), then report to the home immediately
4. Supervisors (first line) will each call the caller listed below them (on second line), then report to the home immediately
5. *Callers (second line) will consult the Fan Out List to call all staff below them on the list to request that they report to the home immediately. Once they have called all staff below them, the caller will report to the home.

NOTE: Everyone listed on this page should keep a copy of the Fan Out List with them at all times.

Fan Out List

The Fan Out List is available in the following locations:

1. Emailed to all Supervisors and Callers
2. At the Nurses Station
3. In Section 3 of the hard copy Peace Time Disaster & Emergency Safety Plan Response Manual, located in the Administration Office

Emergency Evacuation Resident List

The Emergency Evacuation Resident List is available in the following locations:

1. L:\MANUALS & PACKAGES\PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL\SECTION 3 - RC TM EMERGENCY CONTACTS\PART 3 - Emergency Evacuation (electronic copy)
2. Section 3 of the Peace Time Disaster and Emergency Safety Plan Response Manual, located in the Administration Office (hard copy)
3. Emergency Evacuation Binder (red), located at the Nurses Station (hard copy)
4. Long-Term Care (LTC) Fire Box, located at the entrance of LTC building (hard copy)

**RADIANT CARE TABOR MANOR
OUTSIDE RESOURCE LIST**

NAME	PHONE NUMBER
Emergency Fire/Police/Ambulance	9-1-1
Ambulance Dispatch	1-800-263-5767
Classic Care Pharmacy	905-631-9027
Coroner	905-685-5883
Evacuation Site:	
• Heidehof Home for the Aged	905-935-3344
Fire Department, St. Catharines	905-684-4311 905-688-5601 ext. 4204
Horizon (Hydro Utility)	905-684-8111
Hospitals:	
• St. Catharines General	905-378-4647
• Hotel Dieu Shaver	905-685-1381
Media	
• CKTB Newsroom	905-684-0480
• CHCH News	905-682-3546
• GIANT – FM 91.7	905-732-4433 (office hours) 905-732-6917 (after hours)
• CKTB 610	} 905-684-6397
• HTZ-FM 97.7	
• EZZROCK 105.7	
Ministry of Labour	1-877-202-0008
Ministry of Long-Term Care	
• Compliance & Inspections	905-546-8294 OR 1-800-461-7137
• Family Support & Action Line	1-866-434-0144
Niagara Region Public Health	
• Main line	1-800-263-7248
• Dr. Mustafa Hirji, Acting Medical Officer of Health	905-688-8248 ext. 7338
Police Department, St. Catharines	905-688-4111
Public Health Nurse	905-688-8248 ext. 7330
Staging Area	905-937-6900
• Scott Street MB Church	
Water Delivery Service (Ricochet Water)	905-938-9697

**RADIANT CARE TABOR MANOR
EMERGENCY SUPPLIER CONTACTS**

NURSING

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
ARJO	Nursing/ Medical Equipment	David Baillargeon Sean Jenkins		
Behavioural Supports Ontario (BSO)	Support & training for managing responsive behaviours; provide social workers if needed	Holly Rogers		
Cardinal Health Canada (formerly Futuremed)	Nursing Supplies	Doug Widner		
Care RX (formerly Classic Care Pharmacy)	Medication	Robert Vukovich		
Hauser's Home Healthcare	Assistive Devices	Whitney Brown		
KCI	Therapeutic Mattresses	Erika Szilagyi		
TENA	Continence Products	Paula Burns		
Vital Aire Health Care	Oxygen	Diane Quaresma		

DIETARY / HOUSEKEEPING / LAUNDRY

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Canada Bread Company	Bread	Justin		
Canadian Springs	Delivery for drinking water service	Carolyn Woodham		
Complete Purchasing		Nancy Walker		
Falls Mobile Wash	Oven hood cleaning	Shawn Cant		
Flexo	Chemicals, Laundry & Housekeeping Supplies	J'neene Marchese		
George Courey	Linen	Bill French		
HD Supply	Environmental	Nida		
Hubert (Distributing) Canada	Kitchen Supplies	(online through eCPS)		
MIP Inc.	Environmental Supplies	Jacques Drainville		
Mother Parkers	Tea & Coffee	Jeff Hadall		
Nella Cutlery	Knife Sharpening			
Nestles Professional	Coffee & Juice	Vikas Chhabra		
Niagara Restaurant Supplies	Kitchen Supplies & Equipment	Margaret Boorsma		
PCS of Niagara	Carpet Cleaning	Sara Krug		
Sure-Fix	Robot Coupe & Vita-Mix Blender Repair	Chuck Fitzgibbon		
SYSCO Toronto	Food & Food Supplies	Jennifer Rossi		
Thermopatch	Labeling Machine	Ben		

MAINTENANCE

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Bath Fitters	Tub 2 Shower			
Britain Mechanical Group Ltd.	Diesel Tanks			
Brooker Power	Auto Doors	Rory		
Canadian Door Doctor	Garage Door			
Castle Plumbing	Plumbing/HVAC	Craig		
Control Chem	Monthly Contract Water Treatment			
Complete Comfort Niagara	Heat pump to Mapleview AC			
Direct Restaurant Service	Large Kitchen Equipment Repair	David Lees		
Enercare	Heating Boilers & Hot Water at 1 Tabor; Hot Water at 5 Tabor			
Fire Department				
Fire Monitoring Company	Alarm			
Fire Safety Tech		Chris Paul		
First Klass Decorating	Painter	Tim		
Hamilton Audio Video	Door Guards in the Apartments			
Harco	Commercial Laundry Equipment			

Home Hardware (Grantham)	Maintenance Supplies & Equipment		
Johnson Controls / Tyco	Fire Alarm System		
Kraun Electric Services	Electrical	Tom	
KR Communications	Swipe Card System, Call Bell System, Wander Guard System	Chris	
Lincoln Appliance	Appliance Repair	Herb	
Niagara Contractors		Mike	
Niagara Generator	Generator		
Overhead Door	Garage Door		
PEC Roofing	Roofing		
Peninsula Flooring	Flooring		
Pro	Pest Control	Mike Heinen	
Regional Doors	Garage Doors		
Rick	Elevator		
Roto-Rooter	Plumbing 24/7		
Service Experts	Plumbing/Heating		
Thyssen Krupp	Elevator		
Walker Environmental Group	Collection and Recycling of Grease Interceptor waste	Customer Service	
Waste Management	Garbage & Recycling	Linda	

HUMAN RESOURCES

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Dunk & Associates	Systems 24-7 – platform for online training & manuals	Nancy Dunk Tech support		
Groove Identification Solutions	Name tag printer & supplies, incl swipe cards	Debbie Ritter		
Manulife	Benefits RRSP	Kimberly Johnson Plan Administrator/ Advisor Helpline Plan Member Helpline		
Synergy Benefits	Benefits	Wayne Farrow		
WSIB	Workplace Injuries			

UTILITIES (PRE-AUTH)

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
Alectra (Horizon)	Electricity			
Bell	Phone charges	Customer service		
City of St.Catharines	Water/Wastewater- 325 Scott St.			
Cogeco	TV and Internet services	Customer service/Billing Technical Support Justin DeGordick (technician)		
Enbridge	Natural gas			
Rogers	iPhones & iPad charges			
Sandpiper Energy Solutions	Water heater (325 Scott St)			
St. Catharines Water	Pre-auth monthly payment plan for Water/Wastewater			
Telus	Cell phone charges	Telus mobility service support		
Vaxxine	DSL business internet line			

ADMIN, IT, & MISCELLANEOUS

SUPPLIER NAME	PRODUCT/ SERVICE	CONTACT PERSON	PHONE NUMBER/ EMAIL	ACCOUNT NUMBER
AdvantAge Ontario	Annual Membership fee	Sally Smith		
Amber Same Day Delivery	For blue bag delivery between Pleasant Manor & Tabor Manor			
B4 Networks	Managed computer services and IT support			
Beatties	Office Supplies Canon Copiers: <ul style="list-style-type: none"> • Servicing • Meter usage 	Sandy Bagshaw		
		James Sajur		
HCH Lazerman	Printer toner	Tony		
Made By Frame	Radiant Care website	Drew Unruh		
Ontario Long-Term Care Association	Annual Membership			
Pinders	Keys	DS		
Point Click Care (WesCom)	PCC Software Medical Packages			
Purolator	Shipping	Customer Service		
Systemacs	Supply, install and repair of phone system	Don Willms		

SECTION 4

Peace Time Disaster and Emergency Safety Plan Response

Radiant Care

MANUAL: PEACE TIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

GENERAL

External air can become contaminated by toxic gas usually as a result of a fire or spill. If a building that has a large amount of chemicals in it is on fire the smoke will be contaminated by the chemicals. Tanker trucks or train tanker cars carrying toxic chemicals can crash and leak the chemicals into the air.

Evacuation is one strategy to deal with this problem. Another is external air exclusion, which is where the entry of external contaminated air is restricted.

The external air exclusion method is used particularly when the necessary time frame for an evacuation does not exist.

In external air exclusion, you suspend any activity or system that allows external air to get in or internal air to get out.

It is assumed that within 5 minutes emergency response teams, fire, etc., would take charge of the situation and close streets to incoming traffic.

After Hours Procedure

If Air Exclusion Disaster Plan is initiated after hours, the Charge Nurse is the Senior Administrator's Delegate and assumes the role of the Receptionist and the Maintenance Manager. Staff will be limited to those assigned to areas and the Personnel Assignment Centre will not exist. The Charge Nurse assigns roles of all staff members. The Charge Nurse will shut down power in the home to disable air Intake by shutting off Main Disconnect.

IN THIS DISASTER SCENARIO, THE STAFFING FAN OUT SYSTEM WILL NEVER BE INITIATED DUE TO HAZARD TO INCOMING STAFF.

PROCEDURE

RESPONSE IN LONG-TERM CARE

Home will receive notification that a disaster has occurred, and that Air Exclusion Disaster Plan needs to be initiated. This notification could be from a variety of sources including Medical Officer of Health, Fire Department, etc.

If the person receiving the notification is other than the Senior Administrator/Delegate, they are to notify the Senior Administrator immediately.

Roles and Responsibilities:

Senior Administrator Long-Term Care/Delegate

- Authorize any announcements or messages
- Inform Management Team
- Remain in Personnel Assignment Centre area for duration of incident
- Receive notification from Senior Administrator/Delegate to make the following announcement:

Repeat three times

“Attention all staff, residents and visitors, Air exclusion procedure in effect, please remain in the building, keep windows and doors closed at all times.”

- At the direction of the Senior Administrator/Delegate the following announcement may be made to update everyone:

Repeat three times

“Attention all staff, residents and visitors, situation is under investigation and under control, please remain in your present location”.

- Call 9-1-1 to advise them of the situation
- Manage incoming calls and direct to Senior Administrator/Delegate as required
- Call Therapeutic Recreation Supervisor (Personnel Assignment Centre) of requests from Charge Nurses for additional staff from Personnel Assignment Centre
- Announce all clear when directed to do so by Senior Administrator/Delegate or Emergency Services:

Repeat three times

“All clear”

Maintenance Manager/Maintenance Person

- Shut down all heating, ventilation and air conditioning units in building
- Ensure dampers in heating and ventilation units are closed
- Complete Air Exclusion Checklist (Appendix A), located in the Peace Time Disaster and Emergency Safety Plan Response Manual, and submit to the Personnel Assignment Centre Coordinator for sign off
- All maintenance staff to report to Personnel Assignment Centre for direction/assignment

Charge Nurse

When Air Exclusion is announced:

- Call Therapeutic Recreation if additional staff are required from the Personnel Assignment Centre
- Complete resident and staff nominal rolls and send runner to Personnel Assignment Centre to inform Coordinator that count is complete and area secure

- There is no movement of residents unless directed by the emergency services/Senior Administrator/Delegate
- Return unit to pre Air Exclusion down state

Therapeutic Recreation Supervisor

When Air Exclusion is announced, take cell phone.

- Assign 1 housekeeping staff and two additional staff to inspect each resident room and ensure that windows are closed and that air cannot enter from outside (**see Housekeeping/Laundry Staff section below**)
- Obtain “No Exit” door signs and arm bands from administration office. They are located in the emergency box in the photocopy room.
- Report to Front Entrance (Personnel Assignment Centre)
- Have all staff reporting to Personnel Assignment Centre sign nominal roll
- Turn completed nominal roll over to switchboard attendant
- **Assign orange arm bands to 5 staff:**
 - Direct 2 staff to monitor Front Entrance Door of building, and the Staff are to inform anyone outside to return immediately to the facility. “No Exit” sign is placed on front entrance to building
 - Assign staff member to check exit doors to ensure that they are locked and place “No Exit” signs on inside of each locked door leading to the exterior and report any unlocked doors immediately to the Charge Nurse of the area or Supervisor at Personnel Assignment Centre as applicable
 - If residents outside require additional assistance staff will return to Personnel Assignment Centre for assistance
- Assign staff from the Personnel Assignment Centre as requested by Charge Nurses
- Record and sign off that all assignments are complete using the Air Exclusion Checklist. Return areas to pre Air Exclusion state

Housekeeping/Laundry Staff

- Ensure all equipment in work area is turned off and that equipment in laundry rooms is turned off e.g. dryer
- Housekeeping Staff/Delegate to obtain labeled “Air Exclusion” kits from Front Office
- One Housekeeping Staff /Delegate plus two staff members are assigned by Charge Nurse to take contents of kit, check every room on the unit to ensure windows are closed and locked. Any windows that cannot be closed are to be sealed with duct tape
- Report back to Charge Nurse when above tasks are complete

Therapeutic Recreation Staff

- If a resident activity is in progress, advise all residents, family, volunteers of the situation and to remain where they are
- Ensure that all residents names are submitted to the nominal roll at the Personnel Assignment Centre
- If not involved in a resident activity, report to Personnel Assignment Centre

All Staff

- Close all windows and turn off fans in immediate work area before reporting to Personnel Assignment Centre or Charge Nurse

RESPONSE IN SUPPORTIVE HOUSING

Roles and Responsibilities:

CEO/Delegate

- Authorize any messages
- Informs Management Team
- Communicates with the Supportive Housing Manager/Delegate

Maintenance Manager/ Maintenance Person

- Shut down all heating, ventilation and air conditioning units in building
- Ensure dampers in heating and ventilation units are closed
- Complete Air Exclusion Checklist (Appendix A), located in the Peace Time Disaster and Emergency Safety Plan Response Manual, and submit to the Personnel Assignment Centre Coordinator/Supportive Housing Manager for sign off
- All maintenance staff to report to Supportive Housing Manager for direction/assignment

Supportive Housing Manager/Team Leader

When Air Exclusion is announced:

- Assign Supportive Housing staff to inspect each tenant apartment and ensure that windows are closed and that air cannot enter from outside
- Call receptionist if additional staff are required from Tabor Manor long-term care
- Complete tenant and staff nominal rolls
- There is no movement of tenants unless directed by the emergency services/ CEO/Delegate
- Return unit to pre Air Exclusion down state.
- When Air Exclusion is announced, take cell phone
- Obtain “no exit” door signs and arm bands from reception, they are located in the administration office
- Have all staff reporting to staging area sign nominal roll
- **Assign orange arm bands to 2 staff:**
 - Direct 1 staff to monitor Front Entrance Door of building, and one Staff and to inform anyone outside to return immediately to the facility. “No Exit” sign is placed on front entrance to building.
 - Assign staff member to check exit doors to ensure that they are locked and place “No Exit” signs on inside of each locked door leading to the exterior and report any unlocked doors immediately to the Supportive Housing Manager
- Record and sign off that all assignments are complete using the Air Exclusion Checklist.
- Return areas to pre Air Exclusion state

Housekeeping/Maintenance Staff

- Ensure all equipment in work area is turned off and that equipment in laundry rooms is turned off e.g. dryer
- Two staff members are assigned by Supportive Housing Manager to check every apartment to ensure windows are closed and locked
- Report back to Supportive Housing Manager when above tasks are complete

All Staff

- Close all windows and turn off fans in immediate work area before reporting to staging area and Supportive Housing Manager

CROSS REFERENCE

- Appendix 6: Air Exclusion Checklist, located in the Peace Time Disaster and Emergency Safety Plan Response Manual

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

GENERAL

When the telephone call is received, prolong the conversation as long as possible and complete the Bomb Threat Checklist.

Immediately inform the CEO/Delegate and provide the completed checklist.

PROCEDURE

RESPONSE IN LONG-TERM CARE

Roles and Responsibilities:

CEO/Delegate

- The CEO/Delegate will decide if the bomb threat should be taken seriously.
- **The decision to call an Evacuation is the CEO's responsibility.**
 - The information gathered on the Bomb Threat Checklist and advice from the Police Department will form the basis for this decision.
- If the threat is deemed to be credible, there are two options:
 - 1) Remove the bomb from the people (search)
 - 2) Remove the people from the bomb (evacuate)Rarely is there time and people to do both.
- If the information indicates enough time for an evacuation, then this option should be chosen.
 - The fire alarm and Paging System may be used if desired.
- Re-occupation after evacuation can only be ordered by the CEO/Delegate. Normally a search will be conducted before re-occupation.
- If an explosion occurs, the Police will investigate. The CEO/Delegate, with advice from Police and Fire Department and in consultation with the Maintenance Manager, will decide on complete or partial re-occupation of the building.
- If the CEO/Delegate orders a search, the Director of Care/Delegate will:
 - Coordinate the search with assistance from Maintenance Manager/Delegate.
 - Communicate findings and progress of the search to the CEO/Delegate.

Charge Nurse

- Select a multidisciplinary team appropriate to the affected unit. (Employees from all departments)
- Instruct team members in procedure

Search Team

- Systematically search all rooms and areas on affected unit, remembering to:
 - **Not** move furniture, look under and behind
 - **Never** move suspicious objects or packages
 - **Search** each room or area completely before moving onto the next
 - **Suspect** what you do not know
- Completely search all parts of residents' rooms, including closets
- Search all rooms even those that are locked
- In non-resident areas, include the following in your search:

Washrooms

- waste containers
- towel and sanitary napkin dispensers
- flush tanks
- under tanks
- light fixtures
- lockers
- cabinets
- ledges and flat surfaces, false ceilings

Maintenance Areas – Basement, Electrical, HVAC, etc.

- in and behind all machinery
- all locker and storage spaces
- drawers
- light fixtures
- electrical panels
- drains
- light wells
- pipes and ductwork – in and on

Halls

- waste containers
- fire hose cabinets
- fire extinguishers
- window sills
- false ceilings
- closets
- water cooler
- behind and under furniture and cushions
- light fixtures
- electrical panels

Outside Areas

- receiving area
- windows
- sewers
- doors
- shrubbery, all ledges
- machinery, ductwork and drains on roof
- garbage cans
- planters

Office Areas

- on and under desks
- stationary cupboard
- light fixture
- window sills
- book cases
- filing cabinets
- all briefcases and parcels

Employees

- If search is ordered by the CEO/Delegate:
 - Employees report to Charge Nurse on their unit and follow his/her direction
 - Assist with search team if requested to do so by Charge Nurse
 - Employees in common areas report to Personnel Assignment Centre
- If evacuation ordered by CEO/Delegate, follow procedures in Evacuation Plan.

Communications

- The CEO/Delegate will authorize any announcement or messages. The Paging System may be used if desired or cell phone/walkie talkie.
 - If a search is ordered, the announcement will be:
"Contingency Plan now in effect. All Employees report to Charge Nurse at the Nurse's Station"
 - If all or part of the Evacuation Plan is to be implemented, the announcement will be:
"Evacuation Plan now in effect. Please standby."

RESPONSE IN SUPPORTIVE HOUSING

Roles and Responsibilities:

Supportive Housing Manager

- Select a multidisciplinary team appropriate to the involved unit. (Employees from all departments)
- Instruct team members in procedure

The Search Team

- Systematically search all apartments and common areas in affected building, remembering to:
 - **Not** move furniture, look under and behind
 - **Never** move suspicious objects or packages
 - **Search** each apartment or area completely before moving onto the next
 - **Suspect** what you do not know
- Completely search all parts of tenants' apartments, including closets
- Search all rooms even those that are locked
- In common areas, include the following in your search:

Washrooms

- waste containers
- towel and sanitary napkin dispensers
- flush tanks
- under tanks
- light fixtures
- lockers
- cabinets
- ledges and flat surfaces, false ceilings

Maintenance Areas – Basement, Electrical, HVAC, etc.

- in and behind all machinery
- all locker and storage spaces
- drawers
- light fixtures
- electrical panels
- drains
- light wells
- pipes and ductwork – in and on

Halls

- waste containers
- fire hose cabinets
- fire extinguishers
- window sills
- false ceilings
- closets
- water cooler
- behind and under furniture and cushions
- light fixtures
- electrical panels

Outside Areas

- receiving area
- windows
- sewers
- doors
- shrubbery, all ledges
- machinery, ductwork and drains on roof
- garbage cans
- planters

Office Areas

- on and under desks
- stationary cupboard
- light fixture
- window sills
- book cases
- filing cabinets
- all briefcases and parcels

Employees

- If search is ordered by the CEO/Delegate:
 - Employees report to Supportive Housing Manager/Delegate and follow his/her direction.
 - Assist with search team if requested to do so.
- If evacuation ordered by CEO/Delegate, follow procedures in Evacuation Plan.

Communications

The CEO/Delegate will authorize any messages. The cell phone or walkie talkie will be used to communicate.

CROSS REFERENCE


- Appendix 9: Bomb Threat Checklist
- Emergency Evacuation Plan Policy

(All located in the Peace Time Disaster and Emergency Safety Plan Response Manual)

Revised: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: EMERGENCY EVACUATION PLAN

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

PRINCIPLES

An evacuation will be ordered in the event of a situation where the safety of the building occupants is threatened. Situations may include:

- fire
- bomb threat
- gas leak (no use of radios/walkie talkies, phones, paging system or fire alarm)
- structural damage
- environmental problems - power failure, loss of heat, water disruption
- chemical spills/hazardous materials

(Please refer to the individual policies located in our Peace Time Disaster and Emergency Safety Plan Response Manual for more information on responding to the above situations.)

PROCEDURE

RESPONSE IN LONG-TERM CARE

Roles and Responsibilities

CEO/Delegate

- Delegate will normally be Director of Care
- Proceed to Personnel Assignment Centre
- Contact 9-1-1 and notify them of the emergency. They will dispatch the appropriate emergency services (fire department, ambulance, police)
- Assess the situation, consulting with the Maintenance Supervisor/Delegate and Fire and/or Police Department if on the scene

Prepare for Evacuation:

- If the immediate safety of building occupants is threatened, order an evacuation and initiate Fan Out System. The Fan Out List has been sent to all supervisors and callers on the list and is located in the Peace Time Disaster and Emergency Safety Plan Response Manual in the Administration Office and at the Nurse's station
- Decide if paging system may be used (not in bomb threat or gas leak)
- Decide if fire alarm system may be used (not in bomb threat or gas leak)

- Determine the extent of the evacuation area, including the number of wings and the order of wings to be evacuated. No evacuation should start without the instruction of the CEO/Delegate
 - Authorize any announcements or messages to the floors
- Notify the Director of Care/Delegate
- Announce “ALL CLEAR” when appropriate

Charge Nurse

- Charge Nurse, (if Personnel Assignment Centre not present) assigns one staff to coordinate the resident staging area. (Staging area locations are identified below.)

Prepare for Evacuation by:

- Place white I.D. bracelets on all residents if possible. If not, send I.D. bracelets and nominal roles with exiting staff to staging area
- Pack up charts, medications, and MAR's
- Clear the hallways
- WAIT for specific order to evacuate
- Announce “ALL CLEAR” when appropriate

Call Pharmacy to stand by.

- Gather all residents in appropriate location
- Ensure all rooms have been checked
- Complete Resident Nominal Roll and determine location of any missing residents

Maintenance Manager/Delegate (if present)

- Proceed to the area immediately
- Consult with the CEO/Delegate on the seriousness and duration of the situation
- Attempt to control or eliminate the source of the problem (i.e. vent area of gas leak and shut off main gas valve)
- Contact appropriate outside resources on authorization of CEO/Delegate to resolve problem

Therapeutic Recreation Supervisor/Delegate

- When page to prepare for evacuation is announced, take emergency cell phone and report to the Personnel Assignment Centre area. If Front Entrance area is unsafe, then proceed to the Nurses Station for same. Ensure lobby and front entrance of location is clear for Emergency Response Personnel
- Set up Personnel Assignment Centre
- Assign 4 employees to affected wing to assist with resident movement
- Assign 1 employee to the front entrance doors to keep residents and visitors from entering the building and notify reception of any vehicles in fire lane
- Assign additional staff as requested
- When “ALL CLEAR” is announced, complete Staff Nominal Roll and submit to the CEO/Delegate

Reception

- Unless affected by the disaster situation, the receptionist will remain in the area and become the communication centre
- If affected by the disaster situation, receptionist proceeds to Therapeutic Recreation Office

All Employees

- All employees off of their assigned area when the evacuation page is announced report to the Charge Nurse immediately
- All employees not assigned to a specific area, including supervisors, should report to the Personnel Assignment Centre
 - Primary Personnel Assignment Centre – Front Entrance
 - Back Up Personnel Assignment Centre – Nurse's Station

Communications

- Once the CEO/Delegate has determined if the Paging System may be used, s/he will authorize the following announcement or message:

Repeat 3 times:

"PREPARE FOR EVACUATION" _____ ("state location")
"ALL OTHER HOME AREAS, PLEASE STANDBY"

Repeat 3 times:

"EVACUATION PLAN NOW IN EFFECT FOR" _____ ("state location")
"ALL OTHER HOME AREAS, PLEASE STANDBY"

- Persons in authority will wear arm bands
- Cell Phones/Walkie talkies will be used by key people
- The CEO/Delegate will notify the Director of Care
- The CEO will handle all communication with the media
- To facilitate this, a Media Centre will be set up at the Staging Area

Staging Area

- Staging Areas:
 - For Pleasant Manor, the staging area is the Creekview Link and the evacuation location is Niagara Long-Term Care Residence.
 - For Tabor Manor, the staging area is Scott St. Church and the evacuation location is Heidehof.
 - The emergency and after hour numbers for contacts at this site are on the Outside Resource List in the Peace Time Disaster and Emergency Safety Plan Response Manual
- Staging area staff obtain nominal rolls and white I.D. bracelets from arriving staff
- Ensures that each resident has an I.D. bracelet
- Records name, room # and destination of residents being transported
- Send staff with evacuated residents to remain with them
- Send for additional blankets to wrap residents as required

General Resident Evacuation Guidelines

- Do not evacuate without an order from the CEO/Delegate or Fire Department
- Residents should be moved from the affected area first and then placed on the inside wall of the corridor, not in doorways
- Do not use mechanical lifts. Transfer bed-ridden residents to wheelchairs where possible for transport
- Residents who can walk should be assisted by a staff member
- Non-ambulatory residents are to be evacuated using wheelchairs

Relocation of Residents

- Residents will initially be evacuated to the staging area.
- If evacuation is going to be for longer than a few hours, residents need to be relocated. CEO/Delegate will give order.
 - Families will be contacted to see if the resident can be cared for by them. See home-specific Major Emergency Evacuation List located in a binder in the long-term care home and in the Peace Time Disaster and Emergency Safety Plan Response Manual
 - Residents who have been assessed by Medical/Nursing staff as requiring medical attention will be transferred to hospital
 - The remainder of residents will be relocated to the evacuation location:
 - Pleasant Manor: Niagara Long-Term Care Residence
 - Tabor Manor: Heidehof
- The CEO/Delegate will appoint someone to coordinate the relocation of residents
- The Resident Nominal Roll will be kept of each transferred resident and forwarded to the Director of Care/Delegate.
- The Director of Care/Delegate will work with the Charge Nurse to assign staff to accompany residents transferred to other long-term care homes
- The pharmacist will supply medication for residents sent home with families and those transferred to other long-term care facilities
- In the event of a prolonged evacuation of part of or the entire home, the CEO/Delegate will contact the Ministry of Long-Term Care and Community Care Access Centre to arrange temporary relocation

Re-Occupation of Residents

- The Home can only be re-occupied on the authority of the CEO/Delegate after consultation with the Fire and Police Departments, Maintenance Manager/Maintenance Person, and any required outside consultants (i.e. engineers)
- The Director of Care/Delegate will coordinate the return of residents and staff. The following protocol will be used:
 - return from hospitals
 - return from other long-term care homes
 - return from families
- The Medical Director will perform medical evaluations of returning residents as soon as possible
- Staffing for the first 48 hours will be increased to assist with re-adjustment

RESPONSE IN SUPPORTIVE HOUSING

Roles and Responsibilities

CEO/Delegate

- Delegate will normally be Supportive Housing Manager
- Contact 9-1-1 and notify them of the emergency. They will dispatch the appropriate emergency services (fire department, ambulance, police)
- Assess the situation, consulting with the Maintenance Manager/Delegate and Fire and/or Police Department if on the scene

Prepare for Evacuation:

- If the immediate safety of building occupants is threatened, order an evacuation and initiate Fan Out System. The Fan Out List has been sent to all supervisors and callers on the list and is located in the Peace Time Disaster and Emergency Safety Plan Response Manual in the Administration Office. Contact Tenant Council Chair to initiate tenant volunteers
- Decide if fire alarm system may be used (not in bomb threat or gas leak)
- Determine the extent of the evacuation area, including the number of floors and the order of floors to be evacuated. No evacuation should start without the instruction of the CEO/Delegate
- Authorize any messages to the tenants
- Notify the Supportive Housing Manager
- Communicate 'ALL CLEAR' when appropriate

Supportive Housing Manager/Delegate

- Supportive Housing Manager/Delegate assigns staff to coordinate the tenant staging area(s): If nature of the emergency dictates, Police or Fire Department will direct where staging areas are to be located
- Gather all tenants in appropriate location
- Ensure all apartments on the affected floors have been checked
- Complete tenant Nominal Roll and identify any missing tenants

Prepare for Evacuation:

- Clear the hallways
- WAIT for specific order to evacuate
- Assist tenants to staging area
- Remind tenants to bring all medications

Maintenance Manager/Delegate (if present)

- Proceed to the area immediately
- Consult with the CEO/Delegate on the seriousness and duration of the situation
- Attempt to control or eliminate the source of the problem (i.e. vent area of gas leak and shut off main gas valve)
- Contact appropriate outside resources on authorization of CEO/Delegate to resolve problem

Supportive Housing Team Leader

- When order to evacuate is given, take cell phone and report to the affected area
- Ensure lobby and front entrance of location is clear for Emergency Response Personnel
- Assign staff to affected floor to assist with tenant movement
- Assign 1 tenant to the front entrance doors to keep tenants and visitors from entering the building and notify reception of any vehicles in fire lane
- Assign additional staff as requested
- When “ALL CLEAR” is announced complete Staff Nominal Roll and submit to the CEO/Delegate

All Employees

- All employees off of their assigned area when the order to evacuate is given report to the Supportive Housing Manager immediately

General Tenant Evacuation Guidelines

- Do not evacuate without an order from the CEO/Delegate or Fire Department
- The evacuation location is in an unaffected apartment building
 - Pleasant Manor: Either Arborview, Creekview, or Oakview
 - Tabor Manor: Either Evergreen, Mapleview, or Spruce Lane
- Tenants should be moved from the affected area first and assisted to the staging area
- There is a Tenant Evacuation Checklist in each firebox, which indicates tenant names, locations, and modes of evacuation.

Relocation of Tenants

- Tenants will be assisted to the staging area
- If evacuation is going to be for longer than a few hours, tenants need to be relocated. CEO/Delegate will give order
 - Tenants requiring personal support will be assisted to contact their POA of personal care for assistance with relocation
 - Hospitality rooms in unaffected building will be used for tenants needing personal support
- A transfer log will be kept of each Supportive Housing client transferred
- The Supportive Housing Manager will assign staff to provide support for Supportive Housing clients needing assistance in the community
- In the event of a prolonged evacuation of part of or the entire building, the CEO/Delegate will contact the Hamilton Niagara Haldimand Brant Local Health Integrated Network with a plan to provide personal support to Supportive Housing clients while they are in the community

Re-Occupation of Tenants

- The building can only be re-occupied on the authority of the CEO/Delegate after consultation with the Fire and Police Departments, Maintenance Manager/Delegate, and any required outside consultants (i.e. engineers)
- The Supportive Housing Manager/Delegate will coordinate the return of tenants and staff

CROSS REFERENCE

- Air Exclusion Policy
- Bomb Threat Policy
- Fan Out List
- Fan Out System Policy
- Fire Safety Plan Policy
- Gas Leak Policy
- Heating System Failure Policy
- Outside Resource List
- Power Failure Policy
- Water Problems Policy

(All located in the Peace Time Disaster and Emergency Safety Plan Response Manual)

- Major Emergency Evacuation List (Residents), located in a binder in the LTC Home, as well as the Peace Time Disaster and Emergency Safety Plan Response Manual
- Tenant Evacuation Checklist, located in the Fire Box at the main entrance of each building

Reviewed: September 2022

Radiant Care

MANUAL: PEACETIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

SUBJECT: **EMERGENCY STAFFING**

APPROVAL:

NUMBER:

DISTRIBUTION: ALL DEPARTMENTS

DATE: AUGUST 2022

SCOPE

This policy applies to all sites and programs at Radiant Care.

PURPOSE

To ensure continuity of care and services at all times, including during emergencies or staffing shortages.

POLICY

Some of the strategies Radiant Care has implemented to ensure staffing coverage in the event of an emergency or staffing shortage are:

- Fan Out System (Please refer to Fan Out System and Fan Out Lists, located in the Peacetime Disaster and Emergency Safety Plan Response Manual)
- Trained our shared services staff on how to feed residents in case they are needed to help
- Agreements with Agencies to assist in emergencies, as well as access to a list of Agencies that can assist in emergencies, provided by the Local Health Integration Network (LHIN) in 2020
- Registered for the Ontario Workforce Matching Portal to help recruit for our workforce
- Students Placements with local colleges, including an agreement that we can offer RPNs and PSWs temporary positions if they are successful in placement, with a full offer of employment dependent on completing their program


CROSS REFERENCE

- Fan Out System, located in the Peacetime Disaster and Emergency Safety Plan Response Manual
- Fan Out Lists, located in the Peacetime Disaster and Emergency Safety Plan Response Manual

Reviewed:

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

POLICY

The fan out system will be initiated by the CEO/Delegate, when needed, to efficiently contact employees to request their presence at the home to respond to an emergency.

Fan Out Lists will be updated on a monthly basis or sooner if changes warrant this. Upon update, the Fan Out List is sent to all supervisors and callers on the list and is located in the Peace Time Disaster and Emergency Safety Plan Response Manual in the Administration Office and at the Nurse's station. All supervisors and callers should keep a copy of the Fan Out List with them at all times.

PROCEDURE

FAN OUT SYSTEM

1. In an emergency, Charge Nurse will call Senior Administrator Long-Term Care
2. Senior Administrator Long-Term Care will call CEO and decide if we need to enact Fan Out System
3. If yes, Senior Administrator Long-Term Care will call Supervisors (first line of list), then report to the home immediately
4. Supervisors (first line) will each call the caller listed below them (on second line), then report to the home immediately
5. *Callers (second line) will consult the Fan Out List to call all staff below them on the list to request that they report to the home/reporting location immediately. Once they have called all staff below them, the caller will report to the home/reporting location.

Fan out list of tenant volunteers to be initiated by notifying Tenant Council Chair.

REPORTING LOCATION

Prior to initiating the fan out system, the CEO/Delegate will decide on the reporting location:

Long-Term Care

Pleasant Manor

- The long-term care home
- Staging area: Creekview Link
- Evacuation site: Niagara Long-Term Care Residence

Tabor Manor

- The long-term care home
- Staging area: Scott Street Church
- Evacuation site: Heidehof

Housing

Pleasant Manor

- Arborview
- Creekview
- Oakview

Tabor Manor

- Evergreen
- Mapleview
- Spruce Lane

CROSS REFERENCE

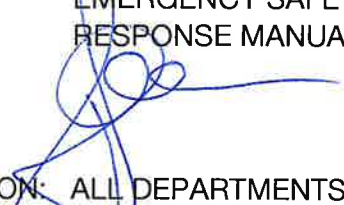
- Fan Out List, located in the Peace Time Disaster and Emergency Safety Plan Response Manual, at Nurses' station, in email of Supervisors & Callers

Reviewed:

September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: FIRE SAFETY PLAN

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

PURPOSE

This policy is a general response for fire. For more detail, please refer to the Fire Safety Plan for each building, located in the Fire Box at the main entrance of each building and in Sections 6 & 7 of the Peace Time Disaster and Emergency Safety Plan Response Manual.

POLICY

All fire alarms shall be responded to as a genuine emergency. All staff must respond appropriately in any emergency situation, including returning to their work area if on break or in the process of going home. All Radiant Care staff shall be oriented to the contents of the Fire Safety Plan upon hire, on an annual basis, and as revisions occur.

The CEO has overall authority for the development and implementation of the Fire Safety Plan as well as ensuring its annual revision. The CEO is responsible for the development and implementation of fire safety policy and procedures in all departments.

The Fire Department shall assume all firefighting activities upon their arrival and advise the CEO/Delegate on any necessary action regarding evacuation.

Fire Prevention is the Key

Fire Safety is everyone's responsibility. Be alert to the following:

- Avoid accumulation of rubbish. Keep doorways, corridors, stairwells, and fire doors free of obstructions at all times.
- Never jam open a fire door.
- Immediately report to your supervisor any defects in mechanical or electrical equipment.
- Do not use unauthorized electrical equipment.
- Keep stairwell and storage doors closed at all times.
- Know the location of fire alarm boxes and fire exits.
- Know the location and operation of firefighting equipment (extinguishers).
- Report any smell of smoke, natural gas, or fuel to the Maintenance Manager immediately.
- Ensure proper signage for resident/tenant rooms with oxygen present and ensure up to date list available for firefighters.

Shift times for the purpose of the Fire Safety Plan are:

LTC Charge Nurse

Day: 7:00 am – 3:00 pm
Evenings: 3:00 pm – 11:00 pm
Nights: 11:00 pm – 7:00 am

Nursing Department

Day: 6:00 am – 2:00 pm
Evenings: 2:00 pm – 10:00 pm
Nights: 10:00 pm – 6:00 am

Supportive Housing Department

Day: 7:00 am – 3:00 pm
Evenings: 3:00 pm – 11:00 pm
Nights: 11:00 pm – 7:00 am

Administration

Monday to Friday 8:30 am – 4:00 pm

PROCEDURE

RESPONSE IN LONG TERM CARE

General

- The Charge Nurse is the Fire Warden for the entire site and shall be responsible until the arrival of the Fire Department. All staff shall respond to the fire alarm and have assigned fire duty responsibilities.
- Mechanical lifts are not to be used during a fire alert.
- Mechanical door openers automatically release when fire alarm is activated.
- Enunciator panels and floor plans are located in the main entrance and at the nurse's station.
- Follow the **"REACT"** rule in every fire alert situation:
 - R – Remove yourself and other people in immediate danger, if safe to do so.
Calmly notify others around you
 - E – Ensure doors are closed, as you leave the fire area, if it is safe to do so. (do not lock)
 - A – Activate the fire alarm system at the nearest fire alarm pull station
 - C – Call the Fire Department (dial 9-1-1) from a safe location
 - T – Take other appropriate action, such as notifying staff and moving occupants to safe areas. Listen for instructions broadcast over Telephone Paging System or from the Fire Warden
- In all cases of actual fire, begin fighting the fire if reasonable or possible, to extinguish or prevent spread
- All fire extinguishers at Radiant Care are ABC multi-purpose or K (kitchen) and can be used on any type of fire. Stand 6 – 8 feet away from the fire and:
 - Pull the pin
 - Squeeze lever with short burst to test extinguisher
 - Aim low at the base of the fire
 - Squeeze the lever
 - Sweeping motion from side to side

- Personnel Assignment Centre (PAC) locations:
 - Radiant Care Pleasant Manor
 - Primary PAC – Nurses Station
 - Back up PAC – Therapeutic Recreation Office
 - Radiant Care Tabor Manor
 - Primary PAC – Great Room
 - Back up PAC – Nurses' Station

FIRE ALERT – Stage 1

When Fire Bells begin ringing intermittently:

- Charge Nurse checks enunciator panel for location of fire and pages on the overhead paging system (day shift only)
 - To page the alert – (1) Press speaker phone button, (2) press 9-1-1 on phone (3) lift handset – proceed with announcement:

Repeat 3 times:

“Code RED – [Location from enunciator panel]”

As well as indicating wing (e.g. North, South and West.)

- Charge Nurse dials 9-1-1 to report Fire Alert. Ensures someone is assigned to the front doors to meet and direct Fire Department.
- Charge Nurse reports to the location of fire and assists staff.
- Charge Nurse assigns tasks to employees.
- Move resident from the room involved in Fire Alert and the room(s) on either side and directly across from the affected room. Proceed to move *all* residents from the other rooms in the affected corridor, and ensure the area is completely vacated.
- Ensure that in each room, all equipment has been shut off and that all doors and windows have been closed (but not locked).
- Residents who are in bed and require mechanical lift for transfer are to be left in bed during Stage 1 Alert, unless in danger from fire or smoke. A staff member must be posted within view of the resident door(s).
- Ensure that all equipment and carts are removed from hallways.
- Continue Fire Alert activities until “All Clear” announcement is made.
- When directed to do so by the Fire Department, Charge Nurse announces the all clear on the overhead paging system to cancel Fire Alert:

Repeat 3 times:

“Fire Alert All Clear”

- After “ALL CLEAR” announced, Charge Nurse completes Nominal Roll and Fire Alarm Response Report and submits to the Maintenance Manager/Maintenance Person for follow up.
- If the Fire Alert is a genuine fire emergency, Charge Nurse notifies Senior Administrator Long-Term Care/Delegate and Director of Care/Delegate.
- Charge Nurse acts as liaison with Fire Department.
- Charge Nurse assumes responsibility of all employees on duty.

Charge Nurse – RN/RPN

- Send staff to location of fire.
- Remove residents from affected area to next fire zone adjacent to affected area.

Therapeutic Recreation Supervisor/Delegate (8:30 AM – 4:30 PM Monday to Saturday)

- When Fire Alert sounds report to the Personnel Assignment Centre
- Ensure lobby and front entrance are clear for Fire Department and set up Personnel Assignment Centre (PAC).
- Assign 2 employees to affected area to assist with resident movement.
- Assign 1 employee to the front entrance doors to keep residents and visitors from entering the building and notify reception of any vehicles in fire lane. Also, notify staff outside the building of the Fire Alert and instruct them to go to the Command Centre.

Maintenance Manager/Maintenance Person (if present)

- Proceed to the area of the fire.
- Fight the fire until relieved by the Fire Department or until no longer safe to do so.
- When Fire Services indicates “all clear”, Maintenance resets alarm, completes Fire Alert Report and submits to CEO/Delegate. Files Staff Nominal Roll.

All Employees

- All employees off of their assigned area when Fire Alert sounds, report back to the Charge Nurse immediately.
- All employees not assigned to a specific area, including managers, report to the Personnel Assignment Centre.
- All employees responding to the fire area, report to the Charge Nurse and follow directions.

Director Of Care/Delegate (if present)

- Proceed to the area of the fire.
- Monitor activities and ensure fire procedures are followed.

Senior Administrator Long-Term Care/Delegate

- Proceed to reception to assist Fire Department.

FIRE ALERT – Stage 2

When Fire Bells begin ringing continuously: (Stage 2 Alarm will activate automatically)

CEO/Delegate

(Delegate will be, in order of availability: Senior Administrator Long-Term Care, Director of Care, Charge Nurse)

- Consults with Fire Department to determine if evacuation will be necessary.

Charge Nurse

- When order to evacuate is received from CEO/Delegate or in obviously escalating situation, makes the evacuation announcement overhead:

Repeat 3 times:

“Fire Alert Stage 2 – [location] – Evacuation”

- Directs area to be evacuated.
- Gives the order to activate Fan Out if needed.
- Notifies Evacuation Site. See Emergency Evacuation Plan, located in the Peace Time Disaster and Emergency Safety Plan Response Manual for evacuation sites and details.
- Sends a Registered staff member to the staging area (see below).
- After hours, if no Personnel Assignment Centre present, sends all available staff to affected area.
- Media releases provided only by CEO.
- Charge Nurse obtains white I.D. bracelets from photocopy office. Place white I.D. bracelets on all residents if time and situation allows. Otherwise send I.D. bracelets and Nominal Roll Forms to the staging area with exiting staff.
- Packs up resident charts, medications, and MAR books for transportation out of the unit.
- Waits for specific order from CEO/Delegate/Fire Department if Personnel Assignment Centre in effect, call Therapeutic Recreation Supervisor to request more staff if needed.
- Assign staff to evacuate with residents and stay with them at evacuation site.

Maintenance Manager/Maintenance Person (if present)

- Consult with CEO/Delegate/Fire Department the need to go to Stage 2 Alert.
- Fight the fire until relieved by the Fire Department or until no longer safe to do so.
- Stay with Firefighters to assist as necessary, and/or assist with resident evacuation as directed.

Therapeutic Recreation Supervisor/Delegate

- Record and assign new staff as they arrive to PAC.

Staging Areas

- Staging Areas:
 - Radiant Care Pleasant Manor
 - Creekview Link
 - Radiant Care Tabor Manor
 - Scott Street Church
- Therapeutic Recreation Supervisor (if PAC present) or Charge Nurse (if no PAC) assigns two staff to coordinate the resident staging area(s).
- Staging area staff:
 - Obtain nominal rolls and white I.D. bracelets from arriving staff/residents.
 - Ensure that each resident has an I.D. bracelet.
 - Record name of residents being transported.
 - Send staff with evacuating residents.
 - Send for additional blankets to wrap residents as required.

RESPONSE IN SUPPORTIVE HOUSING

- The Supportive Housing Team Leader shall be responsible until the arrival of the Fire Department. All Supportive Housing staff shall respond to Fire alarm and have assigned fire duty responsibilities.
- Mechanical lifts are not to be used during a Fire Alert.
- Magnetic door openers automatically release when fire alarm is activated.

- Enunciator Panels and Evacuation Lists:
 - At Radiant Care Pleasant Manor:
 - Arborview has one enunciator panel located at the front entrance of the Administration Office area. Oakview enunciator panel is located at the front entrance of the Administration Office. Creekview has one enunciator panel located in the front entrance.
 - The Fire Box at the entrance of each building has a copy of the building floor plans and evacuation lists.
 - At Radiant Care Tabor Manor:
 - Mapleview has two enunciator panels: one is located in the mail room, the second in the basement. Evergreen enunciator panel is located at the front entrance.
 - The Fire Box at the entrance of each building has a copy of the building floor plans and evacuation lists.
- Follow the **“REACT”** rule in every fire alert situation:
 - R – Remove yourself and other people in immediate danger, if safe to do so. Calmly notify others around you
 - E – Ensure doors are closed, as you leave the fire area, if it is safe to do so. (do not lock)
 - A – Activate the fire alarm system at the nearest fire alarm pull station
 - C – Call the Fire Department (dial 9-1-1) from a safe location
 - T – Take other appropriate action, such as notifying staff and moving occupants to safe areas. Listen for instructions broadcast over Telephone Paging System or from the Fire Warden
- In all cases of actual fire, begin fighting the fire if reasonable or possible, to extinguish or prevent spread
- All fire extinguishers at Radiant Care are ABC multi-purpose or K (kitchen) and can be used on any type of fire. Stand 6 – 8 feet away from the fire and:
 - Pull the pin
 - Squeeze lever with short burst to test extinguisher
 - Aim low at the base of the fire
 - Squeeze the lever
 - Sweeping motion from side to side

FIRE ALERT

When Fire Bells begin ringing:

- Supportive Housing Team Leader checks enunciator panel for location of fire.
- Team Leader calls 9-1-1 to report Fire Alert.
- Team Leader to remove the elevator key from the locked box in the front entrance of the affected building then call the elevator to the main floor and lock it out.
- Team Leader then meets Fire Department at entrance of affected building and provides information on the location of the alarm and provides a list of tenants needing assistance with evacuation. The tenant evacuation list is found in the Fire Box at the main entrance of each building.
- Team Leader notifies other Supportive Housing staff to assist.
- Team Leader calls Supportive Housing Manager if after hours.
- All Supportive Housing Staff take direction from fire department when they arrive.
- Fire Department will decide if evacuation is necessary.

Supportive Housing Team Leader

- Meet fire department at entrance of building.
- Notify other Supportive Housing staff on duty.
- Notify Supportive Housing Manager if after hours.
- No tenant evacuation until instructed by Fire Department.

Supportive Housing Manager/Delegate (8:00 AM – 4:00 PM Monday to Friday)

- When Fire Alert sounds, report to the front entrance to meet the fire department.
- Notify CEO/Delegate and Maintenance Manager.
- Ensure fire manual is readily available with list of tenants needing assistance with evacuation.
- Notify Tenant Council Chairperson.
- Assign Supportive Housing staff to affected area to assist with tenant movement.

Maintenance Manager (if present)

- Proceed to the area of the Fire Alert
- Fight the fire until relieved by the Fire Department or until no longer safe to do so.
- When Fire Services indicates “all clear”, Maintenance resets alarm, completes Fire Alert Report and submits to CEO/Delegate. Files Staff Nominal Roll.

All Supportive Housing Employees

- All employees off of their assigned area when Fire Alert sounds; report back to the Supportive Housing Manager/Team Leader immediately.
- All employees responding to the fire area, report to the Supportive Housing Manager/Team Leader and follow direction.

Staging Areas

- If nature of the emergency dictates, Police or Fire Department will direct where staging areas are to be located (in an unaffected building).

CROSS REFERENCE

- Fire Safety Plan for each building, located in the Fire Box at the main entrance of each building and in Sections 8 & 9 of the Peace Time Disaster and Emergency Safety Plan Response Manual.
- Emergency Evacuation Plan Policy, located Section 4 of the Peace Time Disaster and Emergency Safety Plan Response Manual
- Resident Emergency Evacuation List, located in the Fire Box at the main entrance of the long-term care building and at the nurses station
- Tenant Evacuation Checklist, located in the Fire Box at the main entrance of each building

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: GAS LEAK

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

PROCEDURE

An employee who notices or suspects a gas leak should:

- Notify Maintenance Manager/Maintenance Person immediately
- If employee is operating gas fired equipment, they should immediately shut off all gas operated equipment and all accessible shut off valves in their work area
- The Maintenance Manager/Maintenance Person will call 9-1-1 and notify the CEO (use cell phone OUTSIDE)

Roles and Responsibilities

CEO/Delegate

The CEO/Delegate, after consultation with the Maintenance Manager/Maintenance Person will decide if safety precautions will be sufficient or if evacuation is necessary.

Remember: Escaping natural gas rises; therefore, first and second floor areas are vulnerable.

If ordering "safety precautions" or an evacuation, instructions should include:

- Shut off all gas operated equipment
- Shut off all accessible gas valves
- Do not shut off or turn on lights or operate electrical equipment
- Do not use Paging System or fire alarm system
- Where necessary, contact outside resources to resolve problem
- Do not use telephones
- Do not do anything that may cause a spark
- Stand by for further instructions

Maintenance Manager/Maintenance Person

- Proceed to area of suspected gas leak
- Consult with CEO/Delegate on severity of situation
- Shut down main gas supply
- Vent immediate area of leak
- Shut down elevators
- Upon direction of the CEO/Delegate, contact appropriate outside services by cellular phone OUTSIDE

Communications

- Do not use paging system
- Do not use internal telephones or cell phones inside
- The CEO/Delegate will authorize messages to affected areas, by use of runners
- Messages should include:
 - Gas Leak Contingency Plan in effect
 - Gas leak safety precaution instructions
 - If an Emergency Evacuation has been ordered and through which exit

CROSS REFERENCE

- Emergency Evacuation Plan Policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: HEAT WAVE

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

POLICY

Inside temperature of 32° C or higher for an extended period of time (36 hours) can be hazardous to residents. Temperatures of 35° C or higher for 36 hours may necessitate an evacuation, especially of high-risk residents.

PROCEDURE

Roles and Responsibilities

CEO/Delegate

- After being notified of building temperatures of 32° C for a period of 36 hours, will order heat wave contingencies to be put in place
- After being notified of building temperatures of 35° C for a period of 36 hours or a temperature of 36.7° C for 6 hours, may order an evacuation
- Authorizes any announcements or messages
- May request more frequent monitoring of temperatures

Maintenance Manager/Maintenance Person

- Will notify the CEO/Delegate if temperature is 32° C for a period of 36 hours, if temperature is 35° C for a period of 36 hours, or if temperature is 36.7° C for a period of 6 hours
- Shut off unnecessary heat-generating equipment

Communications

- Any announcements or messages are authorized by the CEO/Delegate

RESPONSE IN LONG-TERM CARE

Roles and Responsibilities

Nursing

Promote cooling:

- Use fans, open internal doors

- Close windows and drapes and turn off lights
- Increase fluid intake
- Provide residents with water or juice

Ensure residents are dressed properly:

- Clothing should be light in weight and colour, loose fitting, and preferably made of cotton
- Hats should be worn outside
- Residents who dress themselves should be checked for overdressing
- Monitor and record body temperature of all residents considered high-risk once per shift. Re-check elevated temperatures every four hours
- Leave frail residents in bed and avoid/minimize excessive physical activity as directed by Charge Nurse
- Limit whirlpool and tub baths. Give bed baths with cool water as directed by Charge Nurse
- Discourage residents from going outside except to shady areas
- For residents with elevated temperatures or other symptoms of heat-related illnesses, refer to Nursing Procedure in Prevention and Management of Heat-Related Illness for Residents Policy, located in the Nursing Manual

Food Services

- Nutrition Manager will order cold supper choice during a heat wave
- Provide additional fluids to all units. Water and fruit or vegetable juices are preferable
- Offer ice water in common areas and at meals
- Ensure adequate supply of ice is available
- Provide jellied juices for residents who resist fluid intake
- Assist in serving drinks
- Assist nursing with residents as required

Therapeutic Recreation

- Therapeutic Recreation Supervisor will review programs with Director of Care/Delegate and cancel if necessary
- For outside programs, keep residents out of direct sunlight. Ensure residents wear hats and sunscreen, and that clothing is light in weight and colour and is loose fitting
- Avoid excessive physical activity especially in the sun and during the hottest part of the day
- Assist with serving drinks to residents

All Employees

- Assist with serving drinks to residents
- Assist Charge Nurse with communication to resident's next-of-kin as requested
- If evacuation is ordered by CEO/Delegate, follow procedures

RESPONSE IN SUPPORTIVE HOUSING

Roles and Responsibilities

Supportive Housing Staff

Promote cooling:

- Use fans, open doors and windows
- Close drapes and turn off lights
- Increase fluid intake
- Provide tenants with water or juice

Appropriate dress:

- Clothing should be light in weight and colour, loose fitting, and preferably made of cotton
- Hats should be worn outside
- Leave frail tenants in apartments and avoid/minimize excessive physical activity
- Discourage tenants from going outside except to shady areas

All Employees

- If evacuation is ordered by CEO/Delegate, follow procedures

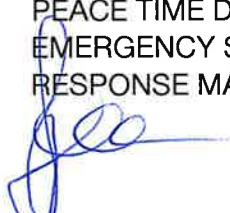
CROSS REFERENCE

- Emergency Evacuation Plan Policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual
- Prevention and Management of Heat-Related Illness for Employees Policy, located in the Health & Safety Manual
- Prevention and Management of Heat-Related Illness for Residents Policy, located in the Nursing Manual

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: HEATING SYSTEM FAILURE

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

GENERAL

The implications of a heating system failure are greatly affected by the weather. The length of time before such a failure threatens the comfort and safety of residents will vary greatly.

The weather, the time of day, and the probable duration of the problem must all be weighed in the CEO/Delegate's decision whether contingencies will be sufficient or if a precautionary evacuation is necessary.

PROCEDURE

Roles and Responsibilities:

CEO/Delegate

- If necessary, orders evacuation
- Consults with Maintenance Manager/Maintenance Person on the severity and probable duration of the problem
- Orders contingencies be put in place
- Authorizes any announcements or messages

Maintenance Manager/Maintenance Person

- Investigates nature, severity, and probable duration of the problem
- Contacts the appropriate contractor
- Keeps CEO/Delegate informed of progress on problem resolution

RESPONSE IN LONG-TERM CARE

Roles and Responsibilities:

Employees

- Provide residents with extra bedding and clothing
- Encourage residents to drink hot fluids
- Provide minimal personal care
- Provide assistance to nursing as required. If evacuation is ordered, follow procedures

Communications

- Any announcements or messages are authorized by the CEO/Delegate
- Instructions should include which contingencies to put in place
- Announcement or message:

"Heating System Contingency Plan now in effect. Report to Charge Nurse for specific instructions."

RESPONSE IN SUPPORTIVE HOUSING

Employees

- Encourage tenants to drink hot fluids
- Provide minimal personal care
- If evacuation is ordered, follow procedures

Communications

- Any announcements or messages are authorized by the CEO/Delegate
- Instructions should include which contingencies to put in place
- Announcement or message:


"Heating System Contingency Plan now in effect. Report to Charge Nurse for specific instructions."

CROSS REFERENCE

- Emergency Evacuation Plan Policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual

Reviewed: September 2022

Radiant Care

MANUAL:	PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL	SUBJECT:	MISSING RESIDENT/TENANT (CODE YELLOW)
APPROVAL:		NUMBER:	
DISTRIBUTION:	ALL DEPARTMENTS	DATE:	JANUARY 2011

PROCEDURE

Although numerous measures are in place to prevent residents from eloping from the Home, the potential still exists for a resident to go missing. The following is the procedure to locate a resident/tenant as quickly as possible.

RESPONSE IN LONG-TERM CARE

Roles and Responsibilities

Registered Staff

- When a resident is suspected missing, check the sign out binder
- Call reception to see if the resident was seen or if they were signed out
- Form search teams of employees and search the Home area. Begin a systematic search of each room. Start at the far end of each corridor and work towards the centre. Search all rooms including bathrooms, tub-room, utility rooms, living/dining areas, kitchen, and storage areas
- Registered staff is to remain at the Nurses' Station to monitor corridors
- Perform a visual check of outside seating areas
- Once all wings have been checked thoroughly, assign staff team to check the basement, including non-resident areas, offices, and corridors
- If resident is not located call Supportive Housing Cell and ask for assistance with search of apartment and wellness suite buildings
- Telephone the family to enquire if the resident is visiting them. If not, inform them the resident is missing
- Obtain Code Yellow (Missing Resident) Checklist from Nurses Station
- Inform the Director of Care/Delegate. Director of Care/Delegate announces Code Yellow over the Paging System
- Make 4 copies of resident picture obtained from MAR for the search team, and provide written copy of who last saw the resident, when, where, and what the resident is wearing with the copy of the photo
- When Code Yellow is resolved, document and submit an incident report, and Code Yellow Checklist to Director of Care/Delegate

Director of Care/Delegate

- Director of Care/Delegate announces Code Yellow:

“CODE YELLOW, NAME OF RESIDENT”

(Repeat three times)

- Obtain a Code Yellow package from the emergency manual. This will include checklist and maps of the building
- If the resident is still missing after all internal areas are searched, then Director of Care/Delegate to announce Stage II Code Yellow – search of outside grounds:

“CODE YELLOW STAGE II SEARCH OF OUTSIDE GROUNDS”

(Repeat three times.)

- Two teams of two staff to be assigned by Director of Care/Delegate. Staff to exit building by the front door and walk around the building checking all parking lot areas. Report findings to Director of Care/Delegate.
- Notify CEO/Delegate.
- Contact the Niagara Regional Police giving the name of the resident, a description, including when and where last seen and what the resident was wearing. Have picture and maps of building and grounds available for the Police to refer to and use upon their arrival. Police will notify local hospitals, etc. Contact information will be located in the Outside Resource List, located in the Peace Time Disaster and Emergency Safety Plan Response Manual.
- Notify the MOLTC and complete Critical Incident report (online)
- Activate “Fan Out System” if required.
- Consult with emergency services to decide when to halt facility search activity
- Notify Medical Director
- At any time during the search process, when the resident is located or when the Home search has been discontinued (based on direction from CEO/Delegate, Charge Nurse, or Police) announce Code Yellow resolved:

“CODE YELLOW RESOLVED”

(Repeat three times)

All Employees

- When Code Yellow announced, all nursing staff return to their assigned work area
- All other employees report to their assigned areas (e.g. Laundry services report to laundry area, food services to the main kitchen area)
- Employees in common areas report to the Personnel Assignment Centre for direction. Charge Nurse to assign duties, staff to monitor front lobby and exit doors. Staff to use walkie talkies for communicating

Housekeeping/Laundry Staff

- Systematically search laundry areas
- Report finding to Charge Nurse. After hours Charge Nurse to assign staff to check these areas

Food Services Staff

- Form search teams to search the kitchen, corridor outside the kitchen, area between the kitchen and delivery areas, and elevator
- Ensure all rooms, including locked rooms, are checked
- Send one staff to each of the stairways to check the whole stair area – up and down stairs
- Send remaining staff to help the nursing staff
- Report findings to Charge Nurse. After hours Charge Nurse to assign staff to check above areas

RESPONSE IN SUPPORTIVE HOUSING

Roles and Responsibilities

Supportive Housing Manager/Team Leader

- When a tenant is suspected missing, call tenant's apartment and if no answer go to their apartment and search thoroughly
- Begin a systematic search of common areas. Search all rooms including bathrooms, tub rooms, utility rooms, kitchen, and storage areas
- Search the long-term care (LTC) home, especially common areas where programs may be happening
- Tell LTC staff that you are looking for a tenant (take client fact sheet with you to show photo)
- Call Supportive Housing Manager if after hours
- Make 4 copies of tenant picture obtained from fact sheet binder for the search team, and provide written copy of who last saw the tenant, when, where, and what the tenant is wearing with the copy of the photo
- Perform a visual check of outside seating areas
- Ask other tenants if they have seen the missing tenant
- Call Tenant Council Chair and ask for help with search
- Knock on each apartment door in each building and ask if anyone has seen the tenant you are looking for
- If tenant is still not found, determine who saw the tenant last, when and where, and what the tenant was wearing
- Telephone the family to enquire if the tenant is visiting them. If not, inform them the tenant is missing and ask if tenant is registered with Safely Home
- Obtain Code Yellow (Missing Resident) Checklist from the Peace Time Disaster and Emergency Safety Plan Response Manual
- If the resident is still missing after all internal areas are searched, then Supportive Housing Manager/Delegate to announce Stage II Code Yellow – search of outside grounds:

"CODE YELLOW STAGE II SEARCH OF OUTSIDE GROUNDS"

- Contact Supportive Housing Manager/Team Leader for assistance with searching the apartments the grounds, if not already involved
- Two staff to be assigned by Supportive Housing Manager. Staff to exit building by the front door and walk around all buildings checking all parking lot areas. Report findings to Supportive Housing Manager.
- Notify CEO/Delegate.

- Contact the Niagara Regional Police giving the name of the tenant, a description, including when and where last seen and what the tenant was wearing and if tenant registered with Safely Home. Have picture and maps of building and grounds available for the Police to refer to and use upon their arrival. Police will notify local hospitals, etc. Contact information will be located in the Outside Resource List, located in the Peace Time Disaster and Emergency Safety Plan Response Manual.
- Activate "Fan Out System" if required.
- Consult with emergency services to decide when to halt facility search activity.
- At any time during the search process, when the tenant is located or when the building search has been discontinued (based on direction from CEO or delegate, Supportive Housing Manager, or Police) announce Code Yellow resolved.

"CODE YELLOW RESOLVED"

- When Code Yellow is resolved, document and submit an incident report, and Code Yellow Checklist to Supportive Housing Manager

Supportive Housing Staff

- When Code Yellow announced, all Supportive Housing staff report to Supportive Housing Manager/Delegate
- Supportive Housing Manager to assign duties, staff to use walkie talkies for communicating

CROSS REFERENCE

- Appendix 10: Code Yellow (Missing Resident) Checklist
- Fan Out List
- Fan Out System

(All located in the Peace Time Disaster and Emergency Safety Plan Response Manual)

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: POWER FAILURE

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

POLICY

In the event of a power failure, the auxiliary generator will operate red electrical, orange outlets located in the hallways of each wing of the long-term care home.

The fire alarm has a 24-hour battery backup. The emergency lights will function for 30 minutes – 2½ hours.

PROCEDURE

RESPONSE IN LONG-TERM CARE

Roles and Responsibilities:

CEO/Delegate

- Order contingencies or evacuation based on time of day, time of year, and probable duration
- Consult with Maintenance Manager on probable duration of the outage
- Authorizes any announcements or messages

Maintenance Manager/Maintenance Person

- Monitor the propane levels and determine hours of use left in tanks for emergency power
- Sump pumps affected must be monitored and supplied with power when needed
- Ensure proper operation of auxiliary generator
- Contact Hydro Utilities for information on probable duration of the outage
- Determine need and availability of additional generators
- Keep CEO/Delegate informed about the situation

Nutrition Manager

- Contact food supplier(s) to develop suitable response
- In extended power failure, arrange for daily deliver of perishable food items

Food Services

- Prepare alternate meal of: juice or milk, sandwich platters, available desserts
- Use disposable dishes

Communications

- Any announcements or messages are authorized by the CEO/Delegate
- Announcement or message:

“Power Failure Contingency Plan now in effect until (TIME). Report to Charge Nurse for specific instructions.”

Supplies Repository

- All power outage supplies will be located in the Custodian room across from Nurses' Station

RESPONSE IN SUPPORTIVE HOUSING

Roles and Responsibilities:

CEO/Delegate

- Consult with Maintenance Manager on probable duration of the outage
- Order contingencies or evacuation based on time of day, time of year, and probable duration
- Authorizes any announcements or messages

Maintenance Manager/Maintenance Person

- Contact Fire Alarm monitoring company (FMC) to inform of power outage
- Contact Horizon Utilities for information on probable duration of the outage
- Determine need and availability of generators
- Keep CEO/Delegate informed about the situation
- When power is restored, the following pumps need to be checked to ensure they are functioning:
 - Air makeup pump
 - Heat pump
 - Circulating water pump

Communications

- Any announcements or messages are authorized by the CEO/Delegate
- Initiate Tenant volunteers for assistance with communication


CROSS REFERENCE

- Emergency Evacuation Plan Policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: RECEPTION OF RESIDENTS FROM OTHER HOMES IN EMERGENCY

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

POLICY

Reciprocal agreements between long-term care homes exist to temporarily accept residents who had to be evacuated from their own home (See Niagara Long-Term Care Facilities Collaborative Emergency Shelter Plan, located in the Peace Time Disaster and Emergency Safety Plan Response Manual). These are short term relocations and usually staff from the home will be assigned to the relocated residents.

Getting the residents settled as quickly as possible is the object of these procedures.

PROCEDURE

Roles and Responsibilities

CEO/Delegate

- Receive call from evacuating facility
- Notify Director of Care/Delegate
- Determine if additional staff from various departments are required and will initiate their call-in by contacting department supervisors

Director Of Care/Delegate

- Set up reception at the main entrance
- Retrieve reception plan from Main Office
- When evacuees arrive, record:
 - Resident name and number
 - Location assigned in home
 - Medications and records received
 - Method of transportation (ambulance, bus)
 - Preliminary assessment to identify any pre-existing conditions or in-transit relapses that require prompt medical or nursing intervention
 - Any food allergies, dietary requirements, etc.

Charge Nurse

- Get evacuee settled as soon as possible
- Orient staff from other home
- Assist as necessary

Communications

- Instructions on specific requirements to various departments will be sent by CEO/Delegate through department supervisors

CROSS REFERENCE


- Niagara Long-Term Care Facilities Collaborative Emergency Shelter Plan, located in the Peace Time Disaster and Emergency Safety Plan Response Manual

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

SUBJECT: TELEPHONE SYSTEM
FAILURE

APPROVAL: 

NUMBER:

DISTRIBUTION: ALL DEPARTMENTS

DATE: JANUARY 2011

BACKGROUND

The telephone system is comprised of two sub systems: an internal and external system.

The internal system requires power to operate. The battery backup will normally operate the phones in LTC for up to three hours in the case of a power failure. The internal phone system will only fail if, for some reason, the power to it is cut or there is a problem with the system itself.

In the event of an internal telephone system failure:

- Cell phones can be used for external communication
- The Paging System in LTC and cell phones can be used internally
- In an emergency, a resident or tenant's telephone may be used if not connected to the system

The external system is comprised of the lines for incoming and outgoing calls. A failure of the external system is usually caused by the line being cut or a major problem at the switching centre.

PROCEDURE

RESPONSE IN LONG TERM CARE

Internal Telephone System

Maintenance Manager/Maintenance Person

- Assess situation and consult with Charge Nurse
- Contact appropriate contractor
- Inform CEO/Delegate of situation and probable duration of situation
- Keep CEO/Delegate informed of progress

External Telephone System

Maintenance Manager/Maintenance Person

- Inform Charge Nurse
- Inform CEO/Delegate of situation

Charge Nurse

- Use cell phone to call Maintenance Manager/Maintenance Person for report on situation
- Inform nursing staff:
 - External communication has been cut
 - Set up cellular phone including cellular phone list (speed dial numbers will not work)

RESPONSE IN SUPPORTIVE HOUSING

Internal Telephone System

Maintenance Manager/Maintenance Person

- Assess situation and consult with Supportive Housing Manager
- Contact appropriate contractor
- Inform CEO/Delegate of situation and probable duration of situation
- Keep CEO/Delegate informed of progress

External Telephone System

Maintenance Manager

- Inform Supportive Housing Manager/Delegate
- Inform CEO/Delegate of situation

Supportive Housing Manager

- Use cell phone and call Maintenance Manager for report on situation
- Inform Supportive Housing staff
 - External communication has been cut
 - Set up cellular phone including cellular phone list (speed dial numbers will not work)
 - Contact all medical alarm service providers and inform them of the telephone system failure

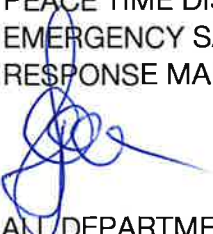
Supportive Housing Staff

- Notify all clients using a medical alarm service of the telephone system failure
- During a telephone system failure, clients needing medical alarm service will need a safety check every two hours

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

POLICY

An employee who is subjected to a threat of violence needs to take actions to protect themselves and residents/tenants.

A threat may come from a resident/tenant or someone else (other employee, visitor, or person off the street).

The threat of a violent situation is one that requires the on-site senior staff (CEO/Senior Administrator/Director of Care/Supportive Housing Manager) to take immediate action. Once assistance has been sent to the area and the police contacted (if threat is from "others") the CEO/Delegate should be notified, if not already informed.

PROCEDURE

Threats from a Resident or Tenant

- Follow Radiant Care policy and procedure regarding prevention and management of aggressive behaviour
- If these measures prove to be insufficient, actions to obtain assistance to protect yourself and the other residents/tenants should be undertaken. If unable to contain a threat from a resident/tenant:
 - Pull nurse call bell (if available)
 - Call for help from co-workers

Threats from "Others"

- If the threat is posed from someone other than a resident/tenant, contact Director of Care/Supportive Housing Manager/Delegate, who will call the police
- Measures to protect yourself and residents/tenants should be undertaken in the interim
 - Call for help from co-workers if needed
- Director of Care/Supportive Housing Manager/Delegate will inform the CEO/Delegate

Assisting Coworkers in a Threatening Situation

When you get a call to provide assistance during a threatening situation:

- Enter area cautiously; you don't want to surprise the person
- Assess the situation to determine if resident/tenant and staff can be removed from danger area

- Calmly and quietly remove residents/tenants from danger area

For more information on workplace violence, please refer to the Workplace Violence and Harassment Prevention Policy and Program, located in the Operations Manual.


CROSS REFERENCE

- Workplace Violence and Harassment Prevention Policy and Program, located in the Operations Manual

Reviewed: September 2022

Radiant Care

MANUAL: PEACE TIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

APPROVAL:  NUMBER:

DISTRIBUTION: ALL DEPARTMENTS DATE: JANUARY 2011

GENERAL

Two types of water supply problems can occur:

1. Disruption
2. Contamination

With a disruption in supply, the majority of functions will eventually be affected. The most obvious are drinking, toileting, and bathing. Also affected are food preparation, dishwashing, heating, laundry, and housekeeping.

With a contamination of water, the functions affected will depend to a certain extent on the nature of the contamination. Obviously, drinking and food preparation will be affected immediately. The other functions and systems will have to be assessed individually to determine if the water is safe to use in that particular manner.

The fewer functions and systems affected, the longer contingencies can be used before having to evacuate. A complete disruption of more than several hours may require a precautionary evacuation.

PROCEDURE

Roles and Responsibilities

CEO/Delegate

- Consult with Maintenance Manager/Maintenance Person on type, severity and probable duration of the problem
- Authorize contingencies to be put in place
- Authorize any announcements or messages

Maintenance Manager/Maintenance Person

- Consult with the Water Supply Division of the
 - Town of Niagara-on-the-Lake (for Radiant Care Pleasant Manor)
 - City of St. Catharines (for Radiant Care Tabor Manor)
- If possible, arrange for alternate water supply
- Arrange delivery of bottled water for drinking and food preparation
- Shut off internal water zones to protect various systems

- In case of a complete failure, portable boilers and water heaters need to be shut down
- Boilers (heating) can be used. System must be monitored to ensure minimum pressure is maintained or it must be shut down (5 lbs per floor)

Nutrition Manager

- Revise menu in relation to probable duration and timing of problem
- Order the use of disposable dishware

All Employees

- Reduce water usage
- Follow specific instructions of Departmental Supervisor
- If evaluation is ordered, follow procedures in the manual

Communications

- Any announcements or messages are to be authorized the CEO/Delegate

Supplies

- Water storage tanks are in storage.

CROSS REFERENCE

- Emergency Evacuation Plan Policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual

Reviewed: September 2022

APPENDICES

APPENDIX 1

Criminal Code

- 265 (1) A person commits an assault when:
- a. Without the consent of another person, he/she applies force intentionally to that other person, directly or indirectly.
 - b. He/she attempts or threatens, by act or gesture, to apply force to another person, if he/she has, or causes that other person to believe upon reasonable grounds present ability to affect his/her purpose.
 - c. While openly wearing or carrying a weapon or imitation thereof, he/she accosts or impedes another person or begs.
- 2) This section applies to all forms of assault, including a sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.
- 3) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of:
- a) the application of force to the complainant or to a person other than the complainant.
 - b) Threats or the fear of the application of force of the complainant or to a person other than the complainant.
 - c) fraud; or
 - d) the exercise of authority.

The Criminal Code of Canada defines the types of Assault under Section 265:

- I. Common Assault (i.e. push, shove, slap)
- II. Assault with a weapon causing bodily harm (i.e. carries, uses or threatens to use weapon or imitation. Injury or bodily harm must be more than transient or trifling in nature).
- III. Aggravated Assault (i.e. wounds, maims, disfigures, endangers life of the complainant).

APPENDIX 2

Responsibility of Caregiver

1. When a client is disruptive, belligerent, aggressive, abusive or resistant to care, and/or behaviour is detrimental to his/her well-being or the well-being of others, home personnel directly involved with the client must attempt to determine the reasons for the action and, with the client and/or significant others, develop a plan of care. The caregiver must complete an assessment which must include a review of the client's behaviour with their physician.
2. Depending on the situation, the caregiver should suspend care temporarily when the client is abusive (verbally or physically) and/or resistant and uncooperative.
3. The caregiver will report any signs and/or symptoms of anxiety and/or aggressive to her supervisor (delegate) immediately as they appear.
4. The Supervisor (or delegate) will review the caregiver's observations, and plan of action and give direction and support to the caregiver
5. When a client has been identified as aggressive or violent, a notation will be made on the client's care plan.

APPENDIX 3

Documentation

1. All incidents/occurrences of aggressive client behaviour shall be documented fully by:
 - Caregiver who has been abused/assaulted
 - Any other witnesses
 - Staff having knowledge of abuse/assault
 - Supervisor (or delegate)
2. Documentation must include:
 - What happened (be exact)
 - Where it happened
 - When it happened
 - Who was involved
 - Why it happened (if precipitating cause known)
3. Documentation must be copied to:
 - Director of Care/Supportive Housing Manager
 - Senior Administrator
 - Chief Executive Officer

APPENDIX 4

Assault Support Plan

1. The employee who suffers an assault must notify the Director Care/Delegate as quickly as possible after the assault has occurred.
2. The Director of Care/Delegate, will arrange for treatment (if required) and support for the assaulted employee.
3. The Director of Care/Delegate, will gather names, addresses and telephone numbers of all persons who witnessed the assault, including that of the perpetrator, plus his/her date of birth.
4. The decision to notify police and lay an assault charge will be made by the affected employee, following discussion with the Director of Care/Delegate.
5. The police may be contacted by the Director of Care/Delegate and advise of the circumstances but he affected employee lays the charge against the perpetrator.
6. The affected employee must complete the Employee Incident Report, detailing what happened, who was involved and why it happened (if the precipitating cause is known).
7. The assaulted employee and employee who witnessed the incident may be asked to testify to circumstances in court.

APPENDIX 5

Distribution of Peace Time Disaster Manual

1. Administration Office
2. Systems 24-7 (electronic) – accessible to all staff

APPENDIX 6

Radiant Care Air Exclusion Checklist

DATE: _____

LOCATION	PERSON RESPONSIBLE	COUNT COMPLETED AND AREA SECURED	NAME OF PERSON REPORTING
Resident Rooms	Maintenance		
Common Areas	Maintenance		
Kitchen	Maintenance		
Laundry	Maintenance		

Signature of Personnel Assignment
Centre Coordinator

Date

APPENDIX 7

Staff Nominal Roll

[illegible]

APPENDIX 8

Resident Nominal Roll

[illegible]

APPENDIX 9

Bomb Threat Check List

If you receive a bomb threat, do the following: remain calm and courteous, and obtain as much information as possible.

Telephone Number of Caller Identified: _____

Date and Time Call Received: _____

CALLER'S IDENTITY:

Male Female Race (Specify) _____ Age (approx.) _____

Accent _____ Speech Impediments _____

TIME AND ORIGIN OF THE CALL:

Local Long Distance Booth Internet Cell Phone
FAX Email

ASK:

Where is the bomb located? _____

e.g. What part of the building is it in? Is it in a resident area? _____

Floor _____ Room _____

When will it explode? _____

What does it look like? _____

VOICE CHARACTERISTICS:

Loud Soft Fast Slow High Pitched Deep District Distorted

SPEECH: Raspy Pleasant Stutter Nasal Intoxicated Familiar Slurred

LANGUAGE SPOKEN/GRAMMAR:

English Other (specify) _____

English with accent _____

Excellent Good Fair Poor Foul

MANNER:

Calm Angry
Rational Irrational
Coherent Incoherent
Deliberate Emotional
Righteous Laughing

BACKGROUND:

Office machines Voices
Street Airplanes
Factory Machines Trains
Party Atmosphere
Other (specify) _____
Mixed _____

Other: _____

APPENDIX 10 CODE YELLOW (MISSING RESIDENT) CHECKLIST

RESIDENT _____ DATE _____
TIME _____

	CHECKLIST	NURSE INITIAL
1.	Registered Nurse (RN) – when a resident suspected missing: (If Director of Care (DOC) on site, inform right away) <ul style="list-style-type: none"> Check the sign out binder and/or if reception open call to inquire if the resident has been seen recently or has gone out with family/friends. 	
2.	If the resident has not been seen or gone out the RN/delegate will announce “Code Yellow, Resident name” 3 times over the paging system. <ul style="list-style-type: none"> All nursing staff will remain on the unit and search the entire unit. Dietary Staff will: <ol style="list-style-type: none"> Search the kitchen area/ elevator and delivery area Send one staff to check the stairways Remaining staff will report to Great Room and wait for direction from RN All other employees will report to their assigned areas e.g., laundry. Employees in common areas will report to the <ul style="list-style-type: none"> Nurses Station (at Radiant Care Pleasant Manor) Great Room (at Radiant Care Tabor Manor) and will monitor front lobby and exit doors. RN/ delegate will form search teams of employees. These teams will complete a systematic search of each room, starting at the far end of each hallway and work toward the center of the home. Remind the teams to search ALL rooms including bathrooms, tub rooms, utility rooms, closets, dining areas, etc. <u>All staff will report findings to the RN/delegate</u> After hours the RN in charge will also assign staff to: <ol style="list-style-type: none"> Search laundry areas Search the kitchen, corridor outside the kitchen and the area between the kitchen and delivery areas and elevator. 	
3.	Once the search has been completed and all staff have reported to the RN: <ul style="list-style-type: none"> Assign a team to check the basement, including non-resident areas, offices, corridors and outside seating areas. 	

4.	<p>If resident is NOT located, call Supportive Housing</p> <ul style="list-style-type: none"> ○ Radiant Care Pleasant Manor cell #: 289-241-2360 ○ Radiant Care Tabor Manor cell #: 289-241-9256 <p>and ask for assistance with a search of other buildings. Provide resident photo for Supportive Housing Staff. Ask Supportive Housing staff to report their findings to RN/delegate after the search is completed.</p> <ul style="list-style-type: none"> • If the Director of Care is not on site or is off, notify at this time. 	
5.	<p>If the resident is still NOT found, determine who saw the resident last, when and where, and what the resident was wearing.</p> <ul style="list-style-type: none"> • Call the POA/family/significant other to inquire if the resident is visiting them. If not, inform them the resident is missing. 	
6.	<p><u>After all internal areas are searched and the resident is still missing</u> the RN/delegate will announce “Code Yellow, Name of the Resident, STAGE 2” 3 times over the paging system.</p> <ul style="list-style-type: none"> • Make 4 copies of the resident’s picture (EMAR or resident chart) for the search team and also provide them with a written copy of who saw the resident last, when, where and what the resident is wearing. • Create 2 teams of 2 staff. Mark the master search map with names of the searchers assigned. The staff teams will exit the building by the front door and walk around the building, checking all parking lot areas. Staff will report findings to the RN/delegate. 	
7.	<p>If the resident is still NOT found, the DOC/delegate will:</p> <ul style="list-style-type: none"> • Notify the Senior Administrator/delegate, who will then notify Chief Executive Officer • Notify the Police, providing the name of the resident, a description, including when and where last seen and what the resident was wearing. Have pictures and maps of the building and grounds available for the police to refer to and use upon their arrival. • Activate “Fan Out Emergency” if required. • Notify the Medical Director <p><i>DOC/delegate will consult with Police/emergency services when to halt facility search.</i></p>	
8.	<p>At any time during the search process, when the resident is located or when the Home search has been discontinued (based on direction from Senior Administrator/delegate, DOC/delegate or Police), RN/delegate will announce “Code Yellow resolved” 3 times over the paging system.</p>	

When the Code Yellow is resolved, the RN in charge will document, complete incident report and this checklist, and provide them to the DOC.

SECTION 5

**Niagara Long-Term Care Facilities
Collaborative Emergency Shelter Plan**

**Niagara
Long Term Care Facilities
Collaborative Emergency
Shelter Plan**

2022

Table of Contents

Albright Manor	3
Deer Park Villa	4
Douglas H. Rapelje Lodge	5
Eventide	6
Extendicare St. Catharines	7
Foyer Richelieu Welland	8
Garden City Manor	9
Gilmore Lodge	10
Heidehof	11
Henley House Long-Term Care Residence, The	12
Linhaven	13
The Meadows of Dorchester	14
Millennium Trail Manor	15
Radiant Care Pleasant Manor.....	16
Radiant Care Tabor Manor	17
Niagara Health Welland Site ECU and ILTC	18
Niagara Ina Grafton Gage Village	19
Northland Pointe	20
Royal Rose Place	21
Shalom Manor.....	22
United Mennonite Home.....	23
Upper Canada Lodge Niagara Region	24
Valley Park Lodge	25
Westhills Care Centre	26
Woodlands of Sunset	27

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2021

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

- Date: July 30, 2021
Facility Name:
Albright Manor
Address: 5050 Hillside Drive, Beamsville, ON L0R 1B2
Telephone Number: 905-563-8252
Fax Number: 905-563-5223
Name of person completing the form: William ter Harmsel
Email address: wterharmself@albrightcentre.ca
- Number of square foot of Shelter you are able to provide: 900 square feet
How many residents could you accommodate: 25
Can you provide food for those you are sheltering: yes
To a maximum of (25) Residents.
Can you provide beds: mattresses (no) Bathrooms: public bathrooms
- Emergency Contact Name: Jim McArthur
Position: Director of Properties
Contact Information: office 905-563-8252 x 130, mobile 905-708-7159
- Alternate Contact Name, Position and Contact Information: Holly Rogers
Position: Director of Nursing and Personal Care
Phone Number: office 905-563-8252 x 124, mobile 289-686-1590
- Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: July 4, 2022
Facility Name:
Deer Park Villa
Address: 150 Central Ave, Grimsby, Ontario, L3M 4Z3
Telephone Number: 905-945-4164
Fax Number: 905-945-1239
Name of person completing the form: Ada DiFlavio
Email address: ada.diflavio@niagararegion.ca
2. Number of square foot of shelter you are able to provide: 800 square feet
How many residents could you accommodate: 4
Can you provide food for those you are sheltering: Yes
To a maximum of (#) Residents.
Can you provide beds: 4 mattresses (#?): 4 Bathrooms: Yes
3. Emergency Contact Name: Ada DiFlavio
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: Administrator
Contact Information: (cell) 905-401-8176
1. Alternate Contact Name, Position and Contact Information:
Position: Karlene Petrucci, Director of Resident
Phone Number: 289-969-4811
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 23, 2022
Facility Name:
Douglas H. Rapelje Lodge
Address: 277 Plymouth Rd, Welland, ON L3B 6E3
Telephone Number: 905 714-7428
Fax Number: 905 714-7423
Name of person completing the form: Emily Sforza, Administrator
Email address: emily.sforza@niagararegion.ca
2. Number of square foot of shelter you are able to provide: 600
How many residents could you accommodate: 8
Can you provide food for those you are sheltering: yes
To a maximum of (#) Residents.
Can you provide beds: mattresses (#?) yes – 4 only Bathrooms: yes
3. Emergency Contact Name: Emily Sforza
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: Administrator
Contact Information: 289 969-0546
4. Alternate Contact Name, Position and Contact Information:
Position: Director of Resident Care
Phone Number: 905 714-7428 (Ask for Manager on-call or speak to RN).
5. Other Pertinent Information: Part of Niagara Region's emergency on-call.

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2021

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: August 18, 2021
Facility Name:
Eventide
Address: 5050 Jepson Street, Niagara Falls, Ontario L2E 1K5
Telephone Number: (905) 356-1221 - ext: 224
Fax Number: (905) 356-9609
Name of person completing the form: Lynne Blake
Email address: Lynne.Blake@salvationarmy.ca
2. Number of square foot of Shelter you are able to provide:
How many residents could you accommodate:
Can you provide food for those you are sheltering:
To a maximum of (#) Residents.
Can you provide beds: Bathrooms:
3. Emergency Contact Name: Lynne Blake
Position: Executive Director
Contact Information: (905) 356-1221 - ext: 224
4. Alternate Contact Name, Position and Contact Information:
Position:
Phone Number:
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 23, 2022
 Facility Name:
 Extendicare St. Catharines
 Address: 283 Pelham Road
 Telephone Number: 905-688-3311
 Fax Number: 905-688-5774
 Name of person completing the form: Lynn Bowie
 Email address: lbowie@extendicare.com

2. Number of square foot of Shelter you are able to provide: Approx. 1000 square feet in Activity lounge and Gardenview Room on Main floor
 How many residents could you accommodate: 10
 Can you provide food for those you are sheltering: Yes
 To a maximum of (#) Residents. 10
 Can you provide beds: NO mattresses (#?) 5 Bathrooms: 2

3. Emergency Contact Name: Jane Freeman
 Position: Administrator
 Contact Information: 905-688-3311 ext.112 (w)
 After hours: 289-241-7237 (c)

4. Alternate Contact Name, Position and Contact Information:
 Position: Lynn Bowie, Support Services Manager
 Phone Number: 905-688-3311 ext 133 (w)
 905-227-9523 (home)
 905-650-9523 (cell)

5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 23, 2022
Facility Name:
Foyer Richelieu Welland
Address: 655 Tanguay Ave, Welland, ON, L3B 6A1
Telephone Number: 905-734-1400 ext. 231
Fax Number: 905-734-1386
Name of person completing the form: Sean Keays, CAO
Email address: sean.keays@foyerichelieu.com
2. Number of square foot of shelter you are able to provide: 300
How many residents could you accommodate: 2
Can you provide food for those you are sheltering: Yes
To a maximum of (#) Residents.2
Can you provide beds: Yes mattresses (#?) Yes Bathrooms: Yes
3. Emergency Contact Name: 905-327-2200
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: CAO
Contact Information: 905-327-2200 or 905-734-1400 ext. 231
4. Alternate Contact Name, Position and Contact Information:
Position: Daniel Robichaud
Phone Number: 289-821-5777
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2021

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: August 18, 2021
Facility Name:
Garden City Manor
Address: 168 Scott Street St. Catharines Ontario L2N 1H2
Telephone Number: 905-934-3321 xt 202
Fax Number: 905-934-9011
Name of person completing the form: Matt Sticca
Email address: matthew.sticca@reveraliving.com
2. Number of square foot of Shelter you are able to provide:
How many residents could you accommodate: 10
Can you provide food for those you are sheltering: Yes
To a maximum of (#) Residents. 10
Can you provide beds: 10 Bathrooms: 2
3. Emergency Contact Name: Matt Sticca
Position: Executive Director
Contact Information: 289-668-2694
4. Alternate Contact Name, Position and Contact Information: Jessica Nobbs
Position: Director of Care
Phone Number: 289-241-8630
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 24, 2022
 Facility Name:
 Gilmore Lodge
 Address: 50 Gilmore Road
 Telephone Number: 905-871-6160
 Fax Number: 905-871-0435
 Name of person completing the form: Beth Plato-Giles
 Email address: beth.plato-giles@niagararegion.ca

2. Number of square foot of shelter you are able to provide: 1000
 How many residents could you accommodate: 10
 Can you provide food for those you are sheltering: Yes
 To a maximum of (#) Residents. 10
 Can you provide beds: NO mattresses - yes
 Bathrooms: 2

3. Emergency Contact Name: Beth Plato-Giles
 Position: Administrator
 Contact Information: 905-871-6160 X 4601 During Business Hours
 After Hours – Stand By Manager – 289-929-0592 (new for 2022)

4. Alternate Contact Name, Position and Contact Information:
 Position: Alexandra Sotola, DRC
 Phone Number: 905-871-6160 X 4630 During Business Hours

5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 30, 2022
Facility Name:
Heidehof
Address: 600 Lake Street
Telephone Number: 905-935-3344
Fax Number: 905-935-0081
Name of person completing the form: Elena Caddis
Email address: ecaddis@heidehof.com
2. Number of square foot of shelter you are able to provide:
How many residents could you accommodate: 3
Can you provide food for those you are sheltering: YES
To a maximum of (#) Residents. 3
Can you provide beds: YES mattresses (#?) YES Bathrooms: YES
3. Emergency Contact Name: Elena Caddis
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: CEO
Contact Information: 905-932-1216 Cell
4. Alternate Contact Name, Position and Contact Information: Liz Klassen
Position: DOC
Phone Number: 905-988-3106
5. Other Pertinent Information: We do have an auditorium that could shelter up to 100 residents for a few hours.

Niagara Long Term Care Facilities **Collaborative Emergency Shelter Plan** **2021**

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: July 28, 2021
 Facility Name:
 Henley House Long-Term Care Residence, The
 Address: 20 Ernest Street
 Telephone Number: 905-937-9703 ext 4502
 Fax Number: 905-937-9723
 Name of person completing the form: Griffin Allen, Administrator
 Email address: Gallen@PrimacareLiving.com

2. Number of square foot of Shelter you are able to provide: 265

 How many residents could you accommodate: 1
 Can you provide food for those you are sheltering: Yes
 To a maximum of (#) Residents. 2
 Can you provide beds: mattresses (#?) Yes Bathrooms: 2 x Private

3. Emergency Contact Name: Griffin Allen
 Position: Administrator
 Contact Information: 437-331-9487 or Gallen@PrimacareLiving.com

4. Alternate Contact Name, Position and Contact Information: Divya James
 Position: Director of Care
 Phone Number: 416-358-1733

4. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 30, 2022
Facility Name:
Linhaven
Address: 403 Ontario St. St. Catharines, Ontario L2N 1L5
Telephone Number: 905 934 3386
Fax Number: 905 934 6975
Name of person completing the form: Cindy Perrodou
Email address: Cindy.perrodou@niagararegion.ca
2. Number of square foot of Shelter you are able to provide: 1000
How many residents could you accommodate: 8
Can you provide food for those you are sheltering: yes
To a maximum of (#) Residents. 8
Can you provide beds: mattresses yes 8 Bathrooms: communal
3. Emergency Contact Name: Cindy Perrodou
Position: Administrator
Contact Information: cell 289 668 3679
5. Alternate Contact Name, Position and Contact Information: Lindsay Deakin
Position: Director of Resident Care
Phone Number: 905 931 6461
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 23 2022
Facility Name:
The Meadows of Dorchester
Address: 6623 Kalar road Niagara Falls
Telephone Number: 905 357 1911
Fax Number: 905 356 2199
Name of person completing the form: Kerry Zahra
Email address: Kerry.zahra@niagararegion.ca
2. Number of square foot of shelter you are able to provide: 400
How many residents could you accommodate: 8 (no call bell and mattresses not available immediately
Can you provide food for those you are sheltering: yes
To a maximum of (#) Residents.8
Can you provide beds: mattresses (#?) yes from other Regional Homes. Bathrooms: 4
3. Emergency Contact Name: Kerry Zahra
(If you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: Administrator
Contact Information: 905 246 4552
4. Alternate Contact Name, Position and Contact Information: Angela Duford
Position: Director of Resident care
Phone Number: 905 380 6863
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: January 11, 2023
 Facility Name:
 Millennium Trail Manor
 Address: 6861 Oakwood Drive
 Telephone Number: 905-356-5005
 Fax Number: 905-356-6806
 Name of person completing the form: Cindy Harbridge
 Email address: charbridge@conmedhealth.com

2. Number of square foot of shelter you are able to provide: 200
 How many residents could you accommodate: 3
 Can you provide food for those you are sheltering: yes
 To a maximum of (#) Residents. 5
 Can you provide beds: yes mattresses (#?) yes Bathrooms: 2

3. Emergency Contact Name: Olasupo (Ola) Ayeni
 (if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
 Position: Administrator
 Contact Information: oolasupo@conmedhealth.com 647-271-4912

4. Alternate Contact Name, Position and Contact Information: Liyara Thomas
 Position: Director of Care
 Phone Number: 226-201-1966

5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: August 31, 2022
Facility Name:
Radiant Care Pleasant Manor
Address: 15 Elden Street, P.O. Box 500, Virgil, ON L0S 1T0
Telephone Number: 905-468-1111
Fax Number: 905-468-4384
Name of person completing the form: Tim Siemens
Email address: tims@radiantcare.net
2. Number of square feet of Shelter you are able to provide: 1400 sq. ft.
How many residents could you accommodate: 15
Can you provide food for those you are sheltering: Yes
To a maximum of 15 Residents.
Can you provide beds: No Mattresses: No Bathrooms: 1 WC
accessible, 1 regular bathroom
3. Emergency Contact Name: Tim Siemens
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: Chief Executive Officer
Phone Number: cell # 905-327-8601, home # 905-937-4645
4. Alternate Contact Name, Position and Contact Information: Fola Akano
Position: Senior Administrator Long-Term Care
Phone Number: cell # 289-668-8934
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: August 31, 2022
Facility Name:
Radiant Care Tabor Manor
Address: 7 Tabor Drive, St. Catharines, ON L2N 1V9
Telephone Number: 905-934-2548
Fax Number: 905-934-6467
Name of person completing the form: Tim Siemens
Email address: tims@radiantcare.net
2. Number of square feet of Shelter you are able to provide: 3,000 sq. ft.
How many residents could you accommodate: 30
Can you provide food for those you are sheltering: Yes
To a maximum of 30 Residents.
Can you provide beds: No Mattresses: 30 Bathrooms: 3
3. Emergency Contact Name: Tim Siemens
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: Chief Executive Officer
Phone Number: cell # 905-327-8601, home # 905-937-4645
4. Alternate Contact Name, Position and Contact Information: Fola Akano
Position: Senior Administrator Long-Term Care
Phone Number: cell # 289-668-8934
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 28, 2022
Facility Name:
Niagara Health Welland Site ECU and ILTC
Address: 65 Third St. Welland ON, L3B 4W6
Telephone Number: 905-378-4647 ext: 33501 Administrator; 33003 DOC
Fax Number: 905-714-7630
Name of person completing form: Kerry Abbott-Administrator/ Shirley Fleming DOC
Email address: kerry.abbott@niagarahealth.on.ca / shirley.fleming@niagarahealth.on.ca
2. Number of square foot of shelter you are able to provide: (ECU lobby – 5 and TV Room 5) approximately, 50 square feet in each area
How many residents could you accommodate: 5 in rooms, 10 in common area if short term/under 12 hours
Can you provide food for those you are sheltering: Yes
To a maximum of (#) Residents. 15
Can you provide beds: mattresses (5) Bathrooms: shared bathrooms with other Residents. (level C facility)
3. Emergency Contact: Kerry Abbott: 905-321-3609/ Shirley Fleming – 905-321-8647
(if you have an emergency pager or cell phone it might be helpful as when someone need to talk with someone that can make a decision in a short time frame.)
Position:
Contact Information:
4. Alternate Contact Name, Position and Contact Information:
Position: Program Manager – Lezlie LeDuc
Phone Number: 905-931-5313
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: July 27, 2022
Facility Name:
Niagara Ina Grafton Gage Village
Address: 413 Linwell Road, St. Catharines, ON L2V 4T7
Telephone Number: 905 935 6822 or 905 935 6080
Fax Number: 905 935 6847
Name of person completing the form: Julie Lepp
Email address: jlepp@niggv.on.ca
2. Number of square foot of Shelter you are able to provide: Auditorium (1,000 sq. ft.) How many residents could you accommodate: 20
Can you provide food for those you are sheltering: Yes
To a maximum of (#) Residents. 20
Can you provide beds: mattresses (#?) No Bathrooms: 2 (public)
3. Emergency Contact Name: Jerry Boichuk
Position: Chief Executive Officer
Contact Information: 905 935 6822 or 905 935 6080 ext. 223
4. Alternate Contact Name, Position and Contact Information: James McCammont
Position: Manager, Environment Services
Phone Number: 905 935 6822 or 905 935 6080 ext. 230
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: July 4, 2022
 Facility Name:
 Northland Pointe
 Address: 2 Fielden Ave, Port Colborne, Ontario, L3K 6G4
 Telephone Number: 905-835-9335
 Fax Number: 905-835-6518
 Name of person completing the form: Gail Gill
 Email address: gail.gill@niagararegion.ca
2. Number of square foot of shelter you are able to provide:
 How many residents could you accommodate: 10
 Can you provide food for those you are sheltering: yes
 To a maximum of (#) Residents. 10
 Can you provide beds: mattresses (#?) yes Bathrooms: 2 communal
3. Emergency Contact Name: Gail Gill
 (if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
 Position: Administrator
 Contact Information: 905-835-9335 ext. 4701, manager on-call phone 289-968-2449
 gail.gill@niagararegion.ca
4. Alternate Contact Name, Position and Contact Information: Ashley Baker
 Position: Director of Resident Care
 Phone Number: 905-835-9335 ext. 4730, manager on-call phone 289-968-2449
 ashley.baker@niagararegion.ca
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 30, 2022
 Facility Name:
 Royal Rose Place
 Address: 635 Prince Charles Dr. North
 Telephone Number: 289-480-0400
 Fax Number: 289-480-0399
 Name of person completing the form: Lauren Lostracco
 Email address: llostracco@jarlette.com

2. Number of square foot of shelter you are able to provide: 2,000 square feet
 How many residents could you accommodate: 10
 Can you provide food for those you are sheltering: Yes
 To a maximum of (#) Residents. 10
 Can you provide beds: mattresses -4 Bathrooms: 2

3. Emergency Contact Name: Lauren Lostracco
 (if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
 Position: Administrator
 Contact Information: 905-931-3243

4. Alternate Contact Name, Position and Contact Information: Jenna Wade
 Position: Director of Care
 Phone Number: 289-690-1516

5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: August 18, 2021
 Facility Name:
 Shalom Manor
 Address: 12 Bartlett Ave, Grimsby
 Telephone Number: 905-945-9631
 Fax Number: 905-945-1211
 Name of person completing the form: Wilma Ipema
 Email address: es@shalommanor.ca

2. Number of square foot of Shelter you are able to provide: 2,800 sq ft
 How many residents could you accommodate: 15
 Can you provide food for those you are sheltering: yes, while supplies last
 To a maximum of (#) Residents: 15
 Can you provide beds: No mattresses (#?) No Bathrooms: 4 private, 2 multiple

3. Emergency Contact Name: John Peneycad
 Position: Interim CEO
 Contact Information: 905-945-9631 Ext 1150

4. Alternate Contact Name, Position and Contact Information: Wilma Ipema
 Position: Manager of Environmental Services
 Phone Number: 905-945-9631 Ext: 1158

5. Other Pertinent Information: Mattresses/cots would need to be provided by the Red Cross or other provider

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2021

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: August 6, 2021
 Facility Name:
 United Mennonite Home
 Address: 4024 Twenty-Third St. Vineland, Ontario
 Telephone Number: 905-562-7385 ex 5001
 Fax Number: 905-532-3711
 Name of person completing the form: Walter Sguazzin
 Email address: wsguazzin@umh.ca

2. Number of square foot of Shelter you are able to provide:
 How many residents could you accommodate: 8
 Can you provide food for those you are sheltering: yes
 To a maximum of (#) Residents. 30
 Can you provide beds: mattresses (#?) no Bathrooms: 8

3. Emergency Contact Name: As above
 Position:
 Contact Information:

4. Alternate Contact Name, Position and Contact Information:
 Position: Kelly Chuckry, DOC
 Phone Number: 905-562-7385 ex. 5002

5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: June 30, 2022
Facility Name:
Upper Canada Lodge Niagara Region
Address: 272 Wellington St Niagara on the Lake
Telephone Number: 905-468-4208
Fax Number: 905-468-0520
Name of person completing the form: Marg Lambert
Email address: marg.lambert@niagararegion.ca
2. Number of square foot of Shelter you are able to provide: 1000
How many residents could you accommodate: 10
Can you provide food for those you are sheltering: Yes
To a maximum of (20) Residents.
Can you provide beds: mattresses **(10)** Bathrooms: 2
3. Emergency Contact Name: Marg Lambert
Position: Administrator
Contact Information: 289-241-0878
4. Alternate Contact Name, Position and Contact Information: Denise Murphy
Position: DRC
Phone Number: 905-933-4968
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: January 11, 2023
 Facility Name:
 Valley Park Lodge
 Address: 6400 Valley Way, Niagara Falls, Ontario, L2E 7E3
 Telephone Number: 905 358-3277
 Fax Number: 905 358-3012
 Name of person completing the form: Cindy Harbridge
 Email address: charbridge@conmedhealth.com

2. Number of square foot of shelter you are able to provide: 200
 How many residents could you accommodate: 2
 Can you provide food for those you are sheltering: Yes
 To a maximum of (#) Residents. 2
 Can you provide beds: Yes, 2 mattresses (**#2**) Bathrooms: 1

3. Emergency Contact Name: Cindy Harbridge
 (if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
 Position: Administrator
 Contact Information: 905-409-5602

4. Alternate Contact Name, Position and Contact Information: Angela Merzanis
 Position: Director of Care
 Phone Number: 905-984-1198

5. Other Pertinent Information

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: 11/29/2022
Facility Name:
Westhills Care Centre
Address: 179 Louth St. St. Catherine's ON, L2S 2R4
Telephone Number: 905-682-0503
Fax Number: 905-682-2770
Name of person completing the form: Susan Barnhart
Email address: susan.barnhart@westhillsltc.ca
2. Number of square foot of shelter you are able to provide: 3000 sq ft
How many residents could you accommodate: 3
Can you provide food for those you are sheltering: yes
To a maximum of (#) Residents.
Can you provide beds: yes mattresses (#?) 3 Bathrooms: 3
3. Emergency Contact Name: Susan Barnhart
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position: Administrator
Contact Information: Home: 905 682 0503 ex 134 Cell: 289 668 1590
4. Alternate Contact Name, Position and Contact Information: Robyn Davison
Position: Director of Nurses
Phone Number: 905 682 0503 ex 131
5. Other Pertinent Information:

Niagara Long Term Care Facilities Collaborative Emergency Shelter Plan 2022

Purpose: To provide a summary of resources available and 24-hour contact for decision makers at all Niagara Long Term Care facilities in the event that any long term care facility is in need of emergency shelter for its residents.

Scope: Each long term care facility will detail the type of shelter that can be provided in their Home. It is assumed that the facility asking for shelter will provide the appropriate/safe ratio of staff to accompany their residents to the emergency shelter.

Process: Each Long Term Care Facility will complete the following information details. The details will be summarized into one dated document, which will be circulated to all participating Niagara Long Term Care Facilities and the MOHLTC, upon request. It is the responsibility of each administrator to keep their facility information up to date and when changes occur, please forward to all to ensure information is accurate.

Niagara Long Term Care Facilities Emergency Shelter Information

1. Date: 23 June 2022
Facility Name: **Woodlands of Sunset**
Address: 920 Pelham Street, Welland
Telephone Number: 905-892-3845
Fax Number: 905-892-5882
Name of person completing the form: Tracey Tait
Email address: tracey.tait@niagararegion.ca
2. Number of square foot of shelter you are able to provide: 200
How many residents could you accommodate: 4
Can you provide food for those you are sheltering: yes
To a maximum of (#) Residents. 12
Can you provide beds: 4 mattresses (#?) 4 Bathrooms: 2
3. Emergency Contact Name: **Manager on Stand-by**
(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)
Position:
Contact Information: **289-929-7978**
4. Alternate Contact Name, Position and Contact Information: Tracey Tait
Position: Administrator
Phone Number: 289-687-7955
5. Other Pertinent Information:

SECTION 6

Outbreak Management

Outbreak Management Policies

Outbreak Management policies are available in the following locations:

1. In Section 2 of the hard copy Infection Control Manual, located in the Administration office
2. Electronic copies are on Systems 24-7, in Section 2 of the Infection Control Manual

SECTION 7

Pandemic Response

Radiant Care

MANUAL: PEACE TIME DISASTER AND
EMERGENCY SAFETY PLAN
RESPONSE MANUAL

SUBJECT: PANDEMIC PLAN

APPROVAL:

NUMBER:

DISTRIBUTION:

DATE: SEPTEMBER 2013

SECTION 1: BEFORE PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY

1.0 INTRODUCTION	4
1.1 RESPIRATORY INFECTIONS	4
1.2 PANDEMIC	4
1.3 DEFINITIONS	5
2.0 PURPOSE, POLICY, & GOALS	7
2.1 PURPOSE	7
2.2 POLICY	7
2.3 GOALS	7
3.0 OUTBREAK MANAGEMENT TEAM	8
3.1 MEMBERSHIP	8
3.2 ROLES & RESPONSIBILITIES	8
4.0 COMMUNICATIONS	8
4.1 DIRECTION	8
4.2 MODES OF COMMUNICATION	9
4.3 PUBLIC HEALTH UNIT	9
<i>Public Health Unit Contact</i>	10
5.0 PANDEMIC ACTIVITY IN THE AREA	10
STAGE 1A: NO PANDEMIC ACTIVITY IN THE COUNTRY, PROVINCE OR COMMUNITY	10
STAGE 1B: PANDEMIC ACTIVITY IN THE COUNTRY/PROVINCE, BUT NO PANDEMIC ACTIVITY IN THE COMMUNITY	10
STAGE 2: PANDEMIC ACTIVITY IN THE COMMUNITY	11
STAGE 3: PANDEMIC ACTIVITY IN THE HOME	11
STAGE 4: AFTER PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY	11

SECTION 2: DURING PANDEMIC ACTIVITY IN THE COMMUNITY

6.0 INFECTION PREVENTION & CONTROL MEASURES	12
6.1 PRECAUTIONS	12
6.2 HAND HYGIENE	12
6.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)	13
<i>PPE Conservation and Allocation During Pandemic</i>	13
6.4 PHYSICAL DISTANCING	13

MANUAL: PEACE TIME DISASTER AND EMERGENCY SAFETY PLAN RESPONSE MANUAL SUBJECT: PANDEMIC PLAN

APPROVAL: NUMBER:

DISTRIBUTION: DATE: SEPTEMBER 2013

SECTION 1: BEFORE PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY

1.0 INTRODUCTION.....	4
1.1 RESPIRATORY INFECTIONS.....	4
1.2 PANDEMIC.....	4
1.3 DEFINITIONS.....	5
2.0 PURPOSE, POLICY, & GOALS	7
2.1 PURPOSE	7
2.2 POLICY.....	7
2.3 GOALS	7
3.0 OUTBREAK MANAGEMENT TEAM	8
3.1 MEMBERSHIP.....	8
3.2 ROLES & RESPONSIBILITIES.....	8
4.0 COMMUNICATIONS.....	8
4.1 DIRECTION	8
4.2 MODES OF COMMUNICATION.....	9
4.3 PUBLIC HEALTH UNIT.....	9
<i>Public Health Unit Contact</i>	<i>10</i>
5.0 PANDEMIC ACTIVITY IN THE AREA.....	10
STAGE 1A: NO PANDEMIC ACTIVITY IN THE COUNTRY, PROVINCE OR COMMUNITY.....	10
STAGE 1B: PANDEMIC ACTIVITY IN THE COUNTRY/PROVINCE, BUT NO PANDEMIC ACTIVITY IN THE COMMUNITY	10
STAGE 2: PANDEMIC ACTIVITY IN THE COMMUNITY.....	11
STAGE 3: PANDEMIC ACTIVITY IN THE HOME	11
STAGE 4: AFTER PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY	11

SECTION 2: DURING PANDEMIC ACTIVITY IN THE COMMUNITY

6.0 INFECTION PREVENTION & CONTROL MEASURES	12
6.1 PRECAUTIONS	12
6.2 HAND HYGIENE.....	12
6.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)	13
<i>PPE Conservation and Allocation During Pandemic</i>	<i>13</i>
6.4 PHYSICAL DISTANCING	13

7.0 ENVIRONMENTAL CLEANING & CLEANING OF EQUIPMENT	13
8.0 SURVEILLANCE	13
8.1 RESIDENT & TENANT SURVEILLANCE	13
8.2 SCREENING STATIONS	14
8.3 STAFF & VOLUNTEER SURVEILLANCE	14
8.4 FAMILY MEMBER & VISITOR SURVEILLANCE	14
9.0 IMPLEMENT CONTROL MEASURES FOR RESIDENTS & TENANTS.....	15
9.1 RESIDENT ADMISSION & RE-ADMISSION	15
9.2 SECURING NECESSARY SUPPLIES TO PROVIDE MEDICAL CARE IN THE HOME	15
9.3 MANAGING RESIDENT DEATHS DURING PANDEMIC.....	15
9.4 TENANTS	15

SECTION 3: DURING PANDEMIC ACTIVITY IN THE HOME (OUTBREAK)

10.0 IDENTIFY SUSPECTED OR CONFIRMED OUTBREAK	16
11.0 NOTIFY PUBLIC HEALTH OF A SUSPECTED OR CONFIRMED OUTBREAK	16
12.0 OUTBREAK MANAGEMENT TEAM MEETING & INITIAL RESPONSE	16
13.0 IMPLEMENT CONTROL MEASURES FOR RESIDENTS	17
13.1 RESIDENT ROOM RESTRICTION	17
13.2 RESIDENT HOME AREA RESTRICTION	17
13.3 RESIDENT ADMISSION & RE-ADMISSION	17
13.4 RESIDENT MEDICAL APPOINTMENTS	18
13.5 RESIDENT TRANSFERS TO HOSPITAL	18
13.6 RESIDENT ACTIVITIES/RECREATION.....	18
13.7 ESSENTIAL SERVICES	18
14.0 IMPLEMENT CONTROL AND SUPPORT MEASURES FOR STAFF & VOLUNTEERS.....	19
14.1 ESSENTIAL STAFFING PLAN	19
<i>Staff Shortages</i>	<i>20</i>
14.2 IDEAL MINIMUM STAFFING PLAN	20
<i>Nursing.....</i>	<i>21</i>
<i>Dietary</i>	<i>22</i>
<i>Housekeeping/Laundry.....</i>	<i>23</i>
<i>Supportive Housing</i>	<i>24</i>
<i>Therapeutic Recreation.....</i>	<i>25</i>
<i>Maintenance.....</i>	<i>26</i>
<i>Human Resources & Payroll</i>	<i>26</i>
<i>Finance.....</i>	<i>27</i>
<i>Administration</i>	<i>27</i>
14.3 DEPLOYING STAFF	27
14.4 COHORTING OF STAFF & VOLUNTEERS	27
14.5 WORK RESTRICTIONS OR EXCLUDING STAFF FROM WORKING	28
<i>Staff who are Ill or Symptomatic.....</i>	<i>28</i>
<i>Staff & Volunteers who Work at Other Facilities.....</i>	<i>28</i>
14.6 SUPPORT MEASURES FOR STAFF AND VOLUNTEERS.....	28
15.0 IMPLEMENT CONTROL MEASURES FOR FAMILY MEMBERS & OTHER VISITORS.....	29
15.1 NOTIFYING FAMILY MEMBERS & VISITORS.....	29
15.2 VISITOR RESTRICTIONS	29
15.3 VISITING RESIDENTS WHO ARE ILL	29

15.4 COMMUNAL & OTHER ACTIVITIES.....	29
16.0 DISTRIBUTION & ADMINISTRATION OF ANTIVIRALS AND VACCINES	30
17.0 ETHICAL CONSIDERATIONS DURING A PANDEMIC.....	30
<i>Individual Liberty vs. Protection of Public from Harm</i>	<i>30</i>
<i>Proportionality.....</i>	<i>30</i>
<i>Privacy.....</i>	<i>30</i>
<i>Equity</i>	<i>30</i>
<i>Duty to provide care.....</i>	<i>31</i>
<i>Trust</i>	<i>31</i>
<i>Solidarity</i>	<i>31</i>
<i>Stewardship</i>	<i>31</i>
 <u>SECTION 4: AFTER PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY</u>	
18.0 DECLARING THE OUTBREAK OVER.....	32
19.0 INVESTIGATION OF THE OUTBREAK	32
20.0 REVIEW THE PANDEMIC OUTBREAK.....	32
21.0 REFERENCES	32
<i>COVID-19 Reference Documents.....</i>	<i>33</i>
22.0 CROSS-REFERENCE	33
APPENDICES.....	34
APPENDIX A: RESPIRATORY LINE LISTING FORM	34
APPENDIX B: EMERGENCY MENU	35
APPENDIX C: CONTINUITY OF OPERATIONS PLAN.....	41
APPENDIX D: CROSS-TRAINING CURRICULUM	61

SECTION 1: BEFORE PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY

1.0 INTRODUCTION

1.1 RESPIRATORY INFECTIONS

Respiratory infection outbreaks occur in long-term care homes (LTCHs) throughout the year but are more common from the fall to early spring. Respiratory tract infections are the most commonly diagnosed infections in LTC residents. In Ontario, based on data from Public Health Ontario Laboratory (PHOL), the most common respiratory viruses causing respiratory infection outbreaks are influenza A and B, entero/rhinovirus, coronavirus, RSV, parainfluenza, and metapneumovirus. More recently, the Novel Coronavirus (COVID-19) has emerged as a serious public health risk, killing thousands of people around the globe. Occasionally, not only one, but two or more infectious agents are identified in an outbreak.

LTCH residents are predisposed to Acute Respiratory Infections (ARIs) in part because they may be elderly, may have chronic illnesses that weaken their immune system, and may have chronic lung or neurological diseases that impair their ability to clear secretions from their lungs and airways. However, residents are also at risk because many viral and bacterial respiratory pathogens are easily transmitted in an institutional environment (congregate living). Early detection, together with the timely implementation of outbreak control measures that are carefully adhered to, can effectively minimize transmission of infection, thereby preventing or more quickly bringing an outbreak under control (MOHLTC, 2018).

1.2 PANDEMIC

A pandemic is a worldwide outbreak of a disease. It happens when a new virus emerges among people, spreads and causes disease worldwide. Pandemics tend to happen every few decades. Past pandemics have led to high levels of illness, death, social disruption, and economic loss.

A pandemic is different from a seasonal disease in several ways (see Table 1). During a pandemic, there will be more people needing care and fewer health care and essential services workers available to work. Existing respiratory outbreak and emergency plans should be reviewed to ensure they take into account the potential impact of a pandemic.

Table 1: A comparison of a Pandemic and Seasonal Influenza

Pandemic	Seasonal Influenza
Caused by a new strain of virus that can spread easily from person to person	Caused by an unknown circulating strain of influenza A virus
Can occur at any time of year	Usually occurs during flu season; between November and April
May strike in multiple waves, several months apart. Each wave may last two to three months or more	Peaks for a few months during the winter and then declines
Will take at least 4 to 5 months after the pandemic strain is identified to develop a vaccine	Annual vaccines are available and will provide some protection against circulating strains
Could infect 70%+ of the population	Infects 10% to 20% of the population yearly

Most people will have little or no immunity to the new virus, so there will be more serious illness and a greater number of deaths	A portion of the population will have some immunity, either because of previous exposure or immunization with the annual flu vaccine. Most people will not become seriously ill, and fewer will die
Could affect anyone, including health care providers and their families, severely disrupting the health care system	Affects mainly the very young and very old, and people who are immunocompromised; does not usually affect the health care system's ability to provide care

A pandemic occurs when all four of the following occur:

1. A new virus is detected
2. Transmission happens easily
3. The new virus causes serious clinical illness and death
4. The population has little or no immunity to the virus

Anti-viral drugs (and vaccine when it becomes available) will be distributed to groups of people in order of priority, which is set by the province based on the epidemiology of the strain. As a result of lack of vaccines and anti-viral drugs, traditional infection prevention and control practices will be the main line of defense.

If Ontario experiences a pandemic, residents and tenants living at Radiant Care are at increased risk due to their age, underlying medical conditions, exposure to significant numbers of staff and visitors, and close living conditions. The virus can be introduced by staff and visitors and can spread rapidly. It is estimated that as many as 70% of staff and residents in a Long-Term Care home may become infected during a pandemic.

Health care workers have an ethical duty to provide care and respond to suffering. The spread of the virus in health care settings can be prevented and controlled through the consistent use of best practices in surveillance and infection prevention and control for respiratory infections. If these practices are used consistently, health care workers will be protected while caring for patients who are infected.

Radiant Care already has infection prevention and control programs to prevent and manage respiratory infection outbreaks and has emergency and disaster plans; however, heightened surveillance will be the primary activity at Radiant Care as long as any pandemic activity remains outside the community. Once the pandemic has reached the community, the local Public Health unit will take the lead role and Radiant Care will prepare to activate its plan.

1.3 DEFINITIONS

Antiviral: Medication used to treat and prevent severity of respiratory infections

Community: Geographic location of the Long-Term Care Home within the boundaries of our health units and other homes that fall into our geographical area

COVID-19: COVID-19 is an illness caused by the SARS-CoV-2 virus. It was first identified in late 2019 and declared a global pandemic by the World Health Organization on March 11, 2020. (Public Health Ontario, 2022)

COVID-19 symptoms include:

- Any one or more of:
 - fever or chills
 - cough
 - shortness of breath
 - decreased or loss of taste or smell
- Any two or more of:
 - runny nose or nasal congestion
 - headache
 - extreme fatigue
 - sore throat
 - muscle aches or joint pain
 - gastrointestinal symptoms (such as vomiting or diarrhea)

Fever-related illness: Fever greater than 37.8 degrees Celsius (according to Public Health)

Hand hygiene: Process of removing soil or microorganisms from hands, involving the use of soap and water or alcohol-based hand rubs that contain 70-90% alcohol

High risk groups: Adults and children with chronic cardiac or pulmonary disorders. Residents of nursing homes or other chronic care facilities. People 65 years of age or older. Adults and children with chronic medical conditions such as diabetes mellitus and other metabolic diseases, cancer, immunodeficiency (including HIV infection), immunosuppression (including that of transplant recipients), renal disease, anemia, and hemoglobinopathy

Influenza: Contagious respiratory illness in humans that occurs every year. An annual vaccine is available

Influenza-like illness: Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia (joint pain), myalgia (muscle aches and pains) or prostration (extreme weakness). In patients over 65, fever may not be prominent

Investigation or Outbreak number: Assigned by the local Public Health unit

IPAC: Infection Prevention and Control

MLTC: Ministry of Long-Term Care

Nasopharyngeal swab: Used to diagnose COVID-19 and influenza-like illnesses through viral culture and antigen testing

Outbreak: The occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a particular period of time. (Sometimes referred to as a “cluster.” Functionally, there is no difference between an outbreak and a cluster, since both need to be investigated and controlled.) An outbreak is officially declared by the local Public Health unit based on the case definition of the illness

Pandemic: An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people. (Last JM, 2001)

Personal Protective Equipment (PPE): Used by healthcare workers to provide a barrier that will prevent potential exposure to infectious microorganisms

Resident: Anyone residing in a Long-Term Care home at Radiant Care

Routine Practices: Interventions implemented to reduce the risk of transmission of microorganisms from patient to patient, patient to health care worker, and health care worker to patient. Includes hand hygiene, use of personal protective equipment, and cleaning and disinfecting

Staff: Individuals employed by Radiant Care, regardless of their position or employment status (full-time, part-time, casual). Individuals who work in the home through contracted services are not considered staff

Surveillance: The ongoing, systematic collection, analysis, interpretation, and dissemination of data as the core activity of the infection prevention and control (IPAC) program. The purpose of surveillance is to identify infections and to monitor adherence to recommended IPAC practices in order to reduce infections and prevent the spread of pathogens among residents, tenants, staff, and visitors

Tenant: Anyone residing in apartments, wellness suites, or life lease units at Radiant Care

WHO: World Health Organization

2.0 PURPOSE, POLICY, & GOALS

2.1 PURPOSE

To minimize the number of people infected with the virus, the severity of illness, the number of deaths, and the amount of socio-economic disruption. To ensure resident care and services are managed.

2.2 POLICY

Radiant Care will effectively handle a pandemic by best anticipating continued operations of the organization in the event of a pandemic. This policy will become effective when a pandemic is declared.

In the event of a pandemic, Radiant Care will adhere to all guidelines outlined in the policy. The Senior Administrator Long-Term Care or designate will ensure that the policy is communicated to all staff. This policy is to be reviewed annually.

2.3 GOALS

1. To prepare for a potential pandemic by developing practical and efficient plans to minimize the extent of morbidity and mortality
2. To monitor for the presence of the pandemic strain in the home by maintaining diligent infection control surveillance
3. To be prepared to assemble staff, supplies, and equipment quickly and efficiently in an attempt to contain the pandemic virus

4. To minimize the impact of a pandemic on Radiant Care residents, tenants, and staff
5. To communicate effectively with residents, tenants, their families, and staff to meet their need for information
6. To maintain an effective working relationship with the Niagara Public Health department to ensure clear, concise communication and to have access to ongoing infection control advice

3.0 OUTBREAK MANAGEMENT TEAM

3.1 MEMBERSHIP

The Outbreak Management Team (OMT) consists of the following positions:

- Senior Administrator Long-Term Care
- Director of Care/Clinical Services (DOC)
- Nutrition Manager
- Maintenance Manager
- Therapeutic Recreation (TR) Supervisor
- Supportive Housing (SH) Manager
- Lead Chaplain
- IPAC Lead (if different than above)
- Human Resources Manager
- Volunteer Coordinator
- JHSC Worker Chair
- Medical Director
- Pharmacy Consultant
- Niagara Region Public Health Unit Representative

3.2 ROLES & RESPONSIBILITIES

The following roles and responsibilities are assigned to specific members:

- Chairperson
 - The Senior Administrator Long-Term Care is responsible for coordinating team meetings and delegating tasks.
- Outbreak Coordinator
 - The DOC is responsible for ensuring all OMT decisions are carried out, and coordinates all activities required to investigate and manage the outbreak.
- Media Spokesperson
 - The CEO is responsible for providing information to the media, always ensuring privacy legislation is upheld. All media requests will be directed to the CEO.

4.0 COMMUNICATIONS

4.1 DIRECTION

Media communications will be directed through the office of the CEO.

All other communications (residents, tenants, staff, families, etc.) will be directed through the office of the CEO, in consultation with the Senior Administrator Long-Term Care and Director(s) of Care (DOCs).

When a pandemic is declared:

1. A memo is sent to all residents, tenants, families, and staff to inform them that a pandemic had been declared and any necessary information they need to know.
2. A memo is sent to all residents, tenants, families, and staff when significant changes or updates occur.
3. A memo is sent to all residents, tenants, families, and staff to inform them when the pandemic is over.

When an outbreak is declared:

1. Nursing staff, DOC, ADOC, and delegates make initial outbreak calls to families of affected residents
2. A memo is sent to all residents, tenants, families, and staff to inform them of the outbreak.
3. The Radiant Care website is updated to indicate that an outbreak has been declared and the location of the outbreak.
4. Nurses make daily calls to families of affected residents throughout the outbreak.
5. A memo is sent to all residents, tenants, families, and staff when significant changes or updates occur.
6. A memo is sent to all residents, tenants, families, and staff to inform them when the outbreak is over.

4.2 MODES OF COMMUNICATION

- The primary mode of communication with supervisors and office support staff is email and/or phone call.
- The primary modes of communication with front line staff are written memos/signage posted above the hand scanners and/or announcements at team huddles. The secondary mode of communication is through emails. Outbreak memos are sent by email.
- The primary mode of communication with residents and tenants is written memos. The secondary mode is announcements at mealtimes, where applicable. Monthly newsletters will also be a way to communicate non-urgent messages.
- The primary mode of communication with families for general communications is email, where available. The primary mode of communication with families for resident-specific matters is phone.
- The primary mode of communication with visitors is signage posted in the home.
- The Radiant Care website and Radiant Care social media accounts are primary modes of communication with the broader community and are a resource for families, residents, tenants, and staff.

4.3 PUBLIC HEALTH UNIT

The Medical Officer of Health or designate is responsible for declaring an outbreak and for disseminating information about pandemic activity in the community. The local Public Health unit will provide advice and direction to health care organizations at the local level throughout a pandemic, and will be responsible for coordinating the distribution of antivirals and vaccines when available.

Radiant Care will follow direction from the local Public Health unit once a pandemic has been declared.

Public Health Unit Contact

Public Health Nurse – Outbreak Management: (905) 688-8248 ext. 7330

5.0 PANDEMIC ACTIVITY IN THE AREA

The Ontario Health Plan on Pandemic Planning has provided a response to pandemic activity. There are 3 stages which include:

- **Stage 1** includes no pandemic activity in the
 - a. country, province or community;
 - b. community;
- **Stage 2** includes pandemic activity in the community; and
- **Stage 3** includes pandemic activity in the home.

STAGE 1A: NO PANDEMIC ACTIVITY IN THE COUNTRY, PROVINCE OR COMMUNITY

If a pandemic has been declared elsewhere in the world, but there is no pandemic activity in the country, province or community, staff can use a more passive screening approach which includes:

- Allowing family members and visitors to self-screen
- Looking for pandemic related illness in residents while providing routine daily care or activities
- Staff should report pandemic related illness to their supervisor. Supervisor will report this information to the DOC
- Residents with pandemic related illness should be line listed and the form should be forwarded to the DOC daily. See Appendix A for line list template. Any suspected outbreak should be reported to the DOC immediately

STAGE 1B: PANDEMIC ACTIVITY IN THE COUNTRY/PROVINCE, BUT NO PANDEMIC ACTIVITY IN THE COMMUNITY

Surveillance will include:

- Passive screening as identified above
- Nursing staff will actively seek out signs or symptoms in residents by:
 - Conducting unit rounds
 - Reviewing unit reports, which will provide information on elevated temperatures and/or other identified symptoms
 - Reviewing staff communication books
 - Reviewing medical and/or nursing progress notes on the residents' charts, reviewing pharmacy antibiotic utilization records
 - Reviewing laboratory reports and asking staff for verbal reports based on their clinical observations
- The DOC or designate will review the results of surveillance data for any signs of the pandemic strain
- The DOC will continue to use the normal reporting procedures to report to the local Public Health unit

Management staff will make the following preparations:

- DOC and Nutrition Manager will order resident supplies and food to cover a 1-3 month period.
- DOC will review current information or guidelines from relevant agencies (e.g. WHO, Public Health, etc.) and recommend changes for Radiant Care's Pandemic Plan as required.
- Supervisors will survey staff for skill levels and commitment to assist Radiant Care during a pandemic.
- Radiant Care will notify residents and tenants through memo and also send to residents' Powers of Attorney (POA) by email.
- Volunteer Coordinator will coordinate volunteer services during pandemic outbreak, if applicable.
- Senior Administrator Long-Term Care or delegate will review, and update if necessary, the Pandemic Communications Plan (see 4.0).

STAGE 2: PANDEMIC ACTIVITY IN THE COMMUNITY

See section 2.

STAGE 3: PANDEMIC ACTIVITY IN THE HOME

See section 3.

STAGE 4: AFTER PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY

See section 4.

SECTION 2: DURING PANDEMIC ACTIVITY IN THE COMMUNITY

The local Public Health unit will notify the home if the pandemic has spread into the area. The home will:

- Immediately call a meeting of the Outbreak Management Team (OMT) to disseminate known information on the pandemic at that point in time and to initiate the Pandemic Plan. Upon activation, alerts will be made via the formal communication vehicles established to residents, tenants, staff, volunteers, and families (see **4.0 Communications** above).
- Activate the Pandemic Plan and Emergency Response Plan, if appropriate. See stage 3 guidelines
- Maintain active surveillance using outbreak-reporting forms provided by local Public Health units
- As Ministry directives change, DOC and TR Supervisor will notify contracted service providers and community organizations who volunteer in the home of the changes that affect them
 - Big Al's Aquarium
 - BSO
 - Churches & spiritual care providers
 - Dental Hygiene Team
 - Hairdresser
 - Hauser's Home Healthcare
 - Music Therapists
 - NOTL Palliative Care services volunteers
 - Occupational Therapist
 - Psychogeriatric Resource Consultant, Alzheimer Society
 - Radiant Care Fitness & Wellness Centre
 - Royal Canadian Legion Outreach Visitor
 - St. John's Ambulance Pet Therapy
 - Therapy Tails
 - YES Rehab

6.0 INFECTION PREVENTION & CONTROL MEASURES

6.1 PRECAUTIONS

Staff must follow routine precautions as well as any additional precautions necessary for the identified illness.

- Please refer to Routine Precautions & Additional Precautions Policy, located in the Infection Control Manual

6.2 HAND HYGIENE

To protect our residents, tenants, staff, and visitors, Radiant Care promotes hand hygiene practices during all care activities and when working in all locations within the homes. All employees and service providers working in the homes are responsible for following hand hygiene policies and procedures.

- Please refer to Hand Hygiene Policy, located in the Infection Control Manual

6.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE Conservation and Allocation During Pandemic

Personal protective equipment (PPE) must be used at Radiant Care as outlined in this policy and/or other pandemic-related policies, with the intention of keeping employees and those we serve safe, while also preserving and managing the supply of PPE so it can be prioritized for use by front-line/direct care workers.

- Please refer to PPE Use During COVID-19 Pandemic - Temporary Policy, located in the Infection Control Manual

6.4 PHYSICAL DISTANCING

Avoiding/minimizing close contact is a primary way to prevent the spread of illness. All visitors must maintain a 2-metre distance from all residents other than the one they are visiting, all other caregivers, staff, and visitors during their visit.

7.0 ENVIRONMENTAL CLEANING & CLEANING OF EQUIPMENT

Enhanced environmental cleaning may be required.

- Please refer to Section 3: Environmental and Dietary Services of the Infection Control Manual.

8.0 SURVEILLANCE

Surveillance is an essential component of an effective infection prevention and control program, especially in Long-Term Care, due to the highly vulnerable population and the potential for infection to spread very quickly from the community into the Long-Term Care environment. Surveillance facilitates early identification of a potential outbreak and implementation of control measures to protect both residents and staff. The IPAC Lead or designate is responsible for surveillance of residents, tenants, staff, volunteers, family members, and visitors, as well as outbreak management activities. Surveillance for febrile respiratory illness is already included in the routine infection control program. Surveillance may include the following:

8.1 RESIDENT & TENANT SURVEILLANCE

Continuous home surveillance is ongoing to establish baseline numbers of infections throughout the year. Increased numbers of infections may indicate a seasonal outbreak or the arrival of a pandemic strain. Surveillance program includes:

- Screening of all new admissions for symptoms of the pandemic strain
- Continuous assessment of residents for symptoms of the pandemic strain

Staff have been instructed on the signs and symptoms of the pandemic strain. Registered Staff are responsible for contacting Public Health should an outbreak be suspected after hours or on weekends. The IPAC Lead and DOC are also informed of suspected outbreaks outside of regular hours.

During a pandemic, follow the outbreak protocol for the pandemic strain, as outlined by Public Health.

8.2 SCREENING STATIONS

Select entrances will be identified as the only entrances allowed to be used during the pandemic and a screening station will be set up at identified entrances as required.

Public Health will provide guidelines on who is allowed into the home during a pandemic. Anyone entering the home must enter through designated entrances. Residents and tenants do not need to be screened upon entry but everyone else must be screened prior to entering any building on site.

Deliveries for residents and tenants may be left at the screening stations to be delivered by staff. Alternate delivery arrangements must be made with other service providers, where possible, to limit the number of people entering the home.

8.3 STAFF & VOLUNTEER SURVEILLANCE

All staff and volunteers are made aware of early signs and symptoms of respiratory illness. Staff and volunteers will be screened prior to entering the home each day, using screening guidelines provided by Public Health and/or Ministry of Long-Term Care.

Anyone found to be symptomatic will be sent home immediately and is responsible to call their supervisor to report symptoms and receive further direction. If staff or volunteers experience symptoms at any time during the pandemic, they must stay home and report their symptoms to their supervisor. Their supervisor will direct them on any required follow up, such as calling Public Health for testing.

Staff or volunteers who have a close family member (living in the same home) that has the pandemic virus are responsible to call their supervisor, who will provide direction as per Public Health.

Supervisors will inform the DOC or designate of staff or volunteers who are absent from the home with respiratory illness.

The home will report respiratory illness in staff or volunteers to Public Health following the guidelines outlined by Public Health. Occupationally-acquired infections are reported to the Joint Health & Safety Committee (JHSC), the Ministry of Labour (MOL), and to WSIB within 72 hours.

Please refer to Testing, Clearance, and Return to Work During COVID-19 Pandemic – Temporary Policy, located in the Infection Control Manual

8.4 FAMILY MEMBER & VISITOR SURVEILLANCE

Radiant Care will follow instructions from Public Health on whether or not family members and visitors are allowed in the home during a pandemic.

If family members and visitors are allowed, they will be screened and tested prior to entering the home each day, according to current Public Health and Ministry of Long-Term Care guidance. Anyone found to be symptomatic or infected will be sent home immediately. Information about infections will be reported to Public Health.

Please refer to Radiant Care's Visitation Plan (Resuming Visits During COVID-19 – Temporary Policy), located in the Infection Control Manual and on the Radiant Care website.

9.0 IMPLEMENT CONTROL MEASURES FOR RESIDENTS & TENANTS

9.1 RESIDENT ADMISSION & RE-ADMISSION

If there is pandemic activity in the community, but not in the home, all new admissions should be screened using the tool provided by Public Health.

9.2 SECURING NECESSARY SUPPLIES TO PROVIDE MEDICAL CARE IN THE HOME

Once pandemic activity is announced by Public Health, pharmacy must be contacted to secure stockpiling of antibiotics, inhalers, nebulizer medications, and narcotics in the Emergency Drug Box located in the medication room. Other medications and supplies (e.g. oxygen tank refills and tubings) must be acquired if needed.

9.3 MANAGING RESIDENT DEATHS DURING PANDEMIC

Any changes to regular practices regarding the management of corpses and autopsy requirements during a pandemic would require the authorization of the Chief Medical Examiner or coroner.

- Please refer to the Managing Resident Deaths in Long-Term Care During COVID-19 Pandemic – Temporary Policy, located in the Infection Control Manual

9.4 TENANTS

Community client assessments will be conducted by telephone to reduce opportunity for exposure. Assessments will focus on identifying essential needs and corresponding LHIN services. Home visiting by contracted service providers will continue to be the primary method of delivering client services during a pandemic.

SECTION 3: DURING PANDEMIC ACTIVITY IN THE HOME (OUTBREAK)

When an outbreak of the pandemic strain is suspected or confirmed in the home, Radiant Care will take the following steps:

10.0 IDENTIFY SUSPECTED OR CONFIRMED OUTBREAK

The case definition for the outbreak will be defined by Public Health.

11.0 NOTIFY PUBLIC HEALTH OF A SUSPECTED OR CONFIRMED OUTBREAK

The DOC will notify Public Health of the suspected or confirmed outbreak

- Call 905-688-8248

Note: Public Health is responsible for declaring an outbreak.

The DOC or designate will:

- a) Submit the outbreak reporting forms to Public Health by fax and/or electronic reporting method
- b) Report the initial control measures that have been instituted
- c) Request an Investigation or Outbreak Number and record it on all laboratory submission forms
- d) Determine, in consultation with the local Public Health Unit, if and/or which residents should be tested
- e) Include the resident's name, the name of the home, and the Investigation Number with all specimens
- f) Notify the Senior Administrator Long-Term Care, who will notify the CEO, who will notify the Director of Finance and the Board of Directors
- g) Notify the Human Resources Manager
- h) Notify the Ministry of Long-Term Care and continue to activate the plan
- i) Call a meeting of the OMT

For Radiant Care's responsibilities in declaring an outbreak, please refer to the Outbreak Management Policy, located in the Infection Control Manual.

12.0 OUTBREAK MANAGEMENT TEAM MEETING & INITIAL RESPONSE

Upon declaration of a pandemic outbreak within the home, the OMT will meet to:

- a) Inform OMT of outbreak and ensure all members of the team have a common understanding of the situation
- b) In consultation with Public Health, review the provided working case definition that will be used to identify residents or staff with infection caused by the pandemic strain
 - Note: The case definition developed for residents may be different from that developed for staff. Residents who meet this case definition will be considered a case
- c) Review control measures necessary to prevent spread of infection
 - Confirm the DOC or designate who is responsible for ensuring that agreed upon control measures are in place and enforced, and for modifying control measures depending on the epidemiology of the pandemic strain

- d) Identify and confirm appropriate signage/information to be posted in the home and which locations are most appropriate
- e) Review the Emergency Staffing policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual, as well as the Control and Support Measures for Staff (see 14.0 of this policy), and be ready to implement if needed
- f) Ensure PPE is available and used appropriately
- g) Notify appropriate individuals:
 - Staff
 - Volunteers
 - Powers of Attorney (POA) of all residents in the home
 - Life Labs
 - Pharmacy
 - Staffing agencies
 - Attending Physician(s), other health care professionals
- h) Determine and implement the home's pandemic communication plan
- i) Discuss education sessions that are required for staff
- j) Clarify the role of Public Health and confirm how and when daily communications will take place between the home and the local Public Health unit
- k) Discuss how often the outbreak management team will meet and set the next meeting date

13.0 IMPLEMENT CONTROL MEASURES FOR RESIDENTS

13.1 RESIDENT ROOM RESTRICTION

Any resident that develops symptoms will be placed on precautionary measures in their room and tested for the pandemic strain, and the family/substitute decision maker will be informed.

Signage will be placed on the resident's door and with the resident's flow sheets advising precautionary measures that are required. Staff will advise visitors about any restrictions and instruct them in the proper use of personal protective equipment if required.

13.2 RESIDENT HOME AREA RESTRICTION

Cohort residents to their home area, preventing contact with residents in other home areas.

13.3 RESIDENT ADMISSION & RE-ADMISSION

If there is an active case of pandemic illness in the home, admissions and re-admissions are generally not permitted. Factors to guide the decision include:

- The status of the pandemic
- The resident's health needs and the advice of the resident's attending physician
- Staffing levels
- Access to antivirals
- The home's ability to provide appropriate accommodation and care services that require certain expertise (e.g. peritoneal dialysis, tube feeding, etc.)
- Informed consent provided by the resident or their substitute decision maker

13.4 RESIDENT MEDICAL APPOINTMENTS

If there is local pandemic activity or an active case of pandemic illness in the home, non-essential appointments should be postponed. Essential appointments are those that must be attended for the care and protection of a resident's health (e.g. dialysis).

13.5 RESIDENT TRANSFERS TO HOSPITAL

The Registered staff will use the following procedures unless informed otherwise:

- If the home is transferring a resident to hospital while there is an active case of pandemic illness in the home, the home will advise the receiving hospital and the patient transport service
- The hospital staff will be provided with the relevant details of the person being transferred to ensure control measures are in place when the resident arrives at the hospital

13.6 RESIDENT ACTIVITIES/RECREATION

Previously scheduled events such as celebrations, outings, and large group events must be cancelled.

13.7 ESSENTIAL SERVICES

The following services MUST be maintained to provide care and protect residents:

- Heating/cooling/hydro: In the event of service disruption, Radiant Care has access to a backup generator to provide emergency power for 4-5 days. A field company (Gales) is contracted to re-fill the tank as needed.
 - Please refer to the Power Failure and Heating System Failure policies, located in the Peace Time Disaster and Emergency Safety Plan Response Manual.
 - Staff can use battery-powered devices for entertainment and communication purposes. The use of battery-powered lighting can provide sufficient lighting in areas where staff are working and preparing food or washing utensils and pots. Managers or charge nurse will have access to these supplies.
 - Make use of lighting during the daytime hours via opening curtains and internal doors.
 - Limit the areas that need to be lit as much as possible by congregating asymptomatic residents and staff in central areas on the units.
 - If the temperature is cold, layer clothing on residents for maximum warmth and encourage them to wear coats, caps, and gloves. Serve warm beverages frequently.
 - Drain pipes to prevent freezing
 - For measures to take during hot weather, please refer to Prevention and Management of Heat-Related Illness for Residents policy.
 - Menus can be curtailed to include barbecue dishes to conserve hydro. Thermos containers can be used to keep fluids hot after they have been heated.
- Food service: The home maintains a 1-week supply of shelf-stable food items. Please refer to Appendix B for a 3-day emergency menu.
- Running water: The home has a stockpile of wipes for environmental cleaning. Staff will need to procure moistened wipes for resident care. For more information on how to deal with water shortages, please refer to Water Problems policy, located in the Peace Time Disaster and Emergency Safety Plan Response Manual.

- Prescription medications: CareRX Pharmacy will implement their business continuity plan to minimize the impact of disruption on clients.
- Lab services: Life Labs will work with Radiant Care under direction of the Ministry of Long-Term Care. Registered staff will work closely with in-house physicians to determine essential lab work required.
- Oxygen concentrators: Vital Aire will work with Radiant Care under direction of national, provincial, or municipal pandemic planning committees.
- Cleaning supplies: The home maintains a month's supply of cleaning products. Extra cleaning supplies can be obtained from Flexo. Monitoring and distribution of the supplies will be done by the Nutrition Manager.
- Medical supplies & PPE: Nursing has a month's supply on hand. Monitoring and distribution of the supplies will be done by the DOC or designate.
- Garbage disposal: In the event of service disruption, Waste Management will provide on-call service. For contact information, please refer to Emergency Supplier Contact List, located in the Peace Time Disaster and Emergency Safety Plan Response Manual
- Elevator service: In the event of service disruption, elevator service provider will be contacted. In the event that all elevators are down, staff will use stairs to deliver items to floors. Staff are encouraged to stockpile items on floors such as non-perishable items if a total elevator shut down occurs.

14.0 IMPLEMENT CONTROL AND SUPPORT MEASURES FOR STAFF & VOLUNTEERS

14.1 ESSENTIAL STAFFING PLAN

To safely manage the care of residents and the operation of the home, key positions must be filled. Given an anticipated high infection rate among staff and increase in absenteeism due to caregiver obligations, regular staffing patterns are expected to change and provision of care will likely be seriously affected.

To safely and effectively provide care to residents, regular duties, areas of assignment, and staff deployment may not follow existing patterns. The following positions must be secured, with alternate coverage identified in case those identified become unavailable.

Communications Officer/Media Spokesperson

1. CEO
2. Senior Administrator Long-Term Care

Infection Prevention & Control Practitioner/Outbreak Coordinator

1. DOC
2. IPAC Lead
3. ADOC
4. Senior Administrator Long-Term Care

Shared Services Lead

1. Director of Finance
2. Assistant Director of Finance
3. Human Resources Manager

Administration Office Coverage

1. Administrative Receptionist

2. Administrative Support Person (call in)
3. Supportive Housing Assistant
4. Administrative Assistant
5. Junior Accountant – Accounts Receivable (at TM)

All Department Heads

1. Manager/Supervisor from another department

All Staff from All Departments

1. Trained direct care staff to take on more responsibilities within their scope of practice
2. Cross-train front line staff in non-direct care roles to provide direct care:
 - Feeding residents
 - Toileting, transferring (including mechanical lifts)
 - Obtaining vital signs
 - Basic housekeeping skills
 - Basic food preparation and inventory control
3. Cross-train administrative staff to do front line non-direct care roles (e.g. housekeeping, laundry, etc.)

Staff Shortages

1. Radiant Care will seek to increase the available workforce using the following resources and strategies:
 - Access staff from external agencies
 - Extend working hours
 - Call retired staff back to work
 - Access other staffing resources made available by Public Health or the government
2. Vacation requests may be cancelled.
3. Radiant Care will cross-train staff as outlined in 14.1
4. Family members could be trained to help with care and daily living activities (e.g. providing a bed bath and assisting with feeding and toileting).
5. Staff may bring a sleeping bag/comforter to work along with a change of clothes in the event they are unable to leave.

NOTE: Although individuals may be trained, they will not work in these capacities, replace staff, or assist staff during non-pandemic times, as that would be a violation of current collective agreements.

14.2 IDEAL MINIMUM STAFFING PLAN

A minimum number of staff will be required at all times, as suggested in the following tables. Please see Appendix C for Continuity of Operations Plan & Appendix D for Cross-Training Curriculum.

Nursing

Pleasant Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
RNs/RPNs	1	1	1	<ul style="list-style-type: none"> • Screen/assess the ill • Dispense essential medications • Wound care as necessary • Hourly rounds • Assist where able • Keep PPE available but secure
PSWs or HCAs	3	3	1	<ul style="list-style-type: none"> • Minimal direct care of residents (toilet, hygiene, up in room/hallway) • Feed in hallways while supervising others (no portering)
Volunteers/ Students/ Trained staff	0	0	0	<ul style="list-style-type: none"> • Screening staff & residents for illness • Serving food at meals • Feeding/supervising in hallway • Helping residents sanitize • Put away/bring up supplies/deliveries for Nursing • Screening staff at entrance • Answering phone at Nurses station (evenings, weekends) • Rounds – safety checks • Snack delivery – outside doors • Supply inventory • Clerical – putting charts together for admissions

Tabor Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
RNs	1	1	1	<ul style="list-style-type: none"> • Screen/assess the ill • Dispense essential medications • Wound care as necessary • Hourly rounds • Assist where able • Keep PPE available but secure
RPNs	3	3	1	
PSWs or HCAs	12	10	6	<ul style="list-style-type: none"> • Minimal direct care of residents (toilet, hygiene, up in room/hallway) • Feed in hallways while supervising others (no portering)
Volunteers/ Students/ Trained staff	1	2	0	<ul style="list-style-type: none"> • Screening staff & residents for illness • Serving food at meals • Feeding/supervising in hallway • Helping residents sanitize

				<ul style="list-style-type: none"> • Put away/bring up supplies/deliveries for Nursing • Screening staff at entrance • Answering phone a Nurses station (evenings, weekends) • Rounds – safety checks • Snack delivery – outside doors • Supply inventory • Clerical – putting charts together for admissions
--	--	--	--	--

Dietary

Pleasant Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Dietary Aides	1 7:30 – 7:30	0	0	<ul style="list-style-type: none"> • Provision of food and hydration to residents, ensure food items available in each area, assist with nourishments • Preparing trays and clearing breakfast, lunch, and supper
Cooks	1 6:30 – 6:30	0	0	<ul style="list-style-type: none"> • Prepare breakfast, lunch, and supper (1 choice) using more heat & serve items vs. homemade
Volunteers/ Students/ Trained staff	0	0	0	<ul style="list-style-type: none"> • Serving, plating, delivering meals • Feeding residents • Wash pots and dishes • Put away orders • Kitchen clean up (evenings only)

Tabor Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Dietary Aides	2 7:30 – 7:30	0	0	<ul style="list-style-type: none"> • Provision of food and hydration to residents, ensure food items available in each area, assist with nourishments • Preparing trays and clearing breakfast, lunch, and supper
Cooks	1 6:30 – 6:30	0	0	<ul style="list-style-type: none"> • Prepare breakfast, lunch, and supper (1 choice) using more heat & serve items vs. homemade
Volunteers/ Students/ Trained staff	2 7:30 – 7:30	0	0	<ul style="list-style-type: none"> • Serving, plating, delivering meals • Feeding residents • Wash pots and dishes • Put away orders • Kitchen clean up (evenings only)

Housekeeping/Laundry

Pleasant Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Housekeepers	1 7:00 – 3:00	0	0	<ul style="list-style-type: none"> Focus on washrooms and horizontal surfaces Regular cleaning of resident areas may be designated to trained non-essential staff or others
Laundry Aides	1 6:00 – 2:00	0	0	<ul style="list-style-type: none"> Towels, essential bedding, essential clothing
Volunteers/ Students/ Trained staff	0	0	0	<ul style="list-style-type: none"> Sanitizing high-touch surfaces, resident washrooms Vacuuming, mopping Emptying garbages Refilling soap dispensers Folding/hanging clean laundry Delivering clothing cart to floor

Tabor Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Housekeepers	2 7:00 – 3:00	0	0	<ul style="list-style-type: none"> Focus on washrooms and horizontal surfaces Regular cleaning of resident areas may be designated to trained non-essential staff or others Essential cleaning in 1, 3, 5 Tabor Drive (e.g. dining room)
Laundry Aides	1 7:00 – 3:00	0	0	<ul style="list-style-type: none"> Towels, essential bedding, essential clothing
Volunteers/ Students/ Trained staff	2	0	0	<ul style="list-style-type: none"> Sanitizing high-touch surfaces, resident washrooms Vacuuming, mopping Emptying garbages Refilling soap dispensers Folding/hanging clean laundry Delivering clothing cart to floor

Supportive Housing

Pleasant Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
PSWs	4 7:00 – 3:00	3 3:00 – 11:00	3 (only 2 required if Screeners can cover building for fire response) 11:00 – 7:00	<ul style="list-style-type: none"> • Medication reminders and all indicated treatments • Direct care of clients • Essential cleaning of bathrooms, kitchen • Serving meals/tray delivery • Essential laundry
Volunteers/ Students/ Trained staff	0	0	0	<ul style="list-style-type: none"> • Building fire watch (to reduce number of PSWs required or free up staff to do baths) • Medication reminders • Essential housekeeping • Laundry and linen changes, bed-making • Work assignments • Meal delivery/service • Safety checks • Garbage collection • Answering phone

Tabor Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
PSWs	3 7:00 – 3:00	3 (only 2 required from 7:00 – 11:00 if Screeners can cover building for fire response) 3:00 – 11:00	3 (only 2 required if Screeners can cover building for fire response) 11:00 – 7:00	<ul style="list-style-type: none"> • Medication reminders and all indicated treatments • Direct care of clients • Essential cleaning of bathrooms, kitchen • Serving meals/tray delivery • Essential laundry
Volunteers/ Students/ Trained staff	0	0	0	<ul style="list-style-type: none"> • Building fire watch (to reduce number of PSWs required or free up staff to do baths) • Medication reminders • Essential housekeeping

				<ul style="list-style-type: none"> • Laundry and linen changes, bed-making • Work assignments • Meal delivery/service • Safety checks • Garbage collection • Answering phone
--	--	--	--	--

Therapeutic Recreation

Pleasant Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Therapeutic Recreationist	1	0	0	<ul style="list-style-type: none"> • One-on-one activities (if possible) • Connect residents with loved ones through technology (if possible) • Assist with care of residents, cleaning, dietary needs, etc. as needed

Tabor Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Therapeutic Recreationist	2	0	0	<ul style="list-style-type: none"> • One-on-one activities (if possible) • Connect residents with loved ones through technology (if possible) • Assist with care of residents, cleaning, dietary needs, etc. as needed

Maintenance

Pleasant Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Maintenance Staff	1 2 hours between 7:00 – 9:00	0	0	<ul style="list-style-type: none"> • 1 hour (morning) garbage collection • 1 hour for fire/maintenance rounds • + on call for emergencies
Volunteers/ Trained staff	0	0	0	<ul style="list-style-type: none"> • All necessary daily maintenance routine duties, garbage, rounds, weather-related issues

Tabor Manor

Position	Essential # Required			Task Priority
	Days	Evenings	Nights	
Maintenance Staff	1 5 hours between: 7:00 – 10:00 & 1:00- 3:00	0	0	<ul style="list-style-type: none"> • 3 hours (morning) for morning garbage collection & take out bins, and fire/maintenance rounds • 2 hours (afternoon) for garbage collection & bring in bins • + on call for emergencies
Volunteers/ Trained staff	0	0	0	<ul style="list-style-type: none"> • All necessary daily maintenance routine duties, garbage, rounds, weather-related issues

Human Resources & Payroll

Position	Essential # Required			Task Priority
	Weekdays	Evenings	Nights	
HR Manager or Coordinator	1 8:00 – 4:00	0	0	<ul style="list-style-type: none"> • Essential recruitment • Employee Incident follow up • WSIB, MOL requirements
Payroll Staff	2 8:00 – 4:00	0	0	<ul style="list-style-type: none"> • Processing payroll

Finance

Position	Essential # Required			Task Priority
	Weekdays	Evenings	Nights	
Director of Finance	1 8:00 – 4:00	0	0	• Signing officer
Junior Accountant – Accounts Payable	1 8:00 – 4:00	0	0	• Accounts payable
Junior Accountant – Accounts Receivable	1 8:00 – 4:00	0	0	• Accounts receivable

Administration

Position	Essential # Required			Task Priority
	Weekdays	Evenings	Nights	
Receptionist	2 8:30 – 4:00			• 1 per site • Administration Office coverage – answering phones, receiving anyone entering home
Scheduler/ Nursing Clerk	2			• 1 per site
Admissions/ Volunteer Coordinator	1			• Schedule & oversee temporary workers • Admissions

All other administrative staff will assist with care of residents, cleaning, dietary, etc. as needed.

14.3 DEPLOYING STAFF

Upon arrival to the home, all staff are to report to their usual workstation. All essential and non-essential staff should report to the home for even if their position is characterized as non-essential.

Job priority/deployment of staff will be established by Supervisor/Charge Nurse and staff will be deployed to essential positions as needed.

To safely and effectively provide care to residents, regular duties, areas of assignment, and staff deployment may not follow existing patterns.

14.4 COHORTING OF STAFF & VOLUNTEERS

To protect staff, volunteers, and residents, movement between floors/resident home areas should be minimized, especially if some units are unaffected. The ability of the home to cohort staff will depend on the number of staff and volunteers available to work. These measures may not be required if staff are taking prescribed antivirals and using appropriate infection prevention and control practices.

14.5 WORK RESTRICTIONS OR EXCLUDING STAFF FROM WORKING

Staff who are Ill or Symptomatic

Ideally, staff with symptoms of the pandemic strain should be away from work until they are fully recovered. The length of time ill workers should be away will be determined by Public Health.

However, if Radiant Care does not have enough people to provide safe care, Radiant Care, in collaboration with Public Health, may allow staff to return to work before they are fully recovered. If this is necessary, staff who are symptomatic should be restricted to non-direct care or to working with residents with symptoms, with appropriate PPE. They should not be deployed to care for high risk, medically fragile residents.

During a seasonal influenza outbreak, unimmunized staff who are not taking antivirals are not allowed to work. During a pandemic, this measure will not apply until a vaccine has been developed or until there is an adequate supply of antivirals available. If there is an adequate supply of antivirals, Radiant Care may restrict staff who are not taking antivirals and establish some mechanism to require proof that staff are taking prescribed antivirals. Staff will not be allowed to work and will not be paid if they choose not to get an available vaccine or take available antivirals. If issues arise regarding compliance with work exclusions, they should be discussed with the Outbreak Management Team.

Staff & Volunteers who Work at Other Facilities

In the event that Radiant Care does not have pandemic activity, staff, volunteers, and students who work at other homes or sites where there is pandemic activity will be restricted from working at Radiant Care unless they have proof of taking effective antivirals.

If the pandemic strain is widely circulating in the community and affecting many homes, hospitals, and facilities, there may be few, if any, restrictions on staff and volunteers working at other sites. Radiant Care will follow the direction of Public Health and the Ministry of Long-Term Care.

14.6 SUPPORT MEASURES FOR STAFF AND VOLUNTEERS

- For staff and volunteers who are available to work for prolonged periods or who are unable to return to their homes due to transportation issues, Radiant Care will accommodate these individuals in hospitality rooms, as space permits.
- Certain rooms within the home may be designated for staff use during this time, for additional staff room space or for sleeping quarters:
 - Pleasant Manor: Heritage Place Meeting Room, Creekview Meeting Room
 - Tabor Manor: Great Room, 7 Tabor Basement Physiotherapy room
- Shower facilities are available in the following locations:
 - Pleasant Manor: Hospitality Rooms
 - Tabor Manor: Hospitality Rooms, 7 Tabor Drive staff room
- The washers and dryers in Creekview, Mapleview, and Evergreen may be used.
- Food and hydration will be made available.
- Additional support measures to be implemented as required. Staff should contact their manager if experiencing difficulties.

15.0 IMPLEMENT CONTROL MEASURES FOR FAMILY MEMBERS & OTHER VISITORS

15.1 NOTIFYING FAMILY MEMBERS & VISITORS

Residents' family members will be notified of pandemic activity in the community or home via email, if an email address has been provided. A notice will also be posted on the Radiant Care website. These notices will include visitation information.

The Infection Control Nurse will ensure that signs indicating pandemic activity in the community or home are posted at all entrances to the home. Screeners will advise visitors of visiting restrictions, if applicable, and of the potential risk of introducing the pandemic strain of illness into the home or acquiring the illness while at the home.

15.2 VISITOR RESTRICTIONS

During regular outbreaks, visitors are encouraged to postpone visits whenever possible. During a pandemic outbreak, essential caregivers may come in to assist with care, but general visitors may be disallowed entirely. Public Health will advise.

During outbreak, visitors are asked to visit only one resident and exit the home immediately after the visit.

Signage and hand hygiene stations at the entrance provide instruction to:

- Clean hands upon entering, before visiting, and before leaving
- Use personal protective equipment as instructed by staff
- Self-screen for symptoms of respiratory illness (fever, new cough, new shortness of breath)
- Not enter if they have respiratory symptoms

Any visitor restrictions should be discussed and reviewed by the Outbreak Management Team and take into account visitor access to vaccination and antivirals. Contact the Infection Control Nurse or designate if there are any special circumstances not covered in this policy.

15.3 VISITING RESIDENTS WHO ARE ILL

Staff will post notices on the doors of all residents who are ill, advising visitors to check at the nurses station before entering the room. Registered Staff will advise the visitor about any restrictions and instruct the visitor in the proper use of PPE.

Ill residents are to be visited in their room only. Visitors should not visit with other residents.

15.4 COMMUNAL & OTHER ACTIVITIES

Visits by outside groups (entertainers, churches, schools, community groups, etc.) shall not be permitted while there is pandemic activity in the home or community, unless otherwise directed by Public Health or the Ministry of Long-Term Care.

16.0 DISTRIBUTION & ADMINISTRATION OF ANTIVIRALS AND VACCINES

During a pandemic, the Province will be responsible for coordinating the distribution of antivirals and vaccines across the province. The local Public Health unit will be responsible for coordinating the distribution of antivirals and vaccines among health care organizations at the local level.

The Infection Control Nurse or designate will be responsible for receiving, storing, and tracking the use of antivirals and vaccines. Antivirals and vaccines will be stored at the main nurses station and will be distributed and signed off by the Infection Control Nurse or designate. In case of a power failure, the vaccines can be moved to a secure emergency power source until the issue is corrected.

Registered Staff on the individual nursing units will be responsible for obtaining consent from residents or their substitute decision makers (SDM) for treatment with antivirals and/or immunization during a pandemic (if this information was not already provided on admission).

Registered Staff to document if the resident is not able to take the antiviral or vaccine and to monitor antivirals by residents and report to the Infection Control Nurse.

Radiant Care will follow the direction of Public Health and the government on the prioritization of antiviral and vaccine administration.

17.0 ETHICAL CONSIDERATIONS DURING A PANDEMIC

Individual Liberty vs. Protection of Public from Harm

During a pandemic, it may be necessary to restrict the freedom of one or more persons to protect the public from serious harm. It is important to weigh the benefits of protection from harm against the loss of freedom (such as isolation precautions). All involved need to be aware of the medical and ethical reasons for the measures put in place, the benefits of compliance, and the consequences of non-compliance.

Proportionality

Radiant Care will use the least restrictive measures possible when limiting or restricting freedoms so as to not exceed the minimum requirements needed to address the actual level of risk present.

Privacy

Individuals have the right to privacy. Radiant Care will limit the disclosure of health information to only that which is required to meet legitimate public health needs.

Equity

Radiant Care will strive to preserve as much equity as possible between the needs of the ill residents and the residents who need care for other diseases. When identifying residents and staff who have priority access to antivirals, vaccines, or other treatment, Radiant Care will ensure that everyone is aware of the criteria used to make these decisions, as well as the impact of these decisions on Radiant Care.

Duty to provide care

Healthcare workers (HCWs) have an ethical duty to provide care. During a pandemic, health care demands may overwhelm both the worker and the workplace, resulting in challenges related to resources, professional practice, liability, and safe work environments. HCWs may have to weigh their duty of care against personal and/or family health needs. As a support to staff, Radiant Care will strive to:

- Ensure that appropriate supports are in place (resources, supplies, equipment, PPE)
- Provide support for staff to fulfill their personal/family responsibilities
- Establish a policy to deal with staff concerns and work exemptions

Trust

Radiant Care will continue to communicate openly and honestly with staff, residents, tenants, families, and other organizations to ensure decision making processes are ethical and clear.

Solidarity

Clear cut communication and teamwork to share information and manage health care delivery is essential among community, health care facilities, Public Health units, and government.

Stewardship

Radiant Care will be entrusted with control over limited resources (antivirals, vaccines, PPE, equipment, staff). Radiant Care will determine how resources will be allocated, in consultation with the Medical Director and Public Health and directives from the Ministry of Long-Term Care.

SECTION 4: AFTER PANDEMIC ACTIVITY IN THE HOME OR COMMUNITY

18.0 DECLARING THE OUTBREAK OVER

The length of time from the onset of symptoms of the last case until the outbreak is declared over will be defined by Public Health. The local Public Health unit will be responsible for declaring the outbreak over and for notifying the Ministry of Health, Ministry of Long-Term Care, Ministry of Labour, and other organizations in the community.

For Radiant Care's responsibilities at the end of outbreak, please refer to the Outbreak Management Policy, located in the Infection Control Manual.

19.0 INVESTIGATION OF THE OUTBREAK

When the outbreak is declared over, an outbreak investigation file should be established, containing any documentation specific to the investigation and management of the outbreak.

The Infection Control Nurse or designate, in collaboration with Public Health, will complete the outbreak line list and submit to Public Health. The Infection Control Nurse at the home will keep copies of all forms on file.

For further information on outbreak investigations, please refer to the Outbreak Investigations Policy, located in the Infection Control Manual.

20.0 REVIEW THE PANDEMIC OUTBREAK

When a pandemic outbreak in the home is over, Radiant Care will endeavour to debrief the course and management of the pandemic outbreak with the local Public Health unit and front line staff to identify what was handled well and what could be improved.

21.0 REFERENCES

- A guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes Emergency Management Unit, Ministry of Health and Long-Term Care, December 2005.
- About COVID-19, Public Health Ontario, October 2022.
- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018, Ministry of Health and Long-Term Care, November 2018.
- Last JM, editor. A dictionary of epidemiology, 4th edition. New York: Oxford University Press, 2001.
- Ontario Health Plan for an Influenza Pandemic. Chapter 19 – Long-Term Care Homes, September 2006.
- Pandemic Planning: A guide for HR professionals. Why your organization's HR team should assume the lead role in pandemic planning, 2006.
- SARS Ministry of Health and Long-Term Care document, December 2003.

COVID-19 Reference Documents

- [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#)
- [COVID-19 Guidance Document for Long-Term Care Homes in Ontario;](#)
- [Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes](#)
- [Minister's Directive: Long-Term Care Home COVID-19 Immunization Policy](#)

22.0 CROSS-REFERENCE

- Radiant Care Business Continuity Plan
- Radiant Care Infection Control Manual
- Radiant Care Peace Time Disaster and Emergency Safety Plan Response Manual

REVIEWED	<u>June 2015</u>
REVISED	<u>April 2020</u>
	<u>November 2022</u>

APPENDIX B: EMERGENCY MENU

RC TM Emergency Menu & Locations of Items

This menu would be initiated if we had no cooks, or were down to only 1 Dietary Aide in the kitchen, or we have no Dietary staff and must use non-Dietary staff to prepare food for the residents.

Day 1 Meals

Breakfast

- Assorted Cold Cereal (cream of wheat available for pureed)
- Assorted Jam / Peanut Butter
- Whole Wheat Buttered Toast

Lunch

- Chicken Stew with Zucchini, Cheese Biscuit & Butter Patty
- Powdered Donuts or Crushed Pineapple

Dinner

- Cream of Broccoli Soup & Crackers
- Meatloaf with Mashed Potatoes & Sliced Carrots

Day 1 Nourishments

Nourishments

AM Nourishment

- Juice, Diet Juice, Water

PM Nourishment

- Juice, Diet Juice, Water
- 2 Bite Brownies (pudding available for pureed)

HS Nourishment

- Juice, Diet Juice, Water
- Tuna Salad Sandwich (yogurt available for pureed)

Day 1 Locations & Amounts

Location	Items	Amount of Each Item
7 Tabor – Fridge (2 nd – closer to cook's area)	<ul style="list-style-type: none">• Yogurt• Butter Patty• Tuna Salad Spread (HS nourishment)	<ul style="list-style-type: none">• 2 cases of vanilla• 1 case• 1 pail
7 Tabor – By NM's office and elevators	<ul style="list-style-type: none">• Applesauce• Crushed Pineapple• Saltine Crackers• Peaches (cups – regular and pureed)	<ul style="list-style-type: none">• 1 case (6 cans)• 1 case (6 cans)• 1 case (to be split up between floors)• 5 cases of cups, 1 case of pureed (48 cups)
1 Tabor – Freezer	<ul style="list-style-type: none">• Chicken Stew• Zucchini• Cheese Biscuit• Powdered Donuts• Cream of Broccoli Soup• Meatloaf• Mashed Potatoes• Sliced Carrots• Vanilla Mini Cupcakes• 2-bite Brownies (PM nourishment)	<ul style="list-style-type: none">• 1 case• 1 case• 3 cases• 1 case• 2 cases• 4 cases• 1 case• 1 case• 1 case• 1 case

*Thaw “tray purees” and “pureed vegetables” from 1 Tabor Freezer (use for all 3 days)

Please note: all serveries have cold cereals, packaged cream of wheat, juices and diet juices

Day 2 Meals

Breakfast

- Assorted Cold Cereal (cream of wheat available for pureed)
- Assorted Yogurt with Banana
- Assorted Jam / Peanut Butter
- Whole Wheat Buttered Toast

Lunch

- Omelet with Mashed Potatoes & Peas
- Lemon Tart or Fruit Cocktail

Dinner

- Vegetable Soup & Crackers
- Macaroni & Cheese with Broccoli
- Jell-O Cup or Mandarin Oranges

Day 2 Nourishments

Nourishments

AM Nourishment

- Juice, Diet Juice, Water

PM Nourishment

- Juice, Diet Juice, Water
- Strawberry Wafers (pudding available for pureed)

HS Nourishment

- Juice, Diet Juice, Water
- Egg Salad Sandwich (yogurt available for pureed)

Day 2 Locations & Amounts

Location	Items	Amount of Each Item
7 Tabor – Fridge (2 nd – closer to cook's area)	<ul style="list-style-type: none">• Yogurt• Bananas• Egg Salad Spread (HS nourishment)	<ul style="list-style-type: none">• 2 cases peach• 1 case• 1 pail
7 Tabor – By NM's office and elevators	<ul style="list-style-type: none">• Banana cups (for pureed)• Fruit cocktail (canned and tropical fruit pureed cups)• Saltine Crackers• Jell-O Cups• Mandarin Oranges (cups and pureed cups)• Strawberry Wafers (PM nourishment)	<ul style="list-style-type: none">• 1 case (48 cups)• 4 cases of cups, 1 case of pureed• 1 case (used on day 1)• 3 cases• 4 cases of cups, 1 case of pureed• 1 case
1 Tabor – Freezer	<ul style="list-style-type: none">• Omelets• Mashed Potatoes• Peas• Mini Lemon Tart• Vegetable Soup• Macaroni & Cheese• Broccoli	<ul style="list-style-type: none">• 2 cases• 1 case• 1 case• 2 cases• 1 case• 2 cases• 1 case

Please note: all serveries have cold cereals, packaged cream of wheat, juices and diet juices

Day 3 Meals

Breakfast

- Assorted Cold Cereal (cream of wheat available for pureed)
- Assorted Yogurt with Pears
- Assorted Jam / Peanut Butter
- Whole Wheat Buttered Toast

Lunch

- Turkey Pot Pie with Mashed Potatoes & Squash
- Butterscotch Pudding or Apricots

Dinner

- Cream of Celery Soup & Crackers
- Meat Lasagna with Turnips
- Ice Cream Cup or Tropical Fruit Salad

Day 3 Nourishments

AM Nourishment

- Juice, Diet Juice, Water

PM Nourishment

- Juice, Diet Juice, Water
- 2 Bite Cinnamon Rolls (pudding available for pureed)

HS Nourishment

- Juice, Diet Juice, Water
- Salmon Salad Sandwich (yogurt available for pureed)

Day 3 Food Locations & Amounts

Location	Items	Amount of Each Item
7 Tabor – Fridge (2 nd – closer to cook's area)	<ul style="list-style-type: none">• Yogurt• Salmon Salad Spread (HS nourishment)	<ul style="list-style-type: none">• 2 cases of strawberry• 1 pail
7 Tabor – By NM's office and elevators	<ul style="list-style-type: none">• Pears (canned and pureed cups)• Butterscotch Pudding Cups• Apricots (canned and banana cups for pureed)• Tropical Fruit Salad (canned and pureed cups)	<ul style="list-style-type: none">• 1 case (6 cans), 1 case of pureed cups (48)• 2 cases• 1 case of cans, 1 case of pureed cups• 1 case of cans, 1 case of pureed cups
1 Tabor – Freezer	<ul style="list-style-type: none">• Turkey Pot Pies• Mashed Potatoes• Squash• Cream of Celery Soup• Meat Lasagna• Turnips• Ice Cream Cups • 2-bite Cinnamon Rolls (PM nourishment)	<ul style="list-style-type: none">• 2 cases• 1 case• 1 case• 1 case• 3 cases• 1 case• Total of 16 boxes [2 cases per flavor – vanilla, chocolate, butterscotch, strawberry• 1 case

Please note: all serveries have cold cereals, packaged cream of wheat, juices and diet juices

APPENDIX C: CONTINUITY OF OPERATIONS PLAN

DIETARY	1
HOUSEKEEPING/LAUNDRY	4
MAINTENANCE	7
NURSING	9
SUPPORTIVE HOUSING	14
THERAPEUTIC RECREATION	17
HUMAN RESOURCES & PAYROLL	19

DIETARY

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Pleasant Manor

- 1 Cook and 1 Dietary Aide daily – each working a 12-hour shift
 - Cook 6:30am – 6:30pm
 - Dietary Aide 7:30am – 7:30pm

Tabor Manor

- 1 Cook, 2 Dietary Aides daily – each working a 12-hour shift
 - Cook 6:30am – 6:30pm
 - Dietary Aides 7:30am – 7:30pm

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Pleasant Manor

- Cook would prepare 1 meal choice
- Residents in isolation would receive their meal using all disposables

Tabor Manor

- Initiate the pandemic menu (ready to serve foods, heat & serve foods)
- Offer only 1 choice, move to a staggered meal service – 2 seatings. If only 2 dietary aides – each one serves 2 dining rooms using 2 seating times. Any and all available staff to help deliver the plates and help feed.
- Paper and disposable products are used where possible. Apartment meal delivery is stopped. Apartment tenants must come to the central dining room if they want meals.

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Pleasant Manor

- Extra support is needed at point of service – All staff could assist in serving, plating and delivering meals – maintaining food safety standards
- Extra support could be used in the main kitchen to put away food deliveries, wash dishes, and prepare, heat and serve foods.

Tabor Manor

- Extra support is needed at point of service – All staff could assist in serving, plating and delivering meals – maintaining food safety standards
- Extra support could be used in the main kitchen to put away food deliveries, wash dishes, and prepare, heat and serve foods.

Redeployment for Direct Support

In a worst case scenario where we are in full isolation, operating with minimal staff thresholds, and our focus is solely on directly supporting LTC residents and housing tenants, the tasks of the departmental supervisor and staff that could be temporarily postponed or paused are:

Pleasant Manor

- Nutrition Manager: Interviewing & reference checks, QHRnet approvals, catering, QIPs, projects, audits, and staff meetings
- Cooks: Making homemade menu items – instead use heat and serve products
- Dietary Aides: Floor washing and stocking

Tabor Manor

- Nutrition Manager: RAPS, interviewing & reference checks, QHRnet approvals, care conference meetings, return to work meetings, other meetings, QIPs; staff discipline, projects, updates/changes in CCIM/HRIS & payroll changes, catering
- Assistant Nutrition Manager: RAPS, audits, catering, meetings, shift replacements
- Cooks: Preparing a full menu that has 2 choices, cleaning kitchen equipment
- Diet Aides: Floor washing, restocking servery, putting away non-perishable food orders

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Pleasant Manor

- Nutrition Manager can assist with urgent needs
- Some Dietary staff can be freed up to help with urgent needs

Tabor Manor

- Nutrition Manager and Assistant Nutrition Manager can assist with urgent needs
- Some Dietary staff can be freed up to help with urgent needs

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialled roles that could be carried out by non-credentialled staff are:

Pleasant Manor

- Nutrition Manager: QHRnet requests can be approved by Payroll or HR, Interviewing and reference checking can be done by HR, CCIM/HRIS changes can be done by Scheduler/Nursing Clerk, new hire orientations can be done by HR.
- Cooks: All Cook tasks could be done by a Dietary Aide, particularly cooking heat and serve foods, doing inventory, putting away deliveries
- Dietary Aides: All Dietary Aide tasks could be done by anyone, particularly setting up dining room, plating food, doing dishes, restocking serveries

Tabor Manor

- Nutrition Manager: QHRnet requests can be approved by Payroll or HR, Interviewing and reference checking can be done by HR, CCIM/HRIS changes can be done by Scheduler/Nursing Clerk, new hire orientations can be done by HR.
- Assistant Nutrition Manager: Food orders, chemical orders, paper products orders can be phoned in remotely by anyone; audits and shift replacements can be done by anyone.
- Cooks: All Cook tasks could be done by a Dietary Aide, particularly cooking heat and serve foods, doing inventory, putting away deliveries
- Dietary Aides: All Dietary Aide tasks could be done by anyone, particularly setting up dining room, plating food, doing dishes, restocking serveries

Please see Appendix D for daily routines within the department that could be trained and carried out by other “non-credentialled” staff.

Resources

The resources a person who typically doesn’t work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Pleasant Manor

- Scrubs (or just plain clean clothing in a pinch), non-slip running shoes
- Hairnet will be provided by the home

Tabor Manor

- Scrubs (or just plain clean clothing in a pinch), non-slip running shoes
- Hairnet will be provided by the home

HOUSEKEEPING/LAUNDRY

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Pleasant Manor

- 1 Housekeeper and 1 Laundry Aide daily – each working a 7.5 hour shift
 - Housekeeper 7am – 3pm
 - Laundry Aide 6am – 2pm

Tabor Manor

- 2 Housekeepers (one for LTC, one for apartments), 1 Laundry Aide daily – each working a 7.5 hour shift
 - Housekeepers & Laundry Aide 7am – 3pm

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Pleasant Manor

- Eliminate personal clothing, have residents in isolation wear johnny gowns
- Use disposable clothing protectors. No AV tablecloths, disposable placemats
- Eliminate folding washcloths and towels. Store in laundry bins

Tabor Manor

- Reduce the amount of laundry being washed – ill residents are put into johnny gowns or disposable gowns to reduce the amount of clothing to be washed
- Switch to paper - disposable clothing protectors, and disposable wash cloths; longer turnaround of delivery of clothing carts
- Any available staff help to deliver clothing carts and put clean clothes away; reduce deep cleans that are done in a day or postpone deep cleans
- If down – 2 housekeepers – the remaining 2 do 2 floors each
- If no housekeeper's then the dietary aides sweep and mop dining room floors,
- Maintenance picks up garbage from each floor, PSWs help empty garbages from the resident rooms; use any available staff to help clean where needed

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Pleasant Manor

- Extra support is needed for sanitizing high touch areas
- Extra support could be used to fold and/or deliver clean laundry/clothing, empty garbages, sanitize high touch areas, and refill soap and sanitizer dispensers

Tabor Manor

- Extra support is needed for sanitizing high touch areas
- Extra support could be used to fold and/or deliver clean laundry/clothing, empty garbages, sanitize high touch areas, and refill soap and sanitizer dispensers

Redeployment for Direct Support

In a worst case scenario where we are in full isolation, operating with minimal staff thresholds, and our focus is solely on directly supporting LTC residents and housing tenants, the tasks of the departmental supervisor and staff that could be temporarily postponed or paused are:

Pleasant Manor

- Nutrition Manager: Interviewing & reference checks, QHRnet approvals, QIPs, projects, audits, and staff meetings
- Laundry: Folding, labeling
- Housekeeping: Deep cleans, dusting, window cleaning, floor washing, sweeping, vacuuming, carpet cleaning

Tabor Manor

- Nutrition Manager: RAPS, interviewing & reference checks, QHRnet approvals, care conference meetings, return to work meetings, other meetings, QIPs; staff discipline, projects, updates/changes in CCIM/HRIS & payroll changes, catering
- Assistant Nutrition Manager: RAPS, audits, meetings, shift replacements
- Laundry Aides: Folding, labeling
- Housekeeping: Deep cleans, dusting, window cleaning, floor washing, sweeping, vacuuming, carpet cleaning

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Pleasant Manor

- Nutrition Manager can assist with urgent needs
- Some Housekeeping and Laundry staff can be freed up to help with urgent needs

Tabor Manor

- Nutrition Manager and Assistant Nutrition Manager can assist with urgent needs
- Some Housekeeping and Laundry staff can be freed up to help with urgent needs

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialled roles that could be carried out by non-credentialled staff are:

Pleasant Manor

- Nutrition Manager: QHRnet requests can be approved by Payroll or HR, Interviewing and reference checking can be done by HR, CCIM/HRIS changes can be done by Scheduler/Nursing Clerk, new hire orientations can be done by HR.
- Laundry Aides: All laundry tasks could be done by anyone, particularly washing & folding laundry, labeling, laundry delivery
- Housekeeping: All housekeeping tasks could be done by anyone, particularly emptying garbages, sanitizing high touch surfaces, sweeping/mopping/vacuuming floors, cleaning resident rooms

Tabor Manor

- Nutrition Manager: QHRnet requests can be approved by Payroll or HR, Interviewing and reference checking can be done by HR, CCIM/HRIS changes can be done by Scheduler/Nursing Clerk, new hire orientations can be done by HR.
- Assistant Nutrition Manager: Food orders, chemical orders, paper products orders can be phoned in remotely by anyone; audits and shift replacements can be done by anyone.

- Laundry Aides: All laundry tasks could be done by anyone, particularly washing & folding laundry, labeling, laundry delivery
- Housekeeping: All housekeeping tasks could be done by anyone, particularly emptying garbages, sanitizing high touch surfaces, sweeping/mopping/vacuuming floors, cleaning resident rooms

Please see Appendix D for daily routines within the department that could be trained and carried out by other “non-credentialled” staff.

Resources

The resources a person who typically doesn’t work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Pleasant Manor

- Scrubs (or just plain clean clothing in a pinch), non-slip running shoes
- Cleaning equipment and supplies will be provided by the home

Tabor Manor

- Scrubs (or just plain clean clothing in a pinch), non-slip running shoes
- Cleaning equipment and supplies will be provided by the home

MAINTENANCE

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Tabor Manor

- 1 Staff ~ 5 hours per day plus available on call. The 5 hours would have to be split 3 hours in the morning and 2 hours in the afternoon.

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Tabor Manor

- 5 hours split
 - 3 hours in the morning
 - 2 hours in the afternoon

7am start to collect the garbage, black bin cart outside of the garbage room in the parking garage. Go to 4th floor and exchange the full bin with the empty bin, in the garbage room in the storage hallway on each floor. At the same time on each floor the rounds need to be completed, check all fire exit lights, exits, lighting and heating/cooling. On first floor the receiving door needs to be unlocked

8am take the necessary bins out on the property. Monday morning the recycling bin from LTC needs to go out at 7am. Tuesday the garbage bin from Evergreen needs to come down to the garbage room in LTC in order to get the garbage completed for the morning, before garbage gets started. After the garbage is completed on Tuesday morning all 3 garbage bins need to go out to the garbage pad with the tractor. Wednesday and Thursday is no bin pick up in the day. Friday the garbage bins from LTC will need to go out to the pad.

9am rounds will need to be completed in 1,3,5 Tabor checking exit lights, fire exits, heating/cooling, lighting, leaks, general maintenance concerns. Complete any orders that are needed immediately.

10am be on call until 1pm

1pm bring the bins in that need to be brought in

2pm complete the garbage in LTC

3pm be on call for emergencies until the following morning

- We would require someone on call all hours for emergencies
- Emergency call lists available for contingency plan available to all

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Tabor Manor

- Pinch points could happen at any time in maintenance depending on any upcoming emergency, such as heating issues, plumbing issues, power failures, fire alarms, weather issues, and refurbishing apartments and rooms
- Garbage needs to be taken out of LTC twice a day

Redeployment for Direct Support

In a worst case scenario where we are in full isolation, operating with minimal staff thresholds, and our focus is solely on directly supporting LTC residents and housing tenants, the tasks of the departmental supervisor and staff that could be temporarily postponed or paused are:

Tabor Manor

- We could forgo the refurbishments of rooms in LTC if there were no admissions

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Tabor Manor

- A minimum of one person is required to do routine duties. If fully staffed 2 members of the team can be freed up to help where needed (unless an emergency arises)

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialed roles that could be carried out by non-credentialed staff are:

Tabor Manor

- All necessary daily maintenance routine duties, garbage, rounds, and weather-related issues
- Step-by-step job detail would be provided by Maintenance Manager

Resources

The resources a person who typically doesn't work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Tabor Manor

- Steel toed boots, work clothes (jeans and plain t-shirt)
- An extra set of keys would need to be made for doing the morning rounds

NURSING

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Pleasant Manor

- Days = 1 RN/RPN, 3 PSWs
- Evenings = 1 RN/RPN, 3 PSWs
- Nights = 1 RN/RPN, 1 PSW
- DOC/ADOC ~12 hours onsite coverage (if no Registered Staff) – To assist with care and provide direction

Tabor Manor

- Day = 4 RPNs (1 per floor), 12 PSWs (3 per floor)
- Evening = 4 RPNs (1 per floor), 10 PSWs (2 per floor + 1 float/2 floors)
- Night = 1 RN (for 1st & 2nd floors), 1 RPN (for 3rd & 4th floors), 5 PSWs (1 per floor + 1 float)
- DOC/ADOC ~12 hours onsite coverage (if no Registered Staff) – To assist with care and provide direction
- Physiotherapy Assistants (2) are here daily. Physiotherapist said they can help with feeding, one-on-one, screening table, and support for the residents, if needed.

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Pleasant Manor

Days Nursing

- Nursing:
- Screen
- Assess sick
- Medications/essential (**deprescribe**)
- Assist where able
- Wounds as necessary/
- Hourly rounds
- Keep PPE available **BUT SECURE**

Days PSW

- **Minimal care** – toilet/hygiene/up in room
- W/C residents sit in hallway/or in room
- If sleeping, do not get them up (adding Therapeutic mattresses) for comfort
- Feed – in hallways – SUPERVISING OTHERS
- **NO BATHS**
- **NO PORTERING**

Evenings Nursing

- Screen/Assess sick
- Medications/essential (**deprescribe**)
- Assist where able
- Wounds as necessary
- Hourly rounds Keep PPE available **BUT SECURE**

Evenings PSW

- Minimal care – toilet/hygiene/up in room
- W/C residents sit in hallway/or in room
- If sleeping – do not get them up

- Feed – in hallways – SUPERVISING OTHERS
- **NO BATHS**
- **NO PORTERING**

Nights Nursing

- Screen/Assess sick
- Medications/essential
- Hourly rounds

Nights PSW

- Minimal care – toilet/hygiene
- W/C residents sit in hallway/or in room (get up if awake)

DOC/ADOC

- **No meetings (quick updates only)**
- **Infection control informal audits**
- **No committee meetings**
- Screening
- Help from room to room
- Supervise feeding
- Assist with medications – crucial

Tabor Manor

Days Nursing

- Screening
- Assess sick
- Medications (prescription to be reassessed: essentials)
- Wound care as needed
- Hourly rounds
- Keep PPE available BUT SECURE

Days PSW

- Minimal care – toilet/hygiene/up in room
- W/C residents sit in hallway/or in room
- If sleeping, do not get them up (adding Therapeutic mattresses) for comfort
- Feed – in hallways – SUPERVISING OTHERS
- **NO BATHS**
- **NO PORTERING**

Evenings Nursing

- Screen/Assess sick –
- Medications/essential (deprescribe)
- Wound care as necessary
- Hourly rounds Keep PPE available BUT SECURE

Evenings PSW

- Minimal care – toilet/hygiene/up in room
- W/C residents sit in hallway/or in room
- If sleeping – do not get them up
- Feed – in hallways – SUPERVISING OTHERS
- **NO BATHS**
- **NO PORTERING**

Nights Nursing

- Screen/Assess sick –
- Medications/essential
- Hourly rounds

Nights PSW

- Minimal care – toilet/hygiene

- W/C residents sit in hallway/or in room (get up if awake)

DOC/ADOC

- No meetings (quick updates only)
- Infection control informal audits
- No committee meetings
- Advance planning – continue to anticipate supply needs
- Implement: emergency medical directives (to be discussed with Physicians)
- Assist on unit where able
- Hourly rounds
- Provide direction - PPE for other departments
- Be the voice of infection control
- Screening
- Help from room to room
- Supervise feeding
- Assist with medications – crucial
- Assess sick

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Pleasant Manor

Days

- Assisting to serve food at meals
- Helping residents sanitize
- Feeding/supervising in hallway
- Supplies/Deliveries for nursing- need to be put away
- Screening staff at the door
- Answering phones at nursing station (evenings, weekends)
- Rounds – safety checks
- Snack delivery (outside doors)

Evenings

- Assisting to serve food at meals
- Helping residents sanitize
- Feeding/supervising in hallway
- Screening staff at the door
- Answering phones at nursing station (evenings, weekends)
- Rounds – safety checks
- Snack delivery (outside doors)

Nights

- Hourly rounds
- Bring up supplies from storage

Tabor Manor

Days

- Screening
- Assisting to serve food at meals
- Helping residents sanitize
- Feeding/supervising in hallway
- Supplies/Deliveries for nursing- need to be put away
- Screening staff at the door

- Answering phones at nursing station (evenings, weekends)
- Rounds – safety checks
- Snack delivery (outside doors)

Evenings

- Screening
- Assisting to serve food at meals
- Helping residents sanitize
- Feeding/supervising in hallway
- Screening staff at the door
- Answering phones at nursing station (evenings, weekends)
- Rounds – safety checks
- Snack delivery (outside doors)

Nights

- Hourly rounds
- Bring up supplies from storage

Redeployment for Direct Support

In a worst case scenario where we are in full isolation, operating with minimal staff thresholds, and our focus is solely on directly supporting LTC residents and housing tenants, the tasks of the departmental supervisor and staff that could be temporarily postponed or paused are:

Pleasant Manor

- Interviews – someone else could do this
- Many small/time consuming things – most regulatory requirements (committees/audits)
- CCIM – can't make all the tile adjustments – someone will have to 'fix' and keep up with it (Scheduler or Payroll could do this)

Tabor Manor

- Interviews – someone else could do this
- Many small/time consuming things – most regulatory requirements (committees/audits)
- CCIM – can't make all the tile adjustments – someone will have to 'fix' and keep up with it (Scheduler or Payroll could do this)

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Pleasant Manor

- Nursing/PSWs not likely available to be freed up (except those on modified duties)
- Staff on modified duties could help with screening, answering phones, feeding, operating the transfer lift, assisting residents with grooming if able

Tabor Manor

- Nursing/PSWs not likely available to be freed up (except those on modified duties)
- Staff on modified duties could help with screening, answering phones, feeding, operating the transfer lift, assisting residents with grooming if able

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialled roles that could be carried out by non-credentialled staff are:

Pleasant Manor

- See “Pinch Points” section above
- Clerical – putting charts together for admissions LTC/ACTR
- Feeding – teach (see Appendix D)
- Screening – teach (accuracy is important)
- Changing linens, straightening beds – teach
- Supply inventory – teach
- Calling family members for “scripted” general update
- Connect with residents – social visit, reassurance, friendship
- Vital signs (nursing students) – Give them PCC access (those working as PSWs)
- Hire general duty Health Care Assistants or Nursing students – assign specific tasks

Tabor Manor

- See “Pinch Points” section above
- Clerical – putting charts together for admissions LTC
- Feeding – teach (see Appendix D)
- Screening – teach (accuracy is important)
- Changing linens, straightening beds – teach
- Supply inventory – teach
- Calling family members for “scripted” general update
- Connect with residents – social visit, reassurance, friendship
- Vital signs (nursing students) – Give them PCC access (those working as PSWs)
- Hire general duty Health Care Assistants or Nursing students – assign specific tasks

Please see Appendix D for a brief training curriculum on feeding.

Resources

The resources a person who typically doesn’t work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Pleasant Manor

- Scrubs (or just plain clean clothing in a pinch) – pockets are helpful, non-slip running shoes
- No jewelry

Tabor Manor

- Scrubs (or just plain clean clothing in a pinch) – pockets are helpful, non-slip running shoes
- No jewelry

SUPPORTIVE HOUSING

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Pleasant Manor

- 4 staff on days – if no baths provided
- 3 staff on evenings – if no baths provided
- Night shift could function with 2 staff, but would not meet fire orders

Master schedule

- Re-divide work assignments
- Reduce non-essential services (such as regular housekeeping services)

Tabor Manor

- 3 staff per shift as per fire orders – if no baths provided
- Evening shift could function with 2 staff from 7pm – 11pm, but would not meet fire orders
- Night shift could function with 2 staff, but would not meet fire orders

Master schedule

- Re-divide work assignments
- Reduce non-essential services (such as regular housekeeping services)

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Pleasant Manor

- 4 staff on days – if no baths provided
- 3 staff on evenings - if no baths provided
- Night shift could function with 2 staff, but would not meet fire orders
- Re-divide work assignments
- Reduce non-essential services (such as regular housekeeping services)

Tabor Manor

- 3 staff per shift as per fire orders
- Evening shift could function with 2 staff from 7pm-11pm, but would not meet fire orders
- Night shift could function with 2 staff, but would not meet fire orders
- With only 3 staff on days, we would not be able to provide baths
- Re-divide work assignments
- Reduce non-essential services (such as regular housekeeping services)

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Pleasant Manor

- AM & HS Care, followed by meal times are the busiest times
- Building coverage to allow baths to happen (fire coverage)

Tabor Manor

- AM & HS Care, followed by meal times are the busiest times
- Building coverage to allow baths to happen (fire coverage)

Redeployment for Direct Support

In a worst case scenario where we are in full isolation, operating with minimal staff thresholds, and our focus is solely on directly supporting LTC residents and housing tenants, the tasks of the departmental supervisor and staff that could be temporarily postponed or paused are:

Pleasant Manor

- Doctor's clinic
- Interviewing/orienting
- Departmental meetings

Tabor Manor

- Doctor's clinic
- Interviewing/orienting
- Departmental meetings

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Pleasant Manor

- All PSWs Supportive Housing provide direct care
- If Assistant Coordinator is a trained PSW, s/he could be re-deployed on the floor

Tabor Manor

- All PSWs Supportive Housing provide direct care

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialled roles that could be carried out by non-credentialled staff are:

Pleasant Manor

- Medication reminders
- Essential housekeeping
- Laundry and linen changes, bed making
- Work Assignments
- Meal delivery/service
- Safety checks
- Building fire watch
- Garbage collection
- Answering phone

Tabor Manor

- Medication reminders
- Essential housekeeping
- Laundry and linen changes, bed making
- Work Assignments
- Meal delivery/service
- Safety checks
- Building fire watch
- Garbage collection
- Answering phone

Please see Appendix D for a brief cross-training curriculum for roles and tasks within the department that could be trained and carried out by other “non-credentialled” staff.

Resources

The resources a person who typically doesn’t work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Pleasant Manor

- Scrubs (or just plain clean clothing in a pinch) – pockets are helpful, non-slip running shoes

Tabor Manor

- Scrubs (or just plain clean clothing in a pinch) – pockets are helpful, non-slip running shoes

THERAPEUTIC RECREATION

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Pleasant Manor

- 1 staff – working 8-4 or 9-5 every day to assist with meals. (Staffing hours can be flexible.)

Tabor Manor

- Minimum of 2 staff per day. Will be flexible scheduling where need is most.
- Can change to longer shifts (12 hours if needed)
- Can split the start/end times of TR staff as needed

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Pleasant Manor

- If we were to continue operation of activities, they would be done one to one, small group activities
- If activities cannot be done, staff would be assisting with care of residents, cleaning, dietary needs etc.

Tabor Manor

- With no outbreak: would provide 1:1 social contact for residents in rooms/hallways
- Check-ins on floor to assess/determine where highest needs
- Pre-planned activities for room delivery – try to eliminate responsive behaviour when rec staff not available.
- With an outbreak: will eliminate unnecessary staff responsibilities (no more programming – reassigning rec staff to highest area of need.)
- Assigning floor(s) for check-ins, assessing for needs

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Pleasant Manor

- Assistance for responsive behaviour related to isolation – assist nursing to relieve demand on staff
- Friendly visiting for loneliness, depression etc.

Tabor Manor

- Assistance for responsive behaviour related to isolation – assist nursing to relieve demand on staff
- Friendly visiting for loneliness, depression etc.
- When in outbreak: Floor assigning for check-in, support to highest needs

Redeployment for Direct Support

In a worst case scenario where we are in full isolation, operating with minimal staff thresholds, and our focus is solely on directly supporting LTC residents and housing tenants, the tasks of the departmental supervisor and staff that could be temporarily postponed or paused are:

Pleasant Manor

- All programs, especially group programs – Instead focus on one to one support for residents and tenants and support for other departments in completing necessary care/tasks

Tabor Manor

- All programs, especially group programs – Instead focus on one to one support for residents and tenants and support for other departments in completing necessary care/tasks

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Pleasant Manor

- All Therapeutic Recreation staff
- Therapeutic Recreation staff are lift and transfer trained so they can provide assistance as second person to PSW/Nursing staff

Tabor Manor

- All Therapeutic Recreation staff
- Therapeutic Recreation staff are lift and transfer trained so they can provide assistance as second person to PSW/Nursing staff

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialed roles that could be carried out by non-credentialed staff are:

Pleasant Manor

- All programs and regular Therapeutic Recreation responsibilities
- Therapeutic Recreation staff could set up activities in resident rooms or prepare individualized baskets of activities for each resident that staff could give to residents

Tabor Manor

- All programs and regular Therapeutic Recreation responsibilities
- Therapeutic Recreation staff could set up activities in resident rooms or prepare individualized baskets of activities for each resident that staff could give to residents

Please see Appendix D for a brief cross-training curriculum for roles and tasks within each department that could be trained and carried out by other “non-credentialed” staff.

Resources

The resources a person who typically doesn’t work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Pleasant Manor

- Access to Therapeutic Recreation laptop or ipad to connect with families if needed
- Regular clothing

Tabor Manor

- Access to Therapeutic Recreation laptop or ipad to connect with families if needed
- Regular clothing

HUMAN RESOURCES & PAYROLL

Minimum Staffing Thresholds

In a worst case scenario, the absolute minimum staffing thresholds needed to operate the department are:

Radiant Care

- Two Payroll staff
- HR Manager or Coordinator
- Director of Finance (signing officer)
- Junior Accountant (accounts payable (AP))
- Accounts Receivable (AR) Clerk
- Receptionist

Continuity of Operations

In a worst case scenario, operating at minimum staffing thresholds, the best, strongest contingency plan to ensure continuity of operations of/for the department is:

Radiant Care

The primary objectives of this department **are payroll processing, accounts receivable, and accounts payable**. The assumption is that recruiting stops or is minimal and we are accessing agency staff and students. This will also impact financial statements and promissory notes.

- Shared Services staff have been equipped with corporate laptops with a VPN connection so they can access the server from home
- Four staff members are trained to do payroll
- In addition to Junior Accountant – Accounts Payable, two staff are trained to do part of the AP process, and there is a manual.
- In addition to Junior Accountant – Accounts Receivable, one staff is trained to do part of the AR process.

Pinch Points

In any given shift/day within the department, the “pinch points” for which extra supports and human resources might be needed are:

Radiant Care

- Pinch points would occur between HR, Reception and AP depending on where we are short. The receptionist assists with AP and AR back up as well as reception.

Redeployment for Direct Support

The following roles within this department can be freed up to support residents and tenants directly, should they be called upon to do so:

Radiant Care

- HR Coordinators (one may not be able to participate)
- Benefit Coordinator (there may be days this person will be required to work with payroll)
- Junior Business Analyst
- Senior accountant (PT)
- Director of Finance (PT)
- Accounts Receivable (PT)

Cross-Training Curriculum for Tasks that Non-Credentialed Staff Can Do

Tasks associated with credentialled roles that could be carried out by non-credentialled staff are:

Radiant Care

- For the most part we should not bring anyone in to perform roles if we do not have staff to oversee

Resources

The resources a person who typically doesn't work in this department would need, (e.g., uniform(s), foot wear, equipment, etc.), in order to be successful in their temporary support role, are:

Radiant Care

- All necessary equipment would be supplied by Radiant Care

APPENDIX D: CROSS-TRAINING CURRICULUM

NURSING – FEEDING RESIDENTS

Feeding In An Outbreak / Crisis

- You may be asked to feed a resident in the dining room, hallway or in their room
- You may have to wear gloves, a gown and/or a mask while feeding
- You may be asked to feed a resident who is on a minced or a pureed texture
- You may be asked to feed the main course plus the dessert.

Some things to note:

You may be asked to feed a resident who has dysphagia.

Dysphagia is defined by having a *difficulty* to drink, to eat or to swallow

Causes of Dysphagia

Physiological:

- Stroke
- Diverticulitis
- Parkinson's disease, Multiple Sclerosis
- Dementia
- GERD
- Normal process of aging

Physical:

- Bad posture – client or helper
- Poor/limited dentition
- Poor oral hygiene
- Mouth pain (i.e. ulcers, tooth decay)

Symptoms of Dysphagia

Most common symptoms

- Food residue after swallowing
- Multiple swallows
- Cough (during/after swallowing), choking
- Pocketing
- Repetitive pneumonias
- Meal refusals

Coughing Reflex

One of the most common symptoms is a cough

Mechanism to help clear the irritant, to remove “from the wrong hole”

With age, there is less force therefore the reflex is less strong, even absent... what happens then if we don't cough?

Silent Aspiration

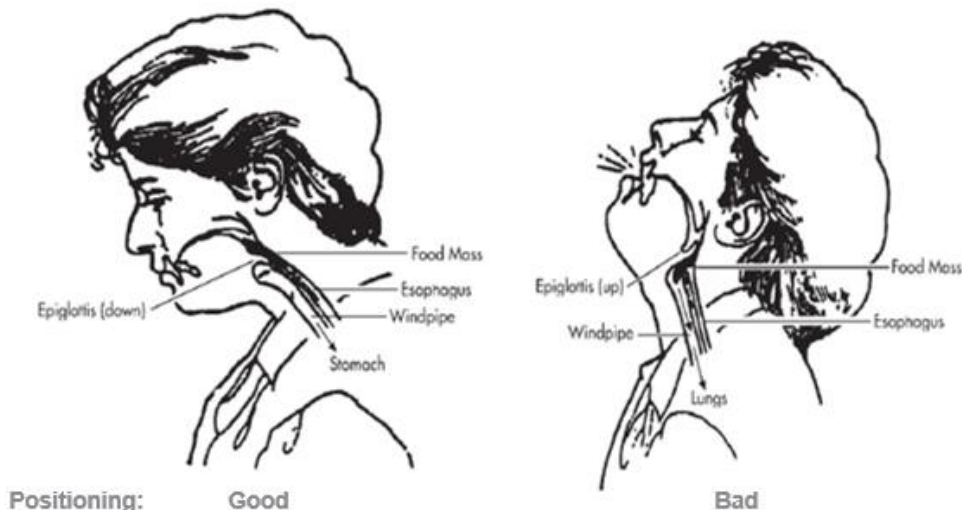
This can be scary for not only you but the resident also.

If you notice their eyes watering, they are wincing or their face is going red – immediately stop feeding and get a nurse.

When feeding:

- It is important to remain calm when feeding
- Use a soft tone of voice. No shouting or yelling across the table
- Cell-phones are prohibited
- Outside food and drinks are prohibited while feeding
- Stay with the resident throughout the entire meal service
- Talk with the resident and not your co-workers
- Be present and observe the resident for any signs of distress

Why Can't I Stand while Assisting?



Steps for Assisting at Meals

1. If applicable, tie long hair back
2. Wash hands with soap and water
3. If required, don the PPE (i.e. gloves, mask, gown)
4. Grab a green stool and approach Resident face-to-face
5. Introduce yourself and explain why you are there. I.e. I'm here to *help* you with your breakfast, lunch or dinner
6. Ensure Resident is sitting at 90 degrees, upright. If not, ask a PSW for assistance
7. Place a clothing protector on the resident (non-disposable may be required)
8. Before offering any food - Offer Resident a drink
9. Offer/feed the protein first, then the starch/veg
10. Ensure the resident has swallowed, before offering/feeding the next spoonful of food
11. Offer a couple bites of food, and alternate with a drink
12. Do not stir all the food together
13. Promote independence by encouraging the Resident to do what they can (i.e. holding a piece of sandwich, holding fluid cup, putting food on fork)
14. Feed main course first, then dessert
15. When finished, dispose of clothing protector and all items of meal tray in the garbage (if disposables were used)
16. Remove PPE and throw in the garbage. Wash hands with soap & water

Feeding 101

Feeding:

1. Hand hygiene or wash hands
2. Make sure resident has dentures in (clean and rinsed)
3. Make sure resident has their glasses on
4. Help set up the tray, open containers, put milk/sugar in coffee, straw in drink for the independent eater
5. Watch the resident swallow first bites of food and drink

Help residents who cannot eat independently:

1. Watch resident swallow first bites of food and drink
2. Make sure they are in a comfortable position – sitting upright
3. Provide fluids at the beginning of the meal (do not give all fluids before food)
4. Pace feeding to avoid fatigue
5. Interact during the feed – talk to the resident
6. Encourage self-feeding
7. Allow resident to chew and swallow, two swallows between bites
8. Chin should be down, neck should not be tilted back
9. Place small amount of food on the spoon
10. Encourage resident to chew and swallow
11. Do not mix different textures, alternate liquid and bites of food
12. Observe for signs of (pocketing food) – holding food in cheek without swallowing it
13. Make sure to keep track of what was eaten and what the resident had to drink (1/2 meal, full cup of coffee)

Housekeeping Best Practices
RCPM SH Team Developed May 2019

Kitchen

- In wellness suites, wash dishes.
- Wipe down sink and counter. Polish/dry taps.
- Wipe stove, including dials.
- Wipe front and inside of microwave.
- Assess the cupboards and wipe down if needed.
- Wipe high touch areas like light switch, fridge handle, etc.
- Wipe dining room table
- Remove garbage if client preference.
- Specific clients may need help with cleaning out fridge – but will be indicated on care plan.

Bathroom

- Pre-spray – staff suggest spraying the bathroom upon entering the unit to allow the product time to work.
- Clean mirror, sink and counter top.
- Clean shower – visually assess how high up to clean the walls, polish faucet, drain, etc.
- If the shower or tub is unused by the client, rinse, dust or wipe down.
- Wipe high touch areas including light switch, grab bars, etc.
- Clean whole toilet, including base.

General Cleaning

- Vacuum all floors (working your way out towards the door), moving small items such as dining room chairs so you can get under the table
- Mop all floors (working your way out towards the door)

Customer Service

- Knock, introduce yourself and the reason for your visit. Ensure you are wearing your name tag. Be friendly.
- Ensure that you are punctual and prepared.
- If client prefers their own products, you can use.
- Be observant – put in maintenance requests for items such as ants, leaky taps, burned out bulbs, etc.
- Be respectful of their belongings and accept responsibility immediately if you damage anything.
- Leave the front door the way you found it – locked/unlocked.

What We Don't Offer

- Dusting
- Dishes
- Windows
- Inside of oven
- Inside of fridge, defrosting freezer
- Cleaning out pantries or closets
- Wiping baseboards
- Moving heavy furniture
- Balcony or patio
- Pet care
- Light fixtures, changing bulbs

Best Practices – Laundry

Laundry:

- Proper Personal Protective Equipment (PPE) to be used, and proper body mechanics to be used
- Locate and collect soiled laundry in apartment – including towels, etc
- Gather client's personal necessities (ie. detergent, softener, hangers; soaps/softeners may be kept in storage)
- Check pockets for Kleenex, hearing aids, money, valuables...
- Separate laundry—whites from darks (or as per client preference)
- Follow instructions for washing machine and load laundry (following client's preference as located in Night binder)
- Do **not** wash clients' laundry together; use name tag to distinguish each client's laundry baskets
- Make sure water temperature is not too hot, and when drying the laundry, make sure dryer is not too hot
- Remove laundry from dryer as soon as possible, to avoid wrinkles
- Fold laundry/hang on hangers, and return to client

Bed Linen Change:

- Change bed sheets, if required
- Put on fresh linens and make bed

Employer rags/towels:

- Wash rags/towels etc. used by Supportive Housing program according to schedule/necessity

Work Assignments

Printing work assignments daily

Filling in assignments with specific duties/tenants as per day of schedule

Meal Delivery/Service

Serving in Arborview dining room

- 8:00am, noon, 5pm
- serving drinks, handing out meals
- clearing and cleaning tables
- reminding or escorting tenants from Arborview to table

Delivering Meals

- 8:00am, noon, 5pm
- Picking up meal cart in Arborview dining room and going to as assigned (all buildings)
- Delivering meals as labeled (each tray tells you which apartment)

Safety Checks

Safety Checks:

- Knock first (or ring doorbell), wait for reply, knock again then enter, announcing yourself (except in the night, do not knock first)
- Ask tenant if everything is alright
- If tenant is sleeping, check to see if he/she is breathing
- Check environment; make sure water is not running from faucets (or toilets), kettles and stoves/ovens are off
- Leave door as you found it (locked or unlocked)

Building Fire Watch

Responding to fire alarm, following direction of team lead/Fire Warden

Garbage Collection

Collect garbage from Arborview units

Answering Phone

Answering the Supportive Housing phone line – fielding and answering questions, directing staff as necessary

Essential Housekeeping Best Practice

General

- When entering a unit, ensure you knock, announce your name and the reason for the visit
- Always use proper PPE (Personal Protective Equipment)
- Always use proper body mechanics
- Do not throw out tenants' personal items (unless agreed upon by the tenant)
- Leave the apartment safe
- Make a maintenance request (WorxHub) when needed and report any safety concerns
- Always provide services in a friendly manner

Clean in the Following Order:

- Start with the kitchen
 - Clean sink
- Move to the bathroom
 - Clean sink
 - Wipe vanity counter
 - Clean tub/shower (depending on the use)
 - Clean toilet last – using only paper towels/toilet brush. If present, clean raised toilet seat.
 - Remove gloves and don new ones
- Clean floors
 - Vacuum carpets (do not move furniture)
 - Sweep tile/laminate/hardwood
 - Mop tile/laminate/hardwood (often just using hot water)
- Upon returning to office, document that service was provided

Tabor Manor Best Practices – Laundry

Laundry:

- Proper Personal Protective Equipment (PPE) to be used, and proper body mechanics to be used
- Locate and collect soiled laundry in apartment – including towels, etc
- Gather client's personal necessities (ie. detergent, softener, hangers; soaps/softeners may be kept in storage)
- Check pockets for Kleenex, hearing aids, money, valuables...
- Separate laundry—whites from darks (or as per client preference)
- Follow instructions for washing machine and load laundry (following client's preference as located in Night binder)
- Do **not** wash clients' laundry together; use name tag to distinguish each client's laundry baskets
- Make sure water temperature is not too hot, and when drying the laundry, make sure dryer is not too hot
- Remove laundry from dryer as soon as possible, to avoid wrinkles
- Fold laundry/hang on hangers, and return to client

Bed Linen Change:

- Change bed sheets, if required
- Put on fresh linens and make bed

Employer rags/towels:

- Wash rags/towels etc. used by Supportive Housing program according to schedule/necessity

Work Assignments

Printing work assignments daily

Filling in assignments with specific duties/tenants as per day of schedule

Meal Delivery/Service

Serving in Oakridge dining room

- 8:30am, noon, 5pm
- serving drinks, handing out meals
- clearing and cleaning tables
- reminding or escorting tenants from Spruce Lane to table

Delivering Meals

- noon and 5pm
- Picking up meal cart in Evergreen or Mapleview
- Delivering meals as labeled (each tray tells you which apartment)
- Collecting trays approximately 1 hour later and returning meal cart

Tabor Manor Best Practices – Safety Checks

Safety Checks:

- Knock first (or ring doorbell), wait for reply, knock again then enter, announcing yourself (except in the night, do not knock first)
- Ask tenant if everything is alright
- If tenant is sleeping, check to see if he/she is breathing
- Check environment; make sure water is not running from faucets (or toilets), kettles and stoves/ovens are off
- Leave door as you found it (locked or unlocked)

Building Fire Watch

Response map attached

Garbage Collection

Collect garbage from Spruce Lane units

Answering Phone

Answering the Supportive Housing phone line – fielding and answering questions, directing staff as necessary

**RC PM FOOD SERVICES
DAILY ROUTINES**

Dietary Cook 1 6:30am – 2:30pm

Swipe In

6:30am

- Read communication book
- Put on apron, hairnet and wash hands
- Record fridge & freezer temperatures
- Fill pot sink & turn on dishwasher

6:45am

- Prepare porridge & eggs
- Prep breakfast items
- Turn on steamtable

7:45am

- Have AV breakfast ready in cart

8:00am

- Make toast

8:25am

- Deliver Act/R. Serve

8:45am

- Serve main dining room.
- Wash pots and pans

9:15am – Break

9:30am

- Continue prepping lunch – NOT vegetables

10:00am

- Prep mashed potatoes
- Continue cooking
- Turn steamtables on

10:45am

- Prepare mince & pureed meats

11:00am

- Break (1/2 hour)

11:40am

- Fill AV cart and HP steamtable with lunch items

12:10pm

- Deliver and serve lunch

12:30pm

- Serve in main dining room

12:45pm

- Wash pots & pans

1:15pm – Break

1:30pm

- Pull freezer items & Prep for next day. Help dinner cook

Dietary Cook 2 10:30am – 6:30pm

Swipe in

10:30am

- Read communication book
- Put on apron, hairnet and wash hands
- Record fridge & freezer temperatures

11:00am

- Whip potatoes & clean equipment
- Cook lunch vegetables

11:45am

- Take black thermal cart with food to AV kitchen
- Place food in steamtable
- Record temperatures

12:00pm – Break

12:30pm

- Return cart from AV to HP kitchen
- Wash pots & pans
- Write supper menu on board

1:00pm

- Prep supper sandwich's & dessert

3:00pm – Break

3:30pm

- Continue supper prep
- Turn on steamtables and steamer

4:15pm

- Puree & mince dinner items

4:45pm

- Have thermal cart ready

5:00pm

- Load & transport portable steamtable for Act/R dining area
- Serve

5:20pm

- Return to main dining room and serve

5:45pm

- Wash pots & pans
- Clean cook's area
- Record fridge & freezer temperatures

Dietary Aide DA1 7:00am – 3:00pm

7:00am

- Read Communication book & listen to phone messages
- Write menu board whenever possible

7:05am

- Turn on dishwasher, steamtable, coffee maker & toaster
- Pour juices for breakfast
- Make 3 pots of coffee & 1 tea

7:20am

- Put juices, creamers, butters, cereal & bananas on tables & trays

7:40am

- Make toast
- Pour coffee and tea for trays & residents
- Pick up cart at HP

8:00am

- Serve breakfast

8:25am

- Make coffee cart ready for hallway. (creamers, sugar & cups)

8:45am

- Clear dining room, wash dishes & re-set tables
- Refill condiments & jams
- Pull breads =1 rye, 1 pumpernickel, 3 brown, white & brown buns=18)

9:30am

- Pour lunch juices
- Wash breakfast trays

10:15am – Break

10:45am

- Prepare lunch trays
- Restock kitchen

11:00am

- Get dessert from HP kitchen

11:15am

- Prepare bread, put out butters & creamers, make tea & coffee

11:30am

- Put out juices

1:45am

- Serve drinks

12:00pm

- Serve Lunch

12:45pm – Break

1:15pm

- Wash dishes
- Collect creamers & butters from tables & refill

2:15pm

- Reset tables with A3 Aide

2:40pm

- Return cart to HP kitchen and take out garbage
- Send tablecloths & dirty rags to laundry

Dietary Aide DA2 11:00am – 7:00pm

11:00am

- Read communication book
- Prep & distribute desserts and salads. Organize meal trays
- Collect meal change sheets

11:45am

- Serve tea & coffee to residents
- 2 sm teapots w boiling water

12:00am

- Help DA1 with plating meal
- Serve 2nd cup coffee & tea

12:30pm – Break

12:45pm

- Clear dining room
- Change table cloths
- Reset & stock sugar bowls and condiment bowls

2:00pm

- Prepare and put out snack cart

2:30pm

- Go to HP kitchen for restocking fridge
- Clean & refill snack cart

3:00pm

- Wash kitchen floors, tidy storeroom, juice machine

3:15pm – Break

3:45pm

- Prepare supper & breakfast trays.
- Pour juices.
- Prepare desserts

4:00pm

- Turn on steam table & make 1 tea & 3 coffee
- Make 2 more coffee after 1st round

4:15pm

- Clean lounge coffee cart

4:30pm

- Put out juices & desserts on tables

4:45pm

- Serve tea & coffee

5:00pm

- Plate dinner for residents
- Return cart to HP kitchen
- Record temperatures
- Mark attendance
- Clean steamtable

5:30pm - Break

5:45pm

- Record attendance.
- Clear dining room, wash dishes & reset tables
- Bring clothing protectors to Supportive housing
- Restock butter, cream, sugar etc., cups, bowls, napkins etc. Put jam on tables

6:50pm

- Turn off lights and fans
- Lock kitchen and take out garbage

Dietary Aide DA3 3:00pm – 8:00pm

3:00pm

- Read communication book.
- Complete daily cleaning task.
- Do chemical order (Thursday)
- Wash kitchen floor

3:30pm

- Clean & re-stock snack cart

4:10pm

- Prepare supper juices & put in fridge
- Turn on coffee warmers

4:30pm

- Make coffee & tea for supper.
 - (1 coffee, 1 tea, 1 carafe hot water-Act/R)
 - (2 coffee, 1 tea-HP Dining Room)

4:40pm

- Put cutlery & creamers on tables

4:50pm

- Bring food cart to AV Kitchen

5:00pm

- Pour juices & set cutlery in the A/R dining area

5:10pm

- Pour juices & serve tea & coffee in Main Dining Room

5:20pm

- Write food orders from residents using sample plates

5:30pm

- Help the cook serve supper

5:50pm

- Serve dessert. (3 trays)

6:00pm – BREAK

6:15pm

- Clear & re-set tables in the A/R dining room

6:30pm

- Clear tables in the Main Dining Room

6:50pm

- Wash dishes

7:00pm

- Prep snack cart.
- Begin making 1 coffee & 2 hot water for HS Snack Cart

7:20pm

- Put dishes away & set Main Dining Room tables.
- Roll cutlery (14 sets of small spoons)
- Put jam bowls on tables

7:35pm

- Take out garbage

7:55pm

- Turn out lights & lock all kitchen doors

Dietary Aide DA4 7:00am – 3:00pm

Extra Job – Clean sugar caddies every Friday

7:00am

- Clean & re-stock snack cart
- Make AM & PM snack cart juices
- Plate lunch dessert and store in fridge

7:30am

- Begin making tea & coffee for breakfast
- Pour juices for Main Dining Room breakfast & put in fridge

7:50am

- Put cutlery, butters & creamers on tables in Main Dining Room

8:00am

- Prepare Act/R Cart for breakfast with juices, milk & cutlery

8:15am

- Bring Act/R Cart to dining room and put cutlery on tables

8:30am

- Serve juices & tea & coffee in Main Dining Room

8:45am

- Serve breakfast with the cook

9:15am - Break

9:30am

- Wash dishes
- Clear & re-set A/R dining room
- Clear Main Dining Room

10:15am

- Make coffee & tea for AM snack cart

11:00am - Break

11:30am

- Clean & stock
- Prepare lunch drinks-2 coffee, 1 tea-main dining room

12:00pm

- Set A/R dining room.
- 1 coffee, 1 tea-Act/R dining room

12:30pm

Serve lunch in main dining room

1:15pm – Break

1:30pm

- Clear, wash dishes and reset both dining rooms
- Roll cutlery
- Prepare snack cart
- Make Drinks & Nourishments for next day

2:15pm

- Put out snack cart in dining room

2:50pm

- Take out garbage, cardboard

**RC PM ENVIRONMENTAL SERVICES
DAILY ROUTINES**

Housekeeping 1 Monday 7:00am – 3:00pm

7:00am

- Clean Act/R dining room
- Wash hallway, exercise area and library floor
- Clean link hallway
- Clean public areas
- Vacuum TV/chapel area

7:30 – 7:45am

- Clean resident rooms when available

9:30am – Break

10:00am

- Go to Creekview
- Check guest room & meeting room status
- Clean checked out rooms
- Start laundry
- Clean front entrance, first floor, vacuum, and handrails
- Clean garbage room and entrance there

12:00pm

- Go to HP
- Finish cleaning Resident rooms
- Vacuum hallway
- Clean tub room

1:00 – Break

1:30pm

- Clean tub HP & Act/R dining rooms
- Clean family lounge, nurses' station, front entrance, public washrooms & any public area that has not been done.
- Wipe chairs and handrails

Housekeeping 2 Monday 7:00am – 3:00pm

Swipe In

7:00am

- Hair Salon
- Wash floor, chapel and both dining rooms
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm - Break

12:30pm

- Clean front entrance, office, hallway
- Clean lounge

1:30pm

- AV dining room
- Supportive Housing offices
- Laundry
- Chapel
- Elevator
- Washrooms

Housekeeping 2 Tuesday 7:00am – 3:00pm

Swipe In

7:00am

- Hair Salon
- Wash floor, chapel and both dining rooms
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm – Break

12:30pm

- Clean front entrance, office, hallway
- Clean lounge

1:30pm

- AV dining room
- Supportive Housing offices
- Laundry
- Chapel
- Elevator
- Washrooms

Housekeeping 2 Wednesday 7:00am – 3:00pm

Swipe In

7:00am

- Wash chapel and both dining room floors
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm - Break

12:30pm

- Clean front entrance, office, hallway
- Clean lounge

1:00pm

- Entrances – including windows

1:30pm

- Arborview hallway & dining room
- Washrooms

2:00pm

- Second Floor Oakview
- Laundry rooms
- Garbage rooms
- Common rooms
- Railings

Housekeeping 2 Thursday 7:00am – 3:00pm

Swipe In

7:00am

- Wash chapel and both dining room floors
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm - Break

12:30pm

- Clean front entrance, office, hallway
- Clean lounge

1:00pm

- Entrances – including windows

1:30pm

- Arborview hallway & dining room & chairs
- Washrooms

2:30pm

- Garbage rooms
- Fill in chemical order and drop off

Housekeeping 1 Friday 7:00am – 3:00pm

7:00am

- Clean Act/R dining room
- Wash hallway, exercise area and library floor
- Clean link hallway
- Clean public areas

7:30am – 7:45am

- Clean resident rooms when available

9:30am – Break

10:00am

- Go to Creekview
- Check guest room & meeting room status
- Clean checked out rooms - Start laundry
- Clean stairwells, wash handrails, glass and wash floors

12:00pm

- Go to HP
- Finish cleaning Resident rooms
- Wash Act/R hallway
- Clean tub room

1:00pm – Break

1:30pm

- Clean tub HP & Act/R dining rooms
- Clean family lounge, nurses' station, front entrance, public washrooms & any public area that has not been done.
- Wipe chairs and handrails

Housekeeping 2 Friday 7:00am – 3:00pm

Swipe in

7:00am

- Wash chapel and both dining room floors
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm - Break

12:30pm

- Clean front entrance, office, hallway
- Clean lounge

1:00pm

- Entrances – including windows

1:30pm

- Arborview hallway & dining room
- Washrooms

2:00pm

- Supportive Housing & offices
- Laundry rooms
- Garbage rooms
- Common rooms

Housekeeping 1 Saturday 7:00am – 3:00pm

7:00am

- Clean Act/R dining room
- Wash hallway, exercise area and library floor
- Clean link hallway
- Clean public areas

7:30am – 7:45am

- Clean resident rooms when available

9:30am – Break

10:00am

- Go to Creekview
- Check guest room & meeting room status
- Clean checked out rooms - Start laundry
- Clean basement, wash handrails, vacuum and bathrooms
- Clean elevator

12:00pm

- Go to HP
- Finish cleaning Resident rooms
- Wash Act/R hallway
- Clean tub room

1:00pm – Break

1:30pm

- Clean tub HP & Act/R dining rooms
- Clean family lounge, nurses' station, front entrance, public washrooms & any public area that has not been done.
- Wipe chairs and handrails

Housekeeping 2 Saturday 7:00am – 3:00pm

Swipe in

7:00am

- Wash chapel and both dining room floors
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm

- Clean front entrance, office, hallway
- OV Entrance (by chapel)

12:30pm – Break

1:00pm

- Second floor AV – vacuum, laundry rooms

2:00pm

- AV dining room

2:30pm

- All common rooms
- Washrooms

Housekeeping 2 Sunday 7:00am – 3:00pm

Swipe In

7:00am

- Wash chapel and both dining room floors
- Clean visitor and staff bathroom
- Clean resident rooms

10:00am – Break

9:30am

- Continue cleaning resident rooms
- Both dining rooms

12:00pm - Break

12:30pm

- Clean front entrance, office, hallway
- Clean lounge

1:00pm

- All Entrances – including windows

1:30pm

- AV dining room
- Hallways

2:00pm

- All common rooms
- Washrooms
- Garbages

Laundry Monday 6:00am – 2:00pm

6:00am

- Check guest list reservations
- Check Labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hskp rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hskp mopheads

8:00am

- Keep on folding and hanging

10:00am – Break

10:30am

- Vacuum meeting room, clean bathrooms and guest room if used.
- Continue folding – Leave bin of aprons/towels for resident folding

12:10pm

- Deliver personals, collect empty white hangers from residents' closets

1:00pm - Break

1:30pm

- Clean out lint trap, wash folding table, Lysol grey bins
- Empty garbage's, bring to silver trailer behind orange tractor in parking garage

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room

2:00pm

- Turn off all machines

Laundry Tuesday 6:00am – 2:00pm

6:00am

- Check guest list reservations
- Check Labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hskp rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hskp mopheads

8:00am

- Keep on folding and hanging

10:00am – Break

10:30am

- Clean bathrooms, elevator, and guest room if used.
- Continue folding – LEAVE bin of aprons/towels for resident folding

10:45am

- Vacuum Brookview hall and club room

11:15am

- Deliver personals, collect empty white hangers from residents' closets

1:00pm - Break

1:30pm

- Clean out lint trap, wash folding table, Lysol grey bins
- Empty garbage's, bring to silver trailer behind orange tractor in parking garage

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room
- Use central vac to clean out lint traps

2:00pm

- Turn off all machines

Laundry Wednesday 6:00am – 2:00pm

6:00am

- Check guest list reservations
- Check Labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hskp rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hskp mopheads

8:00am

- Keep on folding and hanging

10:00am – Break

10:30am

- Clean staff room, elevator, parking garage entrance to basement. Check bowling alley.
- Continue folding – LEAVE bin of aprons/towels for resident folding

12:10pm

- Deliver personals, collect empty white hangers from residents' closets

1:00pm - Break

1:30pm

- Clean out lint trap, wash folding table, Lysol grey bins
- Empty garbage's, bring to silver trailer behind orange tractor in parking garage

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room

2:00pm

- Turn off all machines

Laundry Thursday 6:00am – 2:00pm

6:00am

- Check guest list reservations.
- Take CV key for Sawatsky apt.#414 cleaning every other Thursday. Use Hsk cart on 2nd floor. Fill in invoice (black binder) and give to Destiny
- Take inventory and put in chemical orders poke outside HP kitchen door. Check labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Clean bathroom
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hsk rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hsk mopheads

8:00am

- Keep on folding and hanging

10:00am – Break

10:30am

- Continue folding – LEAVE bin of aprons/towels for resident folding

12:10pm

- Deliver personals, collect empty white hangers from residents' closets

1:00pm - Break

1:30pm

- Clean out lint trap, wash folding table, Lysol grey bins

- Empty garbage's, bring to silver trailer behind orange tractor in parking garage

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room
- Use central vac to clean out lint traps

2:00pm

- Turn off all machine

Laundry Friday 6:00am – 2:00pm

6:00am – Check guest list reservations.

- Check Labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hsk rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hskp mopheads

8:00am

- Keep on folding and hanging

10:00am – Break

10:30am

- Continue folding – LEAVE bin of aprons/towels for resident folding

12:10pm

- Deliver personals, collect empty white hangers from residents' closets

1:00pm - Break

1:30pm

- Clean out lint trap, wash folding table, Lysol grey bins
- Empty garbage's, bring to silver trailer behind orange tractor in parking garage

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room

2:00pm

- Turn off all machines

Laundry Saturday 6:00am – 2:00pm

6:00am

- Check guest list reservations.
- Check Labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hsk rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hsk mopheads

8:00am

- Keep on folding and hanging – LEAVE bin of aprons/towels for resident folding

10:00am – Break

10:30am

- Week 1: Bathrooms, staff room, laundry hallway, parking garage, BV entrance
- Week 2: Bathrooms, staff room, BV Garbage room & hallway

12:10pm

- Deliver personals, collect empty white hangers from residents' closets

1:00pm - Break

1:30pm

- Clean out lint trap, wash folding table, Lysol grey bins
- Empty garbage's, bring to silver trailer behind orange tractor in parking garage

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room
- Use central vac to clean lint traps
- Wash floor

2:00pm

- Turn off all machines

Laundry Sunday 6:00am – 2:00apm

6:00am

- Check guest list reservations
- Check Labelling hamper and label clothing
- Sort blue, white, red and brown bags into dirty grey bins
- Start load of apron in small barrel washer. (card for bibs & pads, program 1) Turn to start, press hot water and on button. 50-minute cycle
- Clean staff room
- Start tablecloths in one small washer and rags in the other
- Start linens, towels and soaker pads in large barrel washer. (program 4)
- Transfer all wash to dryers
- Start personal laundry (program 2)
- Start Hsk rags and mopheads in small barrel washer (card for micro-fibre, program 1) 45-minute cycle
- Start C.C. bags in small washers
- Fold

7:50am

- Deliver aprons, kitchen bags with 12 mopheads
- Refill linen mesh bags
- Deliver any Hsk mopheads

8:00am

- Keep on folding and hanging – LEAVE bin of aprons/towels for resident folding

10:00am – Break

10:30am

- Week 1: Elevator, railings, staircase, guest room (if booked), BV railings, glass, club rm.
- Week 2: BV entrance/HP entrance, mailboxes, trash, floors, and glass
- Continue folding

12:10pm

- Deliver personals, C.C. white bags

1:00pm - Break

1:30pm

- Clean out lint trap
- Empty garbage's, bring to silver trailer behind orange tractor in parking garage
- Wash floor

1:40pm

- Deliver all linen (pm cart)
- Stock all bath towels in tub room

2:00pm

- Turn off all machines

RC TM FOOD SERVICES DAILY ROUTINES

6-2 Early FT Dietary Aide E5

6:00 a.m. Sign in

- Sign in. Wash hands. Read communication books
- Start dishwasher and fill sinks in dish room. Record temperature.
- Read menu. Pull lunch desserts from fridge and portion; mince & puree
- Prepare desserts for apartment trays – portion in tulip dish, cover and place in fridge. See sheets by cooks station for Maplevue & Evergreen
- Wash blenders. Do own dishes & clean work area

7:00 a.m.

- Prepare cart to bring to kitchen: breakfast fruit, lunch dessert, stock, and go to 1 Tabor
- Turn on steam table, toaster, dishwasher
- Take fridge & freezer temperatures
- Prepare juice cart
- Portion desserts and put in fridge for lunch
- Roll cutlery
- Prepare dirty dish cart and place in dining room. Check dining room for dirty trays

7:30 a.m.

- Make toast
- Prepare 2 carafes of hot water & 1 tea
- Roll breakfast cutlery

8:00 a.m.

- Pick up cart for breakfast
- Place food in steam table
- Take and record food temperatures
- Make 2 carafes of coffee

8:30 a.m.

- Serve breakfast

9:00 a.m.

- Throw out extra food in pail
- Turn off steam table. **When cooled, drain**
- Bring food pail and dishes to main kitchen. Clean cart

9:15 a.m. Break

9:45 a.m.

- Clean tables and sanitize all surfaces
- Wash dishes
- Roll cutlery for lunch. Reset tables

- Prepare drink cart

10:45 a.m. Break

11:15 a.m.

- Turn on steam table
- Set-up tables for lunch
- Set-up dirty dish cart for lunch
- Prepare tea and coffee for service.
- Pick up cart for lunch from 7 Tabor

11:30 a.m.

- Place food in steam table
- Take and record food temperatures

11:45 a.m.

- Take orders OR serve juice and coffee

12:00 p.m.

- Serve lunch. Serve desserts once lunch plates are removed from the table. While serving desserts, take orders for next day's lunch. Place filled sheet on hot cart, to bring back at 7 Tabor

1:00 p.m.

- Throw out extra food in pail
- Turn off steam table. **When cooled, drain**
- Clean tables and sanitize all surfaces
- Wash dishes
- Reset tables for dinner

1:30 p.m.

- Empty and clean dishwasher
- To bring at 7 Tabor: dirty laundry bag; food pail; dishes. Clean cart
- Double bag garbage and bring to dumpster
- Bring Maplevue cart to 7 Tabor kitchen

2:00 p.m. Sign out

11 – 7 Late FT Dietary Aide L6

11:00 a.m. Punch in

- Sign in. Read communication books. Wash hands.
- Prepare regular, minced and pureed salads for supper
- Prepare regular, minced and pureed fruit for supper
- Prepare regular, minced and pureed fruit for next day breakfast
- Make jugs of thickened fluids for next day

*Monday & Thursdays: Complete all labelled drinks

1:00 p.m. Break

1:30 p.m.

- Portion desserts for all floors for dinner including minced and pureed
- Clean and sanitize your work area

3:30 p.m. Break

4:00 p.m.

- Go to 1 Tabor and bring any required stock
- Turn on steam table, and dishwasher
- Set up dirty dish cart
- Set up dining room
- Prepare juice & coffee carts & give to PSWs.

4:45 p.m.

- Get food from main kitchen. Place it in steam table
- Take and record food temperatures

5:00 p.m.

- Serve supper. Serve desserts once dinner plates are removed from the table. While serving desserts, take orders for next day's supper. Place filled sheet on hot cart, to bring back at 7 Tabor

6:00 p.m.

- Clear steam table. Clean appropriately
- Clear tables. Wash pots
- Sanitize dining room tables and servery counters
- Record dish washer temperatures
- Empty dishwasher, clean and turn off. Clean and sanitize 2 compartment sink by lifting strainer
- Prepare cart breakfast juice
- Roll cutlery for breakfast
- Sweep and mop servery floor area
- Prepare soiled utility cart in the dining room area for soiled cups, glasses etc.
- Check for stock if anything required write down

- Bring cart with clean dishes, stock list to main kitchen. Bring any laundry that needs to be done bring to the laundry room
- Pick up Maplevue (MV) cart from basement and bring to main kitchen

7:00 p.m. Punch out

11:00 – 7:00 Dietary Aide L1

11:00 a.m.

- Sign In. Read communication book. Wash hands.
- Check PM/HS weekly snack list.
- Prepare HS nourishment (regular, minced and puree) for that day.

12:30 p.m.

- Prepare all nourishment labels for all floors including yogurts and prunes.
 - For the yogurt: use the divided yogurt (in clear plastic containers) as needed (refer to yellow sheet in nourishment label binder, for the Residents on a pureed diet); use lactose-free for designated Residents
 - Ensure there are trays of divided yogurt in the fridge for the next L1 shift
- Stock nourishment cart.

1:30 p.m. **Lunch Break**

2:00 p.m.

- Make Juices for the floors.
- On delivery days (Mondays, Thursdays): put away fridge items; help PRC/cook put away freezer items.
- Prepare PM nourishment (regular, minced, puree) for the next day.
 - **Please note:** Ensure that the cookie is suitable for minced. If not, provide a softer cookie for minced and label
 - **Please note:** On Wednesdays, for cake and coffee, please put all types of cake (i.e. angel food cake, chocolate, carrot) on a plate *do not leave in the plastic container

2:45 p.m.

- Load up carts for 1st and 2nd (for L2) to take to the floors.
- On Sundays, Tuesdays and Thursdays: Bring dialysis bag to 2nd floor (before 3pm)
On Mondays, Wednesdays and Fridays: Bring dialysis bag to 1st floor (before 3pm)

3:30 p.m. **Break**

4:00 p.m.

- Go to servery, bring juice key and any stock that is required.
- Turn on steam table, overhead heat lamp and dish washer.
- Record fridges temperatures.
- Set tables/fold clothing protectors if needed.
- Set up plates/soup bowls/serving utensils.
- Portion out desserts.
- Check the communication book for daily updates.

4:30 p.m.

- Go to the main kitchen to get the food cart & any other supplies needed.

4:45 p.m.

- Give juice and coffee cart to PSW's.
- Put food in the steam table.
- Record food temperatures.
- Take residents food orders.

5:00 p.m.

- Serve supper. Serve desserts once dinner plates are removed from the table.

5:30 p.m.

- Clear steam table/**scrape out inserts with spatula** and place in hot cart.
- Put laundry down laundry chute.
- Go to main kitchen. Bring down dirty pots. Discard left over food. If no PRC, do own pots and & bag left over food.

6:00 p.m.

- Go to servery; continue washing dishes & clear any tables that have not been done.
- Record dish washer temperature.
- Empty dishwasher, clean and turn off. Clean and sanitize 2 compartment sink by lifting strainer.
- Leave soiled utility cart in the dining room area for soiled cups, glasses etc from residents room.
- Drain and sanitize steam table.
- Sanitize dining room tables and servery counters.
- Ensure all Taps are shut off and sign tap off sheet.
- Prepare cart for H.S. nourishment: variety of juices, milk/chocolate milk, ice water, one bucket of ice, labelled nourishments and sandwiches.
- Roll cutlery for breakfast.
- Spot sweep and mop servery floor area.
- Remove garbages.
- Check for stock if anything required, write down and post in main kitchen so early aide can bring it up. Turn off juice machine and lock up. Bring juice key to the kitchen.

7:00 p.m. Sign out

3:30 – 7:30 PT Dietary Aide – L2

3:30 p.m.

- Sign In. Read communication book. Wash hands.
- Prepare work area for L1, on 1st floor servery.
- Go to 2nd floor servery, bring juice key and any stock that is required.
- Turn on steam table, overhead heat lamp and dish washer.
- Clean dishes from PM nourishments. Set up dirty dish cart.
- Prepare desserts.

4:20 p.m.

- Set up dining room.
- **Prepare tea and coffee for service.** Prepare rest of cart.
- Prepare juice cart: orange juice, cranberry, apple, peach, milk, chocolate milk, straws, lids, glasses for supper and H.S. snack.

4:30 p.m.

- Give juice and coffee cart to PSW's.

4:45 p.m.

- Get food from main kitchen
- Put in steam table in you server
- Take and record food temperatures

5:00 p.m.

- Serve supper. Serve desserts once dinner plates are removed from the table.

5:30 p.m.

- Clear steam table/**scrape out inserts with spatula** and place in hot cart
- Put laundry down laundry chute **by 6:30pm**
- Start washing cutleries and plates through the dish washer.
- Go to main kitchen discard left over food.

6:00 p.m. **Break**

6:15 p.m.

- Go to servery, continue with cleaning dishes. Be sure to close servery doors.
- Sanitize dining room tables and servery counters.
- Record dish washer temperatures.
- Empty dishwasher, clean and turn off. Clean and sanitize 2 compartment sink by lifting strainer.
- Spot sweep and mop servery floor area.
- Prepare cart for H.S. nourishment: variety of juices, milk/chocolate milk, ice water, one bucket of ice, labelled nourishments and sandwiches.
- Leave soiled utility cart in the dining room area for soiled cups, glasses etc from residents room.

7:15 p.m.

- Roll cutlery for breakfast.
- Check for stock if anything required write down and post in main kitchen so early aide can bring it up. Turn off juice machine and lock up. Bring juice key to the kitchen.

7:30 p.m. Sign out

3:30 – 7:30 PT Dietary Aide – L3

3:30 p.m.

- Sign In. Read communication book. Wash hands.

*Monday & Thursdays: Put away dry goods with L4 shift.

Tuesday, Wednesday, Friday, Saturday & Sundays: Complete labelled drinks (1st and 2nd floor) with L4.

4:10 p.m.

- Go to servery, bring juice key and any stock that is required.
- Turn on steam table, overhead heat lamp and dish washer.
- Clean dishes from PM nourishments. Set up dirty dish cart.
- Prepare desserts.

4:30 p.m.

- Set up dining room.
- **Prepare tea and coffee for service.** Prepare rest of cart.
- Prepare juice cart: orange juice, cranberry, apple, peach, milk, chocolate milk, straws, lids, glasses for supper.

4:45 p.m.

- Get food from main kitchen. Put in steam table.
- Take and record food temperatures

5:00 p.m.

- Serve supper. Serve desserts once dinner plates are removed from the table.

5:30 p.m.

- Clear steam table/**scrape out inserts with spatula** and place in hot cart
- Put laundry down laundry chute **by 6:30pm**
- Start washing cutlery and plates through the dish washer.
- Go to main kitchen discard left over food.

6:00 p.m. **Break**

6:15 p.m.

- Go to servery, continue with cleaning dishes. Be sure to close servery doors.
- Sanitize dining room tables and servery counters.
- Record dish washer temperatures.
- Empty dishwasher, clean and turn off. Clean and sanitize 2 compartment sink by lifting strainer.
- Spot sweep and mop servery floor area.
- Prepare cart for H.S. nourishment: variety of juices, milk/chocolate milk, ice water, one bucket of ice, labelled nourishments and sandwiches.

- Leave soiled utility cart in the dining room area for soiled cups, glasses etc from residents room.

7:15 p.m.

- Roll cutlery for breakfast.
- Check for stock if anything required write down and post in main kitchen so early aide can bring it up. Turn off juice machine and lock up. Bring juice key to the kitchen.

7:30 p.m. Sign out

3:30 – 7:30 PT Dietary Aide – L4

3:30 p.m.

- Sign In. Read communication book. Wash hands.

*Monday & Thursdays: Put away dry goods with L3 shift.

Tuesday, Wednesday, Fridays, Saturday & Sundays: Complete labelled drinks (split labels equally) with L3.

4:10 p.m.

- Go to servery, bring juice key and any stock that is required.
- Turn on steam table, overhead heat lamp and dish washer.
- Clean dishes from PM nourishments. Set up dirty dish cart.
- Prepare desserts.

4:30 p.m.

- Set up dining room.
- **Prepare tea and coffee for service.** Prepare rest of cart.
- Prepare juice cart: orange juice, cranberry, apple, peach, milk, chocolate milk, straws, lids, glasses for supper and H.S. snack.

4:45 p.m.

- Get food from main kitchen.
- Put in steam table in your servery.
- Take and record food temperatures.

5:00 p.m.

- Serve supper. Serve desserts once dinner plates are removed from the table.

5:30 p.m.

- Clear steam table/**scrape out inserts with spatula** and place in hot cart
- Put laundry down laundry chute **by 6:30pm**
- Start washing dishes through the dish washer.
- Go to main kitchen discard left over food.

6:00 p.m. **Break**

6:15 p.m.

- Go to servery, continue with cleaning dishes. Be sure to close servery doors.
- Sanitize dining room tables and servery counters.
- Record dish washer temperatures.
- Empty dishwasher, clean and turn off. Clean and sanitize 2 compartment sink by lifting strainer.
- Spot sweep and mop servery floor area.
- Prepare cart for H.S. nourishment: variety of juices, milk/chocolate milk, ice water, one bucket of ice, labelled nourishments and sandwiches.

- Leave soiled utility cart in the dining room area for soiled cups, glasses etc from residents room.

7:15 p.m.

- Roll cutlery for breakfast.
- Check for stock if anything required write down and post in main kitchen so early aide can bring it up. Turn off juice machine and lock up. Bring juice key to the kitchen.

7:30 p.m. Sign out

6 – 2 Early Cook

6:00 a.m.

- Sign In. Read communication book. Wash hands
- Take temperatures for fridges and freezer
- Plug in Hot Carts
- Turn on ovens, steamer, steam table, kettle
- Start cooking breakfast – complete by 8:00 a.m. pick up

9:00 a.m.

- For mashed/boiled potatoes, put in steamer
- Prepare lunch meats
- Pan out vegetables for late cook
- If on menu: make rice; prepare beets

10:30 a.m. Lunch Break

11:00 a.m.

- Follow prep & pull sheets
- Ensure carts are ready for pick-up at 11:30 a.m.
- Prepare trays for the apartments
- Bring cart to Evergreen (while late cook brings to Mapleview)

12:00 p.m. Lunch Break

12:30 p.m.

- Complete all tasks regarding baked/cooked items. Pull /prep for next day's menu.
Clean and sanitize equipment used.

2:00 p.m. Sign out

10am – 6pm Late Cook

10:00 a.m.

- Sign In. Read communication book. Wash hands. 5 min huddle with Early Cook.
- Put veg in steamer
- Make the potatoes and or pasta
- Mince/Puree
- Record temperatures

11:00 a.m.

- Start the soup for supper
- Prepare sandwiches
- Mince/Puree
- Bring food cart to Maplevue

12:30 p.m. Lunch Break

1:00 p.m.

- Begin second choice
- Cook hot vegetables (if applicable)
- Puree soup/ thicken/mince/puree.
- Record food temperatures
- Place food in carts

2:30 p.m. Lunch Break

3:00 p.m.

- Prepare items for the home support trays. Prep/pull for next day
- Record food temperatures.
- Refill oatmeal, flour, sugar, oil.
- Deliver MV and EV supper carts.
- Sanitize all work areas & equipment. Sweep floor. Wipe out microwave.
- Record final temperatures of fridge & freezers.

6:00 p.m. Sign out

11:00 – 7:00 FT P.R.C (Dishwasher)

11:00 a.m.

- Sign in. Read communication book. Wash hands.
- Record dishwasher temperature.
- Clean and fill 3 sinks
- Fill sanitizing red bucket
- Scrub pots in soaker sink and organize to put through dishwasher
- Continue to scrub while dishwasher is cycling. Put dishes away
- Check garbage & recycling in kitchen, empty as required
- On delivery days (Mon & Thurs), put away freezer stock items

1:30 p.m. Break

2:00 p.m.

- Get cart from Evergreen(EG) (solarium)
- Resume washing pots and pans
- Take out garbage

3:30 p.m.

- Clean fridge shelves and floors
- Clean and wash out garbage and recycling bins in the pressure washer area

4:30 p.m.

- Bring EG/MV carts to Supportive Housing
- Sweep and mop kitchen floors (including dry storeroom). Put wet floor signs up.
- Take garbage and recycling to garbage room.
- Deep clean dish machine
- Once a week, use the floor machine on the kitchen/dishroom floor. Alternate sections of the floor and alternate a Tuesday one week, Friday the next week.

5:00 p.m. Break

5:30 p.m.

- Record dishwasher temperatures
- Continue washing and put away all dishes
- Check and empty all garbage
- Sweep and mop dish-room floor (put up wet floor signs).

6:30 p.m.

- Empty and clean dishwasher filters
- Clean garburator, run through dishwasher.
- Deep clean dish machine
- Put away garbage and dirty cloths
- Check chemicals and fill if necessary
- Flush floor grate in dishwashing room ***WEEKLY:** clean floor grate

6:45 p.m.

- Pick up meal carts from MV/EG.
- Turn dishwasher off, wipe down & sanitize all work areas

7:00 p.m. Sign out

Weekly PRC Duties

<u>MON.</u> <u>*DELIVERY</u> <u>DAY</u>	<u>TUES.</u>	<u>WED.</u>	<u>THURS.</u> <u>*DELIVERY</u> <u>DAY</u>	<u>FRI.</u>	<u>SAT.</u>	<u>SUN.</u>
Put away freezer goods	Organize dry storage room	Sweep and mop kitchen fridge and floors	Put away freezer goods	Organize bread order, if needed	Do general cleaning as required	Clean and organize walk in freezer
Empty bread racks from kitchen and put in main hallway	Receive and put away remainder of delivery	Put removable shelves from fridge in the dishwasher	Empty bread racks			Wet mop floor in freezer
	Wash kitchen floor using the floor machine		clean floor grate	Wash kitchen floor using the floor machine		Pull out vegetable for following day (lunch and dinner) and leave on different cart

**RC TM HOUSEKEEPING & LAUNDRY
DAILY ROUTINES**

7 – 3pm Laundry Aide A

7:00 a.m.

- Swipe in. Read communication book. Wash hands.
- Obtain gloves to use for sorting. Sort and start any laundry that has come down.
- Load clothing protectors in big washer.
- Put kitchen towels in small washer
- Sort laundry: separate dark personals; white personals can go with sheets and towels
- Start load of towels/sheets/soaker pads in large washer.
- Prep cart for later delivery
- Empty dryers when they stop and reload
- Fold sheets, blue gowns, personal nightwear and socks

9:00 a.m. Coffee Break

9:30 a.m.

- Deliver one linen cart by 11:00 am.
- Deliver one clothing cart by 11:30 am.

12:00 p.m. Lunch Break

12:30 p.m.

- Continue with laundry duties
- Start washing clothing protectors, kitchen towels, and any laundry that was dropped
- Work on labelling clothing if required.
- Fold clothing protectors, kitchen towels, and deliver
- Start any laundry that has been dropped

1:00 p.m.

- Deliver linen cart
- Clean laundry room
- On Fridays – bring the lost & found cart to the Great Room (if required)
- On Sundays – bring the lost & found cart back to the laundry room.

3:00 p.m. Sign out

7 – 3pm Laundry Aide B

7:00 a.m.

- Swipe in. Read communication book. Wash hands.
- Put day-of clothing in large washer.
- Sort dirty laundry and fill machines.
- Empty washers and dryers as they stop & re-load.
- Fold clothing protectors and deliver.
- Fold kitchen laundry and deliver.
- Ensure that two floors of hanging are complete by 10 a.m.

9:30 a.m. Coffee Break

10:00 a.m.

- Continue folding and hanging clothes.
- Fold remaining linens.
- Empty machines and load dryer when stopped
- Deliver 1 linen cart to the floor at 11:00 am.
- Deliver 1 clothing cart (if ready).

12:30 p.m. Lunch Break

1:00 p.m.

- Deliver 2nd clothing cart if ready.
- Complete the remaining laundry from the afternoon drop
- Continue with folding any kitchen laundry / deliver.
- Clean dryer lint underneath machines (big and small dryers).
- Wipe down all machines & all touch surfaces, handles, tables using of water + Patriot 15 and microfiber cloth
- Wednesday & Sunday: Wash plastic filter behind Washer #1
- Wash floors twice a week (minimum once with floor machine)
- Take out garbage & recycling

3:00 p.m. Sign out

7 – 3pm Housekeeper H1

7:00 a.m.

- Swipe In. Read communication book. Wash hands.
- Stock cleaning cart
- Sweep & wash dining room floor. Empty garbages.
- Wash floor in entrance area, vacuum carpets. During the winter season, use floor machine daily to remove salt.
- Dust behind the lobby benches, including vents and window sills
- Clean and disinfect all 3 public washrooms, empty garbages, wash floors.
- Clean and disinfect Café area & Great Room (if needed) and empty garbages.
- Check receiving room and clean as needed.
- Wipe glass door and receiving area.
- Wipe windows/doors as needed.
- When needed, clean private dining room.
- Clean and disinfect family lounge and spot vacuum, when necessary. Empty garbage/recycling.
- Clean and disinfect staff washrooms and empty garbage.
- Sanitize activation area. Wash floor. Empty garbage.
- Clean elevator doors & inside elevators with water and blue microfiber.

9:00 a.m. Coffee Break

9:30 a.m.

- Clean and disinfect nursing station & med room and empty garbage.
- Sweep dining room and spot wash
- Continue full cleans (refer to schedule)
- Full Clean Schedule
 - Monday: 101-105
 - Tuesday: 106-110
 - Wednesday: 111-115
 - Thursday: 116-120
 - Friday: 121-126
- Touch Clean Schedule (sweep floor, and wash when necessary, disinfect toilet and sink)
 - Monday: 106-126
 - Tuesday: 101-105, 111-126
 - Wednesday: 101-110, 116-126
 - Thursday: 101-115, 121-126
 - Friday: 101-120

12:00 p.m. Lunch Break

12:30 p.m.

- Sweep and wash dining room floor. Clean walls, windows and baseboards in dining room
- Clean utility rooms and hallway
- Check laundry chute and clean when necessary

- Check therapy room and clean when necessary
- Clean resident supply room
- Empty garbage and recycling
- If private dining room was used and there were no issues, sign orange slip (found on bulletin board in basement)
- Double check the 3 public washrooms to see if sink/toilets need cleaning again. Clean and disinfect tub room
- Clean and disinfect hand rails
- Check cleanliness of elevators and entrance
- Spot clean seating area by stairway B
- Check all washrooms and clean when necessary
- Check storage rooms and clean when necessary

3:00 p.m. Sign out

Carpet Vacuuming /Floor Machine Schedule:

- **Wednesday & Sunday:** vacuum entire floor
- **Monday:** use floor machine in dining room & front entrance/café area

Tuck Shop Cleaning Schedule:

Every Monday between 10:00 – 10:30am – wash floor, wipe down counter, coffee machine etc. Empty garbage.

Hair Salon Cleaning Schedule:

Every Sunday, Wednesday & Friday - clean and disinfect hair salon, wash floor and empty garbages.

Activation Area Cleaning Schedule:

Every Friday wash floor as baking is done on Thursdays.

Saturday or Sunday

Put away stock on shelves. Stock residents bathrooms with kleenex and toilet paper if needed.

7 – 3pm Housekeeper H2

7:00 a.m.

- Swipe In. Read communication book. Wash hands.
- Stock cleaning cart
- Sweep & wash floor in dining room. Empty garbage.
- Clean and disinfect family lounge and spot vacuum, when necessary
- Clean and disinfect nursing station & med room and empty garbage
- Clean and disinfect public and staff washrooms and empty garbage
- Clean elevator doors with water and blue microfiber
- Clean meeting room, when needed

- Full Clean Schedule
 - Monday: 201-205
 - Tuesday: 206-210
 - Wednesday: 211-215
 - Thursday: 216-220
 - Friday: 221-226
- Touch Clean Schedule (sweep floor, and wash when necessary, disinfect toilet and sink, collect garbage)
 - Monday: 206-226
 - Tuesday: 201-205, 211-226
 - Wednesday: 201-210, 216-226
 - Thursday: 201-215, 221-226
 - Friday: 201-220
 -

9:00 a.m. **Coffee Break**

9:30 a.m.

- Sweep and wash dining room floor
- Continue full cleans
- Office cleaning schedule
 - Monday: Director, DOC
 - Tuesday: Therapeutic Recreation Supervisor
 - Wednesday: ADOC, Scheduling Clerk
 - Thursday: Clinical Quality Coordinator
 - Friday: Maintenance Supervisor & Nutrition Manager
- Clean and disinfect tub room
- Clean and disinfect hand rails
- Check cleanliness of elevators and entrance
- Spot clean seating area by stairway B
- Check all washrooms and clean when necessary
- Check storage rooms and clean when necessary

12:00 p.m. Lunch Break

12:30 p.m.

- Sweep and wash dining room floor. Clean walls, windows and baseboards in dining room
- Clean utility rooms and hallway
- Check laundry chute and clean when necessary
- Check therapy room and clean when necessary
- Clean resident supply room
- Sanitize activation area & empty garbage.
- Empty garbage and recycling

3:00 p.m. Sign out

Carpet Vacuuming Schedule:

- Saturday: vacuum entire floor
- Sunday: use floor machine in dining room

7 – 3pm Housekeeper H3

7:00 a.m.

- Swipe In. Read communication book. Wash hands.
- Sweep & wash dining room floor. Empty garbage.
- Clean and disinfect family lounge and vacuum, when necessary.
- Sanitize activation area. Wash floor. Empty garbage.
- Clean elevator doors with water and blue microfiber
- Clean and disinfect public and staff washrooms and empty garbage.

- Stair cleaning schedule
 - Monday: basement A & B
 - Tuesday: 1st floor A & B
 - Wednesday: 2nd floor A & B
 - Thursday: 3rd floor A & B
 - Friday: 4th floor A & B
 - Saturday & Sunday: check both stairwells and clean handrails

9:30 a.m. Coffee Break

10:00 a.m.

- Clean and disinfect nursing station & med room and empty garbage
- Continue cleaning rooms (see schedule).
- Full Clean Schedule
 - Monday: 301-305
 - Tuesday: 306-310
 - Wednesday: 311-315
 - Thursday: 316-320
 - Friday: 321-326
- Touch Clean Schedule (sweep floor, and wash when necessary, disinfect toilet and sink, collect garbage)
 - Monday: 306-326
 - Tuesday: 301-305, 311-326
 - Wednesday: 301-310, 316-326
 - Thursday: 301-315, 321-326
 - Friday: 301-320

12:30 p.m. Lunch Break

1:00 p.m.

- Sweep and wash dining room floor. Empty garbages.
- Continue full cleans
- Clean and disinfect tub room
- Clean and disinfect hand rails
- Check cleanliness of elevators and entrance
- Spot clean seating area by stairway B

- Check all washrooms and clean when necessary
- Check storage rooms and clean when necessary
- Clean utility rooms and hallway
- Check laundry chute and clean when necessary
- Check therapy room and clean when necessary
- Clean resident supply room
- Clean staff room & washrooms. Sweep and mop floors
- Empty garbage and recycling
- Re-stock cleaning cart for next shift.

3:00 p.m. Sign out

Carpet Vacuuming Schedule:

- Saturday: vacuum entire floor
- Sunday: use floor machine in dining room

Kitchen Floor Cleaning Schedule:

- Tuesday – clean kitchen floor using the floor machine (afternoon)
- Thursday – clean kitchen floor using the floor machine (afternoon)

7 – 3pm Housekeeper H4

7:00 a.m.

- Swipe In. Read communication book. Wash hands.
- Sweep and wash dining room floor. Empty garbages.
- Clean elevator doors with water and blue microfiber.
- Sanitize activation area. Wash floor. Empty garbage.
- Clean and disinfect family lounge and spot vacuum, when necessary
- Clean and disinfect nursing station & med room and empty garbage
- Clean and disinfect public and staff washrooms and empty garbage
- Clean and disinfect all areas of basement: hallways & washrooms, physiotherapy room, ramp to apartments, hall by kitchen, staff room & washrooms.

8:30 a.m.

- Full Clean Schedule
 - Monday: 401-405
 - Tuesday: 406-410
 - Wednesday: 411-415
 - Thursday: 416-420
 - Friday: 421-426
- Touch Clean Schedule (sweep floor, and wash when necessary, disinfect toilet and sink)
 - Monday: 406-426
 - Tuesday: 401-405, 411-426
 - Wednesday: 401-410, 416-426
 - Thursday: 401-415, 421-426
 - Friday: 401-420

9:30 a.m. Coffee Break

10:00 a.m.

- Sweep dining room and spot wash
- Continue full cleans (see schedule).
- Clean and disinfect tub room
- Clean and disinfect hand rails
- Check cleanliness of elevators and entrance
- Spot clean seating area by stairway B
- Check all washrooms and clean when necessary
- Check storage rooms and clean when necessary

12:30 p.m. Lunch Break

1:00 p.m.

- Sweep and wash dining room floor. Clean walls, windows and baseboards in dining room
- Clean utility rooms and hallway
- Check laundry chute and clean when necessary
- Check therapy room and clean when necessary
- Clean resident supply room
- Stock cleaning cart
- Empty garbage and recycling

3:00 p.m. Sign out

Carpet Vacuuming / Floor Machine Schedule:

Saturday – 11:00 am - vacuum entire floor. Use floor machine in dining room.

10:00 – 4:40 FT HL

Weekly cleaning schedule for offices *mop each floor and empty garbage*:

- Monday: CEO, Executive Assistant, Director of Communications (Dir. Of Comm. has bathroom in her office – clean Monday & Friday), Assistant RAI coordinator
- Tuesday (week 1) & Thursday (week 2): Accounting Clerk, Financial Analyst, Payroll clerk
- Wednesday: Payroll Coordinator, HR Coordinator and meeting room (ask for key – across from his office), Lead Chaplain
- Friday: HR Manager, Director of Finance, SH Coordinator, Dr's Office, Chaplain

If you are unable to get into an office on a specific day, please complete the next day's office

10-10:45 a.m.

- Sign In. Read communication book
- Clean SH office and washroom; empty garbage, recycling, shredder; sweep floor
 - Monday & Friday: mop floor
- Clean scheduled office, cited above
- Clean washroom across from CEO's office
- Empty garbage and recycling from photocopy room; sweep floor
- Sweep dining room
- *On Mondays, clean training room
- *If Foot Care Clinic occurred on weekend, clean Dr's Office
- *On Saturdays, clean spa rooms and washrooms; clean Chapel, sweep and mop floors

10:45-11:30 a.m.

- Clean front office
- Check board room, clean as needed (Ask Reception, at the front office, for the key)
- Clean lobby outside of main office & main office
- Clean public washrooms
- Clean Olive Branch Café, tuck shop
- *On Wednesdays and Fridays, clean the kitchenette (next to the Chapel)
- Put cart & wet floor signs away

Between 11-11:30 a.m., if any call bells go off, let SH staff know as they are on break

11:30-12 p.m. Lunch break

12-1 p.m.

- Restock cart, refill bucket with fresh water
- Take garbage & recycling to garbage bins outside
- Clean tub rooms, washrooms, washer & dryer beside tub rooms. Clean glass in shower
- Bring the hair dresser's towels to the laundry room in the basement *code for back door: 2345*
- *On Mondays and Fridays, mop the chapel
- Check washrooms by the Fitness Centre, and clean as needed
- *On Sundays, vacuum Lead Chaplain's office and empty garbage

1-2:15 p.m.

- Clean dining room: wipe down chairs; sweep & mop; empty garbage; wipe wall beside kitchen door
- Clean staff room*code 1254* and washrooms. Wipe tables and counter, empty garbage & recycling. Wash microwaves, garbage bins & clean washrooms
 - If empty, sweep and mop floors
- Get cart from kitchen beside the Chapel and bring 3 water bottles from staff room at 7 Tabor into 1 Tabor
- Bring dirty rags to the laundry room, and bring clean rags, if available
- Fold rags and restock cart
- Put cart & wet floor signs away

2:15-2:30 p.m. Break

2:30-4:30 p.m.

- Vacuum carpets
- Clean hair salon
- Clean windows, dust furniture, wipe hand rails
- Bring hair salon towels back from laundry
- Clean intercom station in front entrance
- *On Mondays and Fridays, vacuum front office, outside of public washrooms & towards Maplevue
- *On Tuesdays, Thursdays and Sundays, clean Fitness Centre – **EMPTY GARBAGES & CHECK THE 4 DISPENSERS THAT HOLD THE CERTAINTY WIPES.** Extra boxes of certainty wipes are in the administration reception's office.
- Clean hallway beside SH Coordinator's office. Inspect washroom and clean if necessary
- *On Tuesdays and Thursdays (3:30-4:30pm): clean Olive Branch Café
- Clean cart and stock for next day. Put away all wet floor signs

SECTION 8

Radiant Care Pleasant Manor Fire Safety Plans

Fire Safety Plans

Fire Safety Plans for each building are available in the following locations:

1. Original hard copy is in the Fire Box at the main entrance of each building
2. Electronic copies are on Systems 24-7, in Section 8 of the Peace Time Disaster and Emergency Safety Plan Response Manual

SECTION 9

Radiant Care Tabor Manor
Fire Safety Plans

Fire Safety Plans

Fire Safety Plans for each building are available in the following locations:

1. Original hard copy is in the Fire Box at the main entrance of each building
2. Electronic copies are on Systems 24-7, in Section 9 of the Peace Time Disaster and Emergency Safety Plan Response Manual