



## **INTRODUCTION**

A disaster is an event which affects the normal operation of the Home. Fire, explosion, chemical spills, floods, loss of heat, light and power, bomb threats, are all events which may be classified as a disaster. The degree of disruption caused by these events may be minimal as in the case of loss of water for a brief period of time, or major, as in the case of fire requiring total evacuation. Additionally, the disruption may be created by the reception of individuals from another facility which has undergone a disaster.

Although we live in the hope that disasters will never strike at our door, the truth is that they can and do occur. The objective of this manual is to maintain a written plan for internal and external disasters and to state the actions to be taken in an emergency so as to:

- Minimize any inconveniences to the residents and staff and damage to the facility and its contents.
  
- Protect the health and safety of our residents and staff.
  
- Ensure continued operation of the Nursing Home.
  
- Recognize responsibility to the community we serve.

The effectiveness of the Emergency and Disaster Plan described herein is dependent upon you. Your familiarity of your duties will determine how you would fare should a disaster strike the Home. Your cooperation is not only necessary, but essential.



### LIST OF CONTACTS

<b>EMERGENCY EXTERNAL RESOURCE AGENCIES:</b>		
Fire Department		
Ambulance Service		
Police		
Chartered Buses		

<b>EXTERNAL RESOURCES AGENCIES:</b>		
Red Cross	For assistance in registering residents following evacuation	
Village Host Catering	To provide meals for residents in an emergency situation	A restaurant

<b>EMERGENCY RELOCATION CENTRES:</b>		
St. James The Minor	Key in Master Key cabinet in Administrator's Office	

<b>WHOM TO CALL:</b>		
Loss of power		
Loss of water		
Loss of gas		
Loss of communication		



<b>MISCELLANEOUS:</b>		
Ministry of Health		
CIATT phone line		
Administrator		
Environmental Supervisor		
Director of Nursing		
Plumbing		
Heating Air Conditioning		
Refrigeration		
Kitchen/Laundry Equipment		
Elevator		
Fire Alarm Systems		
TAS Monitoring		
Municipal Offices		
Mag Lock Service		

**Contact information is available at Stirling Manor Nursing Home.**



**CATEGORIES OF DISASTERS**

There are four common types of disasters which may affect the residents and staff of the Home and which would require evacuation to an area of safe refuge.

<b>EMERGENCY CATEGORY</b>	<b>NURSING HOME ACTION</b>
<b>Internal Disasters</b> - Fires, explosions, bomb threats.	-Formulation of fire and evacuation plans; -Evacuation of residents and personnel, if necessary, from the danger zone/area.
<b>External Disasters</b> - Storms, floods, fires in the community which affect essential services to the Home, i.e. power outage, water outage, gas supply.	-Formulation of contingency plans to deal with each of the essential services; -Evacuation of residents to alternative facilities or to families if they can be sent home.
<b>Threatened Disasters</b> - Impending natural catastrophes threatening the Home, i.e. tornado.	-Formulation of contingency plan; -Precautionary preparation of residents and staff; -Preparation of reserve equipment and supplies.
<b>Disasters in Other Communities</b>	-Expansion of services (if possible) to act as a temporary shelter.



**INADEQUATE WATER TEMPERATURES**

**PURPOSE:**

To ensure that a plan of action is available to supervisors in the event of the hot water temperature falling below 40 degrees C or exceeding 49 degrees C.

**POLICY:**

To ensure that hot water temperature is maintained within the range of 40 to 49 degrees C according to the Ministry of Health Standards.

**PROCEDURE:**

- 1) When the hot water temperature is confirmed to have fallen below 40 degrees C or exceeded 49 degrees C, the Nurse in Charge/Director of Nursing or Administrator will notify the Environmental Supervisor immediately.
- 2) If the problem is not able to be rectified by the Environmental Supervisor or if the Environmental Supervisor is not on duty, then Union Gas is to be contacted immediately at 613-968-6786.
- 3) The Nurse in Charge/Director of Nursing, Administrator or Environmental Supervisor who contacts Union Gas must insist that they visit due to the risk that exceedingly hot water can pose to residents and staff.
- 4) Monitor hot water temperatures on each floor Q 2 hr. before and after Union Gas visits then until water temperature stabilizes to within required degree range of 40 to 49 degrees C, then Q 4 hr. for twenty-four (24) hours. Ensure that Union Gas does not leave the building until hot water temperatures reach required range.
- 5) Place caution signs at all areas where residents and staff have access to hot water.
- 6) Inform all cognitively aware residents of concerns with hot water temperature.
- 7) Ensure all staff are clear about the increase in hot water temperature and also the procedure for reporting and documenting temperatures.

If problem continues or reoccurs, notify Union Gas again and insist that problem be rectified. Notify Director of Nursing or Administrator if not on duty.



**EMERGENCY CODE GREY - LOSS OF UTILITIES - WATER**

**PURPOSE:**

To have procedures in place to deal with a loss of water situation which would allow for minimal disruption to the Nursing Home.

**POLICY:**

To have access to an adequate supply of water in the case of an emergency.

**PROCEDURE:**

1. In the event of a complete loss of water, contact local Stirling Public Utilities at 613-395-3341 in order to determine expected duration of shutdown.
2. In the event that water services will be returned to normal quickly, within one (1) to two (2) hours, no further action need be taken. Unnecessary operations requiring water will be suspended.
3. **In the event that water supplies will not be available for several hours, the following procedure is to be followed:**

Milk and fruit juices are to be used to supply the needs of residents.

Laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the shortage. Arrangements to have linen laundered off premises shall be made by the ESS or designate, if situation warrants.

Disposable hand wipes will be obtained from Nursing Supply Cupboard for perineal care.

Water required for emergency care of the residents may be obtained from the water tanks located in the Tank Room off the kitchen. Water used for this purpose must be allowed to cool before use, as tank temperature in tank number 1 is normally 60C; the temperature in tanks number 2 and 3 is between 40-49C.

4. **Minimize the use of toilets during the period of shortage. Remember, toilet can be flushed once after supply to building is cut off.**
5. Environmental Supervisor will turn off all equipment which may burn out due to lack of water (i.e. kitchen steamer, refrigeration units, and coffee machines).  
  
Water required for emergency care of the residents may be obtained from the water tanks located in the Tank Room off the kitchen. Water used for this purpose must be allowed to cool before use, as tank temperature in tank number 1 is normally 60C; the temperature in tanks number 2 and 3 is between 40-49C.



6. Nutrition Manager will ensure food refrigeration temperatures remain at proper levels and recorded half hourly. Situation may warrant arrangements to refrigerate food off site.
7. **In the event that water supplies will not be returned to normal for an extended period of time, initiate contact with pre-planned emergency water sources:  
Contact information is available at Stirling Manor Nursing Home.**
8. Disposable plates and utensils shall be used during meal service.
9. In the event that water supplies will not be returned to normal indefinitely, initiate **Total Evacuation** (see Evacuation).
10. The Ministry of Health and Long-Term Care must be informed by the Administrator or designate by calling the CIATT line and via Critical Incident System.



**EMERGENCY CODE GREY - LOSS OF UTILITIES - HYDRO**

**PURPOSE:**

To have a system in place in case the Nursing Home experiences a loss of power.

**POLICY:**

The Home shall maintain all essential services during a loss of power.

**PROCEDURE:**

1. Telephone communication will only be available through the power-fail set (beige) located at Floor One until the generator starts.
2. In the event of a total loss of power, contact the Stirling Public Utilities at 613-395-3341 or Hydro One at 1-877-363-7464 and determine the anticipated duration of the power loss.
3. Ensure a staff member makes frequent checks at each door leading to stairwell or directly to the outside to prevent residents from wandering out unalarmed stairwell access doors until the generator starts.
4. For the purpose of communication of emergency codes (code blue, code red) and for critical messages, such information will be passed on to the receptionist (or nurse in charge) by a designated runner. When no receptionist is on duty, the floor one PSW will be posted at the front desk to access the power-fail telephone set.
5. All 6 volt lanterns are kept in the maintenance area known by the RN's and Housekeeping.
6. Obtain emergency blankets from storage (under west stairwell - Floor 1) and use as necessary to keep residents warm.
7. Effective September 2012 Stirling Manor Nursing Home has a 150 KW Natural Gas Generator with a 600 amp transfer switch. This generator is capable of supplying 100% power required for all equipment/systems in the Home.
8. When "utility" power supply is cut off to the Home, the automatic transfer switch detects a no power situation for more than 30 seconds, it will send a signal to the generator to "start". The generator is now running and all power is restored to the Home.
9. With the 30 second temporary power outage, the mag locks will release, elevator will go to the nearest floor and the fire panel will detect no power and the alarm will sound.





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10. The Environmental Supervisor or Nurse in Charge will need to go to the fire panel and press ACKNOWLEDGE, then SIGNAL SILENCE, and then SYSTEM RESET. The mag locks will also need to be reset
11. When “utility” power is restored, the automatic transfer switch will send a signal to the generator to “shut down”. There may be a glitch in the power and the lights may flicker.



**EMERGENCY CODE GREY - LOSS OF UTILITIES - NATURAL GAS**

**PURPOSE:**

To ensure the well-being of the residents and staff in case of a loss of natural gas.

**POLICY:**

The Home shall be prepared to deal with an incident of loss of natural gas in a way that minimizes disruption to the residents and staff.

**PROCEDURE:**

An interruption in natural gas supply will affect the kitchen stove, the hot water boilers, laundry dryers, and all furnaces.

1. In the event of loss of natural gas supply, contact Gas Company in order to determine expected duration of shutdown.

**Contact information is available at Stirling Manor Nursing Home.**

2. In the event that the supply of gas will be restored quickly, no further action need be taken.
3. In the event that loss of natural gas has occurred during the warm weather and is to be restored in a reasonable period of time:  
  
Suspend operation of laundry and dishwashing services in order to conserve hot water for residents' use.  
  
For emergency feeding of residents, see "Interruption of Dietary Services".
4. In the event that gas supplies are not to be restored for an extended period of time, make arrangements for the laundering of linen outside the Home. The Administrator will determine whether a total evacuation is necessary and contact the Stirling Police Department.
5. Residential Services Branch must be notified by the Administrator or designate via Critical Incident System.
6. Anytime staff detect the smell of gas, phone Union Gas and tell them you smell gas and they will come out and investigate.



## FLOODING

### PURPOSE:

To provide a contingency plan in the event of extensive flooding in the building.

### PROCEDURE:

1. Flooding caused by a break or malfunction of plumbing equipment.  
  
Phone the Environmental Supervisor immediately and be prepared to give exact details of the flooding. If the Environmental Supervisor is unable to adequately stop the cause of the flooding, they will contact the Plumbing Contractor.  
  
**If unable to reach the Environmental Supervisor, contact the Plumbing Contractor. Contact information is available at Stirling Manor Nursing Home.**
2. **Flooding caused by water leaking into the building due to an external disaster (i.e. extensive rainfall, spring thaw, burst water main):**  
  
Remove anyone in immediate danger.  
  
If possible, slow down and/or confine the building as best as possible.  
  
Notify Environmental Supervisor and the on call personnel immediately. If it is evident that the flooding is resulting from burst water main outside the building, notify the Stirling Public Works. **Contact information is available at Stirling Manor Nursing Home.**
4. Notify Elevator Contractor of flooding problem in order for service technicians to take precautionary measures to protect elevator equipment.
5. Ensure all electrical equipment is unplugged on the affected floor.
6. **In all cases of flooding, should the flooding be extensive, it may be necessary to:**  
  
Evacuate residents from floor one up to floor two. The Nurse In-Charge may make this decision.  
  
Suspend service operations such as laundry and food service and make arrangements for these services to be provided by external sources (see Interruption of Dietary Services and Loss of Natural Gas). Said arrangements shall be made by the Administrator.
7. The Ministry of Health and Long-Term Care must be notified by the Administrator or designate by calling the CIATT Line and via Critical Incident System.



**THREATENED DISASTERS - TORNADO PRECAUTIONS**

**PURPOSE:**

To minimize the risk to the residents of the Home in the event of a tornado warning or incident.

**POLICY:**

The Administrator or designate will be responsible for the following:

1. Awareness of the weather up-dates/warnings;
2. Knowing the name of your forecast region and your county;
3. Reviewing the action plan;
4. Being prepared with a communication tool, i.e. battery-powered radio or cell phone, and flashlights in the event of power failure and with backup generators;
5. Organizing the precautions outlined below;
6. Notifying families, residents and staff of the precautions to be taken in the event of a tornado.

**PROCEDURE:**

**Inside the Home:**

1. Keep alert for the latest weather watch or warning;
2. Instruct the staff and residents to stay away from window, exit doors and outside walls;
3. Seek shelter for staff and residents e.g. under a stairway, sturdy table, or in a closet;
4. Gather residents and staff in the centre of the Home on the side away from the storm.

**Outside the Home:**

1. Avoid buildings with large areas of unsupported roof including arenas, barns and supermarkets. If caught in these areas, see out the lowest floor, and inside hallway or a small interior windowless room;
2. Stay in an interior hallway on the lower floor or basement if in an office building.
- 3.



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3. Seek refuge in a ditch, ravine or other depression and lie flat if caught in the open. Do not remain in your car;
4. Stay away from damaged or weakened structures, fallen debris, downed electrical wires and gas leaks after the storm has passed.

Reference: Atmospheric Environment Service, Fact Sheet, Environment Canada, 1988



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**EMERGENCY CODE BROWN - INTERNAL OR EXTERNAL INCIDENT  
INVOLVING HAZARDOUS MATERIALS**

**INTERNAL**

All chemicals in the Home have an MSDS sheet. Under spills/disposal the MSDS sheet provides a specific clean-up procedure for staff to follow.

**EXTERNAL**

Stirling Manor Nursing Home is located in the Village of Stirling-Rawdon.

The Mayor of Stirling-Rawdon would implement the emergency plan (a copy of the community emergency plan is located on the bookshelf in the Administrator's office).

Stirling Manor will follow our own procedures for any chemical spill and/or community disaster. Regular communication with the police would be maintained prior to any decision of Home evacuation.



**INTERRUPTION OF DIETARY SERVICES**

**PURPOSE:**

To ensure the well-being of the residents in the event that internal services are disrupted.

**POLICY:**

The Home shall be prepared to deal with an interruption in Food Services in a way which minimizes disruption to the residents.

**PROCEDURE:**

1. In the event of loss of the Kitchen facilities, food for resident care will be purchased in the ready form from outside sources and served in disposable containers.
2. Juice, milk and cereals are to be purchased in portion-packed containers.
3. Individually wrapped muffins, cookies and cakes are to be used in the place of bread.
4. Hot soup and hot entrees are to be delivered in thermos containers by a Restaurant
5. Nutrition Manager will ensure that special diets are maintained.
6. The Ministry of Health and Long Term Care must be notified by the Administrator or designate by calling the CIATT Line and via Critical Incident System.



**WITHDRAWAL OF SERVICE/NO STAFF AVAILABLE**

**PURPOSE:**

To have a contingency plan in place in case there is a significant shortage of staff as a result of natural disasters, bad weather conditions, labour problems, etc.

**POLICY:**

The Home shall be prepared to deal with an incident of staff shortages in a way that minimizes disruption to the residents.

**PROCEDURE:**

1. Staff already in the building will remain on duty in an emergency situation until relieved or other instructions are received.
2. The Nurse in Charge is to call in all Supervisors, the Director of Nursing and the Administrator, if not already in the building. Supervisors will remain on duty during the course of the emergency or until other instructions are received.
3. The Ministry of Health and Long-Term Care must be informed of the problems. The Administrator or designate will call the CIATT Line and via Critical Incident System.
4. Each Supervisor will contact off-duty staff and arrange for them to get to work if at all possible. This may entail arranging car pools or other transportation to get the staff to the building.
5. Relatives, agency personnel, and volunteers are to be called if the situation warrants.
6. If the situation warrants, residents shall be discharged to the care of their own families where possible. The Administrator shall determine when the situation warrants such a procedure.





**EMERGENCY CODE BLACK - BOMB THREAT**

**PURPOSE:**

To ensure little or no injury to residents and staff.

To ensure accurate documentation of details of threat.

**POLICY:**

All staff are to be aware of their responsibilities for dealing with a bomb threat.

**PROCEDURE:**

1. Remain calm - do not panic.
2. Attempt to prolong the conversation and extract as much information as possible from the caller, i.e. location of the bomb, time limit and reason for the threat. {Complete Bomb Threat "Questions to Ask" form (Index EM-C35-10)}.
3. Pay particular attention to the distinguishing characteristics of the caller's voice, i.e. accent, sex, age or impediment. Listen for any background noise such as traffic, music. Etc.
4. Record details of the call on the bomb threat record. A bomb threat record is kept on a clipboard by the phone at each nursing station and by the phone in all supervisors' offices. The bomb threat record is on bright orange paper.
5. Immediately advise the nurse in charge who will notify on call personnel. The on call personnel will notify Administrator, Director of Nursing and Environmental Supervisor.
6. The **ADMINISTRATOR**, Director of Nursing or Nurse in Charge will contact the Police immediately by calling 911.
7. The Nurse in Charge will state Code Black over intercom system. Repeat three time to alert all staff. Repeat thirty (30) seconds later to ensure all staff have been alerted.
8. Nurse in charge is to obtain the red vest from the linen closet as per fire procedure.
9. **Environmental** Supervisor will meet the Police and guide them to the affected area. Outside normal working hours, this function will be performed by the Nurse in Charge pending the arrival of the Administrator or Director of Nursing. Completed bomb threat questionnaire must be given to the police upon their arrival.
10. The decision to evacuate will be made by the Police or Fire Department in consultation with the Administrator or designate. **EVACUATE THEN SEARCH.**
11. Obtain emergency blankets from under west stairwell - floor one.
12. The Nurse in Charge must designate a staff member to initiate the fan out system.
13. The Nurse in Charge must designate a staff member to obtain disaster kit and initiate use.



14. The Nurse in Charge must designate a staff member to ensure all residents and staff have been evacuated and accounted for by using the fire checklist. Report any unaccounted for residents and staff to the Nurse in Charge.

**Search Guidelines:**

15. The Police may utilize staff in each area that is most familiar with that part of the building. Each area is to be searched in a systematic fashion, moving progressively room by room until each area is complete. Searchers are to be cautioned to be alert for strange objects especially anything that appears to be out of place.

When such an object is found, **IT IS TO BE LEFT UNTOUCHED.**

Staff are to ensure the safety of residents once such an object is located by relocating to another part of the building.

16. The Ministry of Health and Long Term Care must be notified by the Administrator or designate by calling the CIATT line and via Critical Incident System.



**CODE BLACK - BOMB THREAT - QUESTIONS TO ASK**

**KEEP CALM:** Do not get excited or excite others.

TIME: Call received \_\_\_\_\_ Terminated:

\_\_\_\_\_

EXACT WORDS OF CALLER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Delay - ask caller to repeat)

**QUESTIONS TO BE ASKED:**

a) When is it set to explode?

\_\_\_\_\_

b) Where located?

Floor \_\_\_\_\_ Area \_\_\_\_\_

c) Kind of bomb?

\_\_\_\_\_

d) Description?

\_\_\_\_\_

\_\_\_\_\_

e) Why kill or injure innocent people?

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF VOICE:**

Male \_\_\_\_\_ Female \_\_\_\_\_ Young \_\_\_\_\_ Old \_\_\_\_\_ Middle-aged \_\_\_\_\_ Rough \_\_\_\_\_

Refined \_\_\_\_\_ Accent \_\_\_\_\_ Speech Impediment \_\_\_\_\_



(Describe) \_\_\_\_\_

Unusual phrases \_\_\_\_\_

Recognize voice? If so, who do you think it was?

\_\_\_\_\_

**BACKGROUND NOISE:**

Music \_\_\_\_\_ Running Motor (type)? \_\_\_\_\_ Traffic \_\_\_\_\_

Whistles \_\_\_\_\_ Bells \_\_\_\_\_ Horns \_\_\_\_\_ Aircraft \_\_\_\_\_

**ADDITIONAL INFORMATION:**

a) Did caller indicate knowledge of the Home? If so, how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What line did call come in on?

\_\_\_\_\_

**FURTHER INSTRUCTIONS:**

1. Report threat to: Stirling Police at 911
2. If you are ordered to evacuate, take this Checklist with you.

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

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



**LOSS OF COMMUNICATION**

**PURPOSE:**

To outline guidelines to follow in the event that a loss of communication occurs.

**POLICY:**

To improvise and restore communication systems effectively.

**PROCEDURE:**

1. In the event of loss of regular telephone services, utilize the power-fail set (beige) located at Floor one desk or cellular phone, and contact a telephone service notify them of the disruption in service and request immediate emergency repairs.
2. In the event that all telephone service in the immediate vicinity of the Home is disrupted, a staff member may be asked to utilize their cell phone or be delegated to drive to a pay phone located outside the area of disruption in order to contact Bell repair service. E.g. / Stirling Community Centre.
3. The same procedure is to be followed to obtain ambulance, emergency or medical services during the period of emergency.
4. The Ministry of Health and Long-Term Care must be informed by the Administrator or designate by calling the CIATT Line and via Critical Incident System.



**MANAGEMENT AND DESIGNATION OF AUTHORITY  
FOR MANAGING "ON DUTY" EMPLOYEE INJURY/ILLNESS**

**PURPOSE:**

To have a system in place in the event that injury/illness occurs to an employee working at Stirling Manor.

**POLICY:**

The employee shall receive medical assistance as quickly as possible after injury/illness has occurred.

The Home shall maintain proper and appropriate function in all aspects of it's mandate.

**PROCEDURE:**

1. Ensure the employee's safety is maintained.
2. DO NOT MOVE THE EMPLOYEE IF A HEAD, NECK OR BACK INJURY IS SUSPECTED. Stay with the employee.
3. Summon a fellow employee to call nurse in charge.
4. The nurse in charge will assess the employee for level of consciousness, i.e are they responding to tactile, verbal, environmental stimuli?
  - a) If yes, assess T,P,R, B/P, general appearance, condition and administer first aid and treatment as able. If continues to feel unwell, call next of kin to come and pick up. If serious injury/illness, call ambulance at 911.
  - b) If employee is not responding, call ambulance, assess T,P,R, B/P, general appearance, condition , administer first aid and treatment as able.
  - c) If employee is not breathing, call ambulance, if certified in CPR, assess for need for CPR and perform if needed. If no one present is certified to perform CPR then call fire department. Assess T,P,R, B/P, general appearance and condition, administer first aid and treatment as able. Call next of kin.
5. Notify Director of Nursing or Administrator so replacement staff may be brought in.
6. Document the situation and interventions/actions that were taken on Special Incident Report Form.
7. If workplace injury - ensure WSIB reports are completed.



**\*\*NOTE\*\***

If nurse in charge is injured or ill and Administrator or Director of Nursing are not present the R.P.N. will take charge and perform procedure.

If nurse in charge is injured or ill and R.P.N. is not present, the most senior PSW will take charge and perform above procedure as capable.

The most senior PSW will call or delegate someone to call 911 if serious injury/illness. If injury/illness is not serious but requires assessment and/or minor treatment call the Administrator, then Director of Nursing.



**MANAGEMENT OF A RESIDENT WITH WANDERING &/OR  
“AT RISK” FOR BECOMING A MISSING PERSON BEHAVIOUR**

**PURPOSE:**

To ensure effective and responsible management of wandering behaviour exhibited by residents.

**POLICY:**

All residents will be assessed by a RN/RPN for wandering and “at risk” for becoming a missing person behaviour on admission and when wandering/exit seeking behaviour begins to be exhibited.

**Wandering, Dementia and Risk:**

People with dementia wander for many reasons. They may be focussed on going to a particular place or roaming aimlessly. This need to keep moving is referred to as wandering and can happen day or night. Sometimes, the behaviour leads the person outside, where traffic, bad weather and unfamiliar surroundings can lead to danger. Because of deficits in memory time orientation and judgement a person with Alzheimer disease can become lost on their own street not knowing how they got there or how to get back.

One research study found that people with dementia will likely die of exposure, dehydration or drowning if they are not found within a 12 hour time period.

Research also show that people with dementia exhibit unique wandering characteristics. They tend to:

- Travel in a straight line and take the “path of most resistance;”
- Stop to rest within a short distance of the roadway;
- Attempt to return to their former residence;
- Have a history of wandering;
- Hide from their searchers;
- Do not call out for help or respond when their name is called;
- Travel until they get stuck or caught up in a drainage ditch, fence or brush;
- Be found by people not involved in official search such as neighbours;
- Be found within a 2 - 4 km radius of their home.





**Identifying and Responding to Wandering Persons And Identifying an “At Risk” Resident:**

**NOTE:** Resident will be considered “At Risk” of becoming a missing person if they are mobile and have had a prior history of wandering or exit seeking behaviour.

1. Residents who wander and/or are, “at risk” will have this identified on their care plan as well as ways to manage it.
2. Gather information about the resident so that if they go missing, staff and police will have information about them, complete wandering persons profile. This information will be kept in the resident chart.
3. Register resident on the Alzheimer Wandering Registry - keep copy in residents’ chart.
4. Ensure all staff are aware of residents’ “at risk” behaviour and outline interventions - A list of Residents “at risk” will be discreetly posted throughout facility.
5. Identify that the resident is “at risk” for becoming a missing person by labelling front of chart.
6. Ensure all missing person incidents are identified on residents care plan with details of incident including possible triggers, where person found, how long resident was missing etc.
7. The Director of Nursing will contact the local newspaper to print an annual awareness letter re: wandering resident as needed.
8. The Staff Development Coordinator will organize wandering resident and missing person education training at least annually as well as ensure that it is part of the annual general in services.
9. The Ministry of Health and Long-Term Care must be informed by Director of Nursing or delegate by calling the CIATT Line and via Critical Incident System.

**Suggestions for Managing Wandering**

Characteristics of Individuals who seek exits:

Middle stages

- Severe short term memory loss, poor reasoning, spatial disorientation (unable to locate their room/bathroom), and lack safety awareness.
- May have good communication ability and social skills



- Have little insight into their present circumstances and believe that they still have responsibilities which often relate to their pre-dementia days.
- Wandering is goal directed, highly motivated and often industrious.
- Ex: must get to work; have to get home before the children
- This requires some cognitive ability to form a thought, plan an action and carry out the plan.
- Two types, elopers and runaways differ in emotional states, perceptions and reasons for wanting to leave.

When encountering an exit-seeker, never try to reason with person. This will escalate their fear and evoke a physical response in return.

**Elopers who flee the home:**

- Perceive themselves as visitors
- May have easy-going calm demeanour
- Become upset and confused when told they cannot leave
- Desire to leave accomplish an agenda, searching for something
- Generally tell you, "must leave to go to x, y, z."
- Ex: "Nice talking with you, but I must get to the bank now."

**Strategy Suggestions:**

Step 1: Validate the person's need to leave.

Step 2: Ask "Where are you going? Will you be gone long?"

Step 3: Offer a reasonable explanation why they must postpone leaving ex: transportation unavailable. (car trouble - will have to re-schedule).

Step 4: Apologize for the mix up, to save face.

Step 5: offer an alternative invitation (cup of coffee, other activity).

**Runaways are focussed on trying to break out of the home:**

- May be very angry, anxious and confused.
- May tell people they are being held against their will.

- Desire to leave is prompted by concern, anxiety, confusion. ex: children will be waiting for me.
- May become fixated on calling or checking in with loved ones.
- Tend to quietly slip out without notice.

**Strategy Suggestions:**

Step 1: Validate person's distress.

Step 2: Engage the person in a conversation on what he/she is worried about.

Step 3: Distract the person by talking about shared interests or values.

Step 4: Provide opportunity for a walk to expel anxiety or use distraction ex: Advise the person that they have a phone call, (audio message from family).

Step 5: Make excuse (hunger, bathroom) to return to facility

Step 6: Offer person refreshment and thank them for their company on the walk.

There are times when the environment prompts exit seeking behaviour

- After every meal rote response to getting on with the day.
- Change of shift, modelling staff.
- At times of physical or emotional discomfort. (hungry, bathroom, bored, over stimulated - look to go home to be reassured).
- New admissions spark a fight or flight responses.

**Strategies for post meal time:**

- Critical to anticipate this behaviour and to plan daily interventions to diminish exit-seeking episodes as part of the person's individual care plan.
- Identify the time at which wandering occurs.
- Pre-empt the person by engaging him/her in purposeful work related activities.

Example: right after meals, engage in wiping tables, seats, sweeping, scraping plates, sorting flatware, polishing silver, polishing leaves of houseplants, cutting out coupons, sorting and folding tea towels.

**Strategies for shift changes:**

- Schedule structured recreational group activities away from the staff interchange, sing-a-longs, religious services, video respite, gross motor exercise or a walk.



**Strategies for providing safe wandering opportunities:**

Wandering is often a coping mechanism for the person with Alzheimer Disease. A safe and secure environment in which she/he may wander freely can often provide the person with a healthy outlet for feelings of anxiety or upset.

- Consider placement in a secured unit.
- Allow the person to wander in a fenced yard.
- Use a wandering security device and consider installing alarm systems that would allow searchers to know what exit the person went out, in order to provide a direction of travel.
- Care Plan, be progressive in care plans, calling case based care conferences to address the issue and to identify solutions that can be immediately implemented as part of the person's day to day care.

**Look at the immediate environment**

- If you notice that wandering happens consistently in reaction to the person's immediate environment, try to change those conditions (e.g. heat or cold, noise, fear of the dark etc). This may help to reduce the wandering.
- Develop points of interest that cue the person in an opposite direction to an exit.

**Reduce the Triggers**

The environment around the person with Alzheimer Disease will often trigger wandering behaviour. It may be helpful to remove items that trigger a desire to go outside.

- Hide clothing associated with outdoors such as jackets. It may help in discouraging exit-seeking behaviour.
- Consider disguising doors to the outside by covering them or decorating them so that they don't appear to be doors.

**Offer meaningful activities**

- A person with Alzheimer Disease may be able to participate in day to day activities such as doing simple chores or helping with household duties but will likely not be able to initiate these autonomously.
- Consider past skills and interests when presenting activities

**Exercise**

- Try to get the person into a regular exercise program.
- If possible, take the person outside for walks



- Regular exercise can use up extra energy and may help the person to sleep better.
- Consider the therapeutic value of a walking program or other gross motor activities to reduce arthritis pain, maintain muscle strength and balance as well as reduce anxiety.

**Provide Visual Cues**

- Even in familiar places, a person with Alzheimer Disease can become confused or lost. Familiar objects, furniture and pictures can give the person a sense of comfort and belonging.
- Consider introducing orientation cues, labels on doors and in rooms so that she/he can easily find his/her way through the facility.
- Night-time disorientation may be reduced by leaving a light on in the hallway or providing an illuminated clock by the bed.

**For New Admissions:**

- Get a detailed history of the person's previous interests and wandering patterns
- Activate high intensity needs programs per guidelines until the person becomes acclimatized to the new environment and until a care plan is personalized as needed.



## **ALZHEIMER WANDERING REGISTRY**

### **About the Alzheimer Society Wandering Registry**

This program, developed by the Alzheimer Society and the RCMP, is designed to help people with Alzheimer Disease return home safely after an episode of wandering. Once registered, information about the person who wanders is stored confidentially in a computer database that can be accessed by the police across Canada. The facility is mailed a package containing an information booklet about wandering and an identification bracelet that can be worn by the person with dementia and ID cards.

If the registered person is found wandering, the identification bracelet advises the person who finds him/her to call the local police. The police then enter the identification number on the bracelet into the database which gives information about where the person lives and who to contact.

### **How to Ensure a Resident is on the Alzheimer Society Wandering Registry**

- Ask the family to see if the person has already been registered

#### **If they have been registered already:**

- Notify the Alzheimer Society that the person has moved to your facility.

#### **If they have not been registered before:**

- Complete the registration form
- When signing the form, the charge nurse may sign the form on behalf of the family.
- Unless the family decides otherwise, the first emergency contact is typically the facility.
- Make a photocopy of the form and keep it on file.



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- Mail the original to the address on the form with a cheque for \$25.00
- In approximately 4 weeks, an identification bracelet, ID cards and an information booklet will be mailed to the facility.
- If at all possible, ensure that the resident wears the bracelet at all times and/or stores the ID cards in his/her wallet.

For further information, or additional registration forms, contact the Alzheimer Society at (613-962-0892) or at [www.alzheimer.ca](http://www.alzheimer.ca)



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Sample of Annual Awareness letter to neighbourhood:

(Letterhead)

Dear Neighbours:

Stirling Manor Nursing Home is a long-term care Home in this neighbourhood and we provide care for people who have Alzheimer Disease and related dementia. Our mission is to provide supports to ensure quality of life for our residents and for those who participate in our outreach programs. That means creating a balance between security and independence.

One of the common symptoms of Alzheimer Disease is memory loss. People who have Alzheimer Disease sometimes compensate for their confusion by wandering and burning off the excess energy that the anxiety creates. Sometimes the person is searching for something familiar from their life from the past and wandering occurs with expectation of returning home or getting to work. We know that people diagnosed with Alzheimer disease can become very focussed on reaching a destination that is important to them, in doing so they tend to take the path of most resistance often getting into drainage ditches or between fences and in backyards.

Over 35% of people who become lost are found through non-search efforts by having the eyes and ears of neighbours like yourself assist by reporting someone whom you suspect may be wandering.

Therefore a community partners, if you see someone wandering, please notify 911 or if you are advised that someone is missing through our community alert system, please search your grounds, do a thorough sweep of your premises, vehicles, outbuilding, and surrounding property for signs of the missing person.

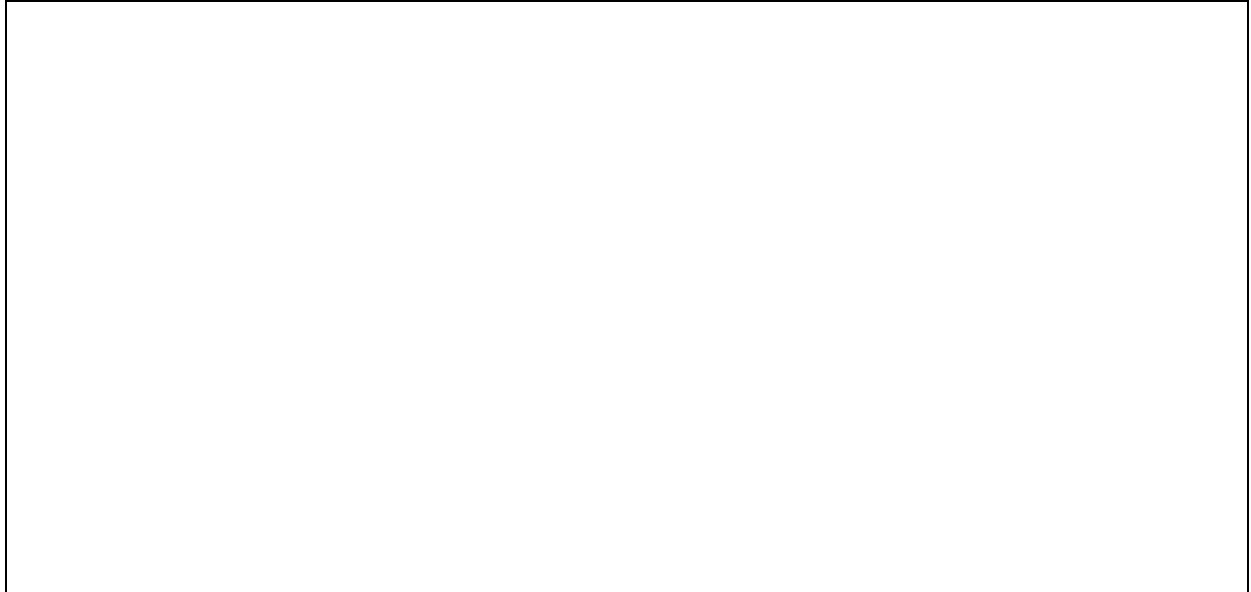
If you require assistance in searching these areas, please notify us a 613-395-2596. Abe Lincoln once wrote "The next best thing to creating a life is to save one." You can save a life one day by using your eyes and ears to become part of our neighbourhood search and rescue plan – help us to provide hope for today and help for tomorrow.

Thank You!

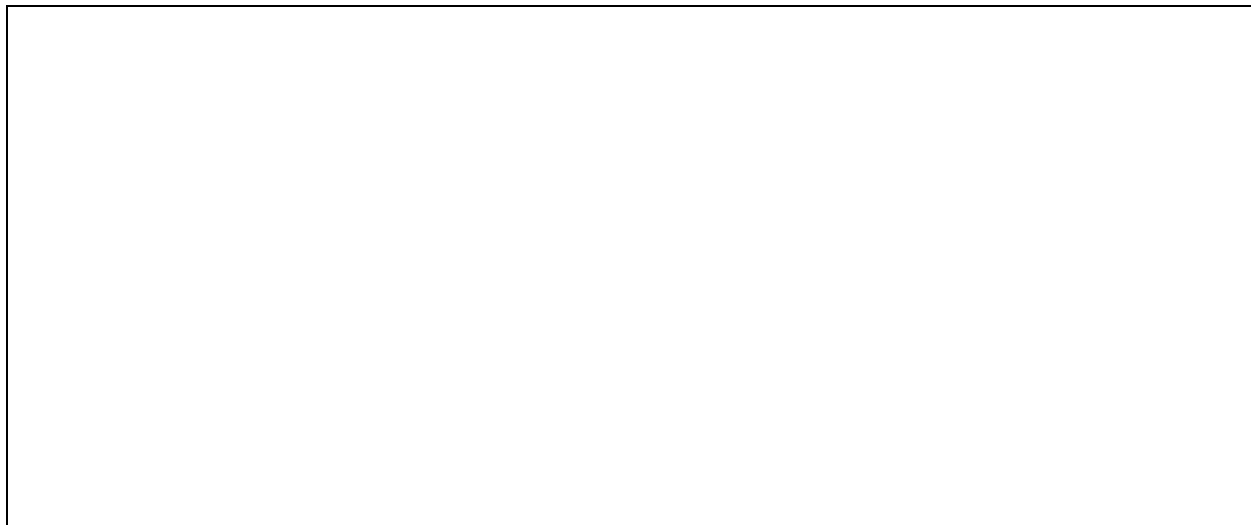




**STIRLING MANOR NURSING HOME  
WANDERING PERSON PROFILE**



Photograph (Head and Shoulders)



Photograph of Shoe Soles (for tracking)



## EMERGENCY CODE YELLOW - MISSING ADULT

### PURPOSE:

To locate a resident who is unaccounted for or seen leaving the unit in the most efficient, thorough way.

### POLICY:

An immediate and thorough search of the Home and the immediate environment shall be conducted upon the suspicion/notification that a resident is missing in accordance with the following procedure

### PROCEDURE:

1. After a thorough check on the Unit, Staff will notify Nurse In Charge immediately of a suspected missing resident.
2. Nurse In Charge to request Staff to announce "**Code Yellow, name of missing resident, room number**"; e.g. "**Code Yellow, Mrs Smith, Room 213**".
3. Nurse In Charge will delegate two (2) Personal Support Workers (PSW's) to check outside the Home and approximately one hundred (100) yards north of the Manor vicinity. One (1) searches the front and rear of the north side of the building. The other person searches the front and rear of the south side of the building and approximately one hundred (100) yards south of Manor. Include search of public buildings, i.e. sheds.
4. **All Nursing Staff on each resident care unit search their Unit in an organized fashion:**
  - In each room, on/under beds;
  - In each bathroom;
  - Utility Rooms, including Janitor Closets;
  - Linen Closet, closets;
  - Stairwells, Library;
  - Individual rooms.
5. **Staff on all floors will call Nurse in Charge promptly to indicate:**
  - Search completed;
  - Resident found/not found.



6. If resident not found, Nurse in Charge notifies the Director of Nursing, Police, Family and Physician.
7. Nurse In Charge takes the missing resident's Chart, Care Plan and picture to Nursing Station on Floor 1.
8. Director of Nursing completes an Incident Form and documents all actions taken on Multi-disciplinary Plan (MDPN). The Ministry of Health will be notified by telephone immediately by the Nurse in Charge, followed by the Critical Incident System.
9. **When resident is found, the Director of Nursing/Nurse in Charge shall notify:**  
Police, Family, Administrator, and Physician.
10. The Director of Nursing or delegate will notify the Ministry of Health and Long-Term Care by calling the CIATT Line and via Critical Incident System.
11. The Director of Nursing/Nurse in Charge shall document in Multi-disciplinary Notes the details of return and action taken to prevent reoccurrence.
12. Where the resident is not found within twenty-four (24) hours, the Administrator shall determine the appropriate course of action to be taken, e.g. arrange for press conference with press and Police Department, involve media and public assistance.



## MISSING RESIDENT SEARCH PROCEDURE

### PURPOSE:

To locate a resident who is unaccounted for in the quickest most efficient and thorough manner.

### Search Kit:

A search kit will be kept in the floor one linen closet containing:

- flashlights and batteries
- notepad for writing notes
- pens and highlighter
- floor plans
- wandering policy and procedure
- missing person policy, procedure and checklist

### POLICY:

The Missing Resident Search Procedure will be automatically implemented when:

- 1) Resident is thought to be missing but no exit alarm has sounded.
- 2) An exit alarm sounds and upon staff response and search of the immediate surroundings a resident is thought to be missing.
- 3) A head count is to be instituted if either 1 or 2 above occurs. Approved absences will be confirmed by checking with the sign-out book located on floor one and Leave of Absence Binder in floor 2 Medication Room.

### PROCEDURE:

#### 1) NURSE IN CHARGE

Once a resident is presumed missing, the Nurse in Charge is to be contacted immediately.

The Nurse in Charge has overall responsibility for the implementation of the Missing Resident Search Procedure.

#### 2) SEARCH COMMAND POST



The nurses' station on floor one will be the Search Command Post

- 3) Activate Missing Person Search Procedure - **Code Yellow**
- 4) **Upon implementation of the Missing Resident Search Procedure, the Nurse In Charge will immediately move to the Search Command Post and;**
  - a) gather all available information regarding the missing resident (if identified):
    - Resident photo;
    - Full description including clothing worn;
    - The time and place where the resident was last seen;
    - If resident has Alzheimer or related dementia, obtain shoe tread, wandering profile information and previous missing person incidents and location found.
  - b) gather search kit from floor one linen closet and take out the Missing Resident Search Procedure and Check List Form as a guide. The Check List Form is to be completed as the search proceeds.
  - c) designate staff to search for the resident in the building. Searchers must mark off areas searched and note the time on their floor plans. Closely monitor exits to prevent the lost person from leaving the building during the search. Searchers must not omit any area because he/she thinks the lost person could not get there.
  - d) Specify areas/zones to be searched and instruct all staff to report back within 10 minutes.
  - e) Search all the following areas:
    - rooms, closets, bathrooms, and beneath beds
    - lounges, common areas
    - stairwells, elevators, elevator shafts
    - storage and service areas
    - locked rooms
    - hidden areas
    - behind privacy curtains



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**Note:** Utilize the floor zone maps which have been developed to ensure no missed areas.

**Note:** Make certain that the search is progressively expanding outside the building.

**While Searching:**

- Remain silent except for essential conversation;
- Listen for the lost person who may be crying, singing or quietly talking;
- Be cognizant that the person may not respond to his/her name.

Instruct staff to search the outside grounds checking the following areas:

- all vehicles including in trunks
- bushes
- sheds
- stores
- roads, etc.
- ask neighbors.

Search areas thoroughly and systematically - avoid multiple re-crossing as this may contaminate a scent trace needed by police canine.

**Note:** If the resident is very agile, start the search a good distance away from the building and search back towards the building to avoid the resident getting far away, e.g. The Mill Pond or liquor store.

If a car is used in the search, always send two staff per car (if possible), one to drive and one to search.

**If resident is not found after the initial search, the Nurse in Charge shall:**

- 5) Notify the police at 911.
- 6) Provide the following information:
  - a description of the resident
  - a photograph of the resident
  - the time the resident was last seen



- the clothing worn by the resident
- the resident's general medical problems
- the resident's ability for self-care
- the places the resident is likely to go (attractive nuisances)
- copy of chart, RCP, wandering profile, shoe tread
- search and rescue kit and maps

7) Notify: Administrator - Business hours

Director of Nursing - Business hours

**Contact information is available at Stirling Manor Nursing Home.**

8) Notify the on call personnel, Resident's family / Next of Kin

9) Notify the Attending Physician

10) Notify the Ministry of Health and Long Term Care

Business hours            1-855-819-0897

After hours                1-800-268-6060

by telephone as soon as possible and via Critical Incident System.

11) Document:

- time the resident last seen and by whom- time the resident discovered as missing
- any unusual behaviour
- search procedures and involvement
- notification time of pertinent individuals
- complete unusual occurrence form and document all actions taken in Multi-disciplinary (MDPN) Progress Notes.



**When Resident is found:**

When the resident has been found notify the Nurse in Charge immediately.

The Nurse in Charge will then:

- a) make an announcement that the resident has been found and that the search is cancelled.
- b) Notify those shown in the check list, and
- c) Have the resident's condition assessed by the physician and provide resident with resident with reassurance.
- d) Document the incident per protocol.
- e) Modify the resident care plan with strategies to manage wandering/exit seeking, outline incident.
- f) If unable to manage residents' wandering behaviour have physician refer to an appropriate facility.

**When Resident is Not Found within 24 hours:**

If a resident is not found within twenty-four (24) hours, the Administrator will determine the appropriate course of action to be taken e.g. arrange a press conference with press and Police Department, involve media and public assistance.

**If a Resident is witnessed to Be Eloping from Home:**

1. Notify Nurse in Charge in the event a resident leaves the Home premises without authorization.
2. The Nurse in Charge shall delegate a Nursing Staff member, preferably a Personal Support Worker (PSW), from the main floor to immediately follow the resident and encourage him/her to return inside the Home.
3. a) If resident agrees to return, assist them back to the Home. Nurse in Charge will assess resident and ensure interventions are instituted to prevent re-occurrence i.e. every 15 minute checks, diversion activities, one to one visits. Notify resident's attending physician and POA/next of kin.





b) When resident refuses to return, becomes physically aggressive or continues to walk away from the Home, the Nurse shall follow the resident at a safe distance until such time that help arrives.

4. The Nurse in Charge will institute missing person procedure.

**In all cases of witnessed elopement from the Home notify:**

- **Administrator and Director of Nursing**
- **Resident's Attending Physician**
- **Family/Next of Kin of Resident**
- **Ministry of Health and Long Term Care - via telephone then via Critical Incident System.**



**MISSING PERSON CHECKLIST**

Resident Name: \_\_\_\_\_ Room # \_\_\_\_\_

Resident is noticed missing and reported to Nurse in Charge

1) Time last seen: \_\_\_\_\_ Date: \_\_\_\_\_

Place last seen: \_\_\_\_\_

2) Physical Description: Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Identifying Features: \_\_\_\_\_

Clothing Last Worn: \_\_\_\_\_

3) Photograph available? Yes \_\_\_\_\_ No \_\_\_\_\_

4) SEARCH IMMEDIATE AREA

- Check to determine if resident is signed out
- Search residents' floor including room, washroom, lounges, stairwell, tub/shower room, hopper room, linen closet.

5) IMPLEMENT FULL FACILITY SEARCH

**CALL CODE GREEN (MISSING PERSON)**

6) AREAS TO BE SEARCHED UTILIZE ZONE MAP (note who searched area)

Bedroom areas _____	Elevators _____
Lounges _____	Storage/Service _____
Closets _____	Stairwells _____



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Bathrooms \_\_\_\_\_ Hidden areas \_\_\_\_\_  
Under bed \_\_\_\_\_ Kitchen \_\_\_\_\_  
Vehicles \_\_\_\_\_ Laundry \_\_\_\_\_  
Bushes \_\_\_\_\_ Staff Lounge \_\_\_\_\_  
Sheds \_\_\_\_\_ Washrooms \_\_\_\_\_  
Roads \_\_\_\_\_ Grounds \_\_\_\_\_

7) Remind staff:

- To remain silent except for essential conversation and listen for person
- Person may not respond to their name being called.

8) Search Completed-Resident confirmed missing: Time: \_\_\_\_\_

**Obtain wandering Persons' Profile, wandering registry form, other related information on Residents' chart.**

9) Police Notification: Yes \_\_\_\_\_ Time \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Badge #: \_\_\_\_\_

Include information re: residents' name, specifics about physical appearance, clothing description, last time resident was seen and where, whether resident has potential to be aggressive/resistive. Conduct another full facility search while waiting for police to arrive

10) Notification:

Administrator: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by: \_\_\_\_\_

Next of kin called: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



Conversation notes:

---

---

Physician: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by:

---

Ministry of Health & Long Term Care

---

Time: \_\_\_\_\_ Notified by:

---

**WHEN RESIDENT IS FOUND**

10) Resident found At: Location: \_\_\_\_\_ Time:

---

11) Assessment of Resident's condition when found:

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12) Physician's Orders Received:

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13) Notification when Resident Found:

Police: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by:

---

Administrator: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by:

---

Director of Nursing: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by:

---

Family: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by:

---

Physician: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by:

---

Ministry of Health and Long Term Care: \_\_\_\_\_



**POLICY # EM- C50-5**

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Time: \_\_\_\_\_ Notified by: \_\_\_\_\_

14) Safety precautions to prevent re-occurrence:

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15) Thorough documentation in Residents' MDPN's: Yes:

16) Incident report and Critical Incident System completed: Yes:

17) Incident documented on Residents' Care Plan - reevaluate and revise management strategies as needed. Yes:

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



**EMERGENCY CODE WHITE  
VIOLENT PERSON/HOSTAGE/INTRUDER**

**PURPOSE:**

1. To initiate an appropriate effective response to the presence of a violent person, hostage or intruder in the Home.
2. To minimize the risk of property loss and/or personal safety of residents and staff through effective access control and proper identification of all personnel.

**POLICY:**

All staff are responsible for initiating a Code White upon discovering a violent person, hostage or intruder in the Home.

**PROCEDURE:**

1. Anyone found in the nursing home not appearing to have a legitimate purpose for being there, will be approached by staff in a non-confrontational and professional manner.
2. Ascertain whom they are visiting and whether they require any assistance.
3. Once the nature of the visit has been determined, accompany them to the elevator and ensure they embark for the appropriate floor.
4. If they have no legitimate purpose for being in the home, escort them to the main exit, on floor one. Notify the Nurse in Charge.
5. If a non-authorized individual:
  - a) is not recognized **and**
  - b) refuses to follow your direction, **or**
  - c) becomes argumentative, **or**
  - d) has no purpose for being in the nursing home, **or**
  - e) looks suspicious

**initiate the Code White yourself.**



**Intruder Code:**

1. Go to the nearest telephone set.
2. Announce in a clear, calm tone of voice "Code White (name the affected floor)" (for example: "Code White, Floor 2"). Repeat this page three (3) times and again 30 seconds after to ensure all staff are alerted.
3. Immediately the Nurse in Charge and additional Registered Staff and/or Management staff shall report to the affected floor.
4. Staff member who approached the intruder or Nurse in Charge shall notify the police by calling 911. Advise police there is an unauthorized person on the premises and provide the description if asked.
5. Nurse in Charge or designate to delegate someone to meet the police upon their arrival and provide assistance as required.
6. Upon arrival of police or when safe to do so Nurse in Charge or designate will notify on call personnel and Administrator.
7. Depending on police instruction fan out procedure may be initiated.



**EMERGENCY CODE BLUE  
CARDIAC ARREST**

**PURPOSE:**

1. To alert individuals within the Home of a Cardiac Arrest or Respiratory Arrest, or Cardiac complaints (chest pain) in a particular room or area of the building.
2. To provide a streamlined system of responding to the needs of a resident during acute illness.

**POLICY:**

An organized system in dealing with acute situations within the Home, i.e. choking victims, cardiac arrest, acute illness is achieved by following the outlined procedure.

**KEY POINT:**

Nurse in Charge will immediately go to area of Code Blue to assist. Anyone may bring or be asked to bring the Suction Machine to the area from the Nurses' Station.

**PROCEDURE:**

1. **When discovering a resident with a change in health status:**
  - a) Pull nearest bell.
  - b) Stay with resident.
  - c) If no response to call bell, call out for help; if no response go to Nursing Station, **page "Code Blue" (announce "Code Blue", floor \_\_, room \_\_) three (3) times.**
  - d) Upon arrival, supervisory personnel will take charge of situation and delegate to other staff members any functions to be carried out, ie:
    1. Emergency ambulance to be called (auto dial, give name, address of Manor & answer questions from dispatch.)
    2. Try to notify floor one of particulars, so they can have elevator and information handy for the ambulance staff.
      - a) Completion of Transfer From.





**POLICY # EM- C60**

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- b) Notification of Attending Physician and family.
- c) Other duties as need to be assigned by Nurse in Charge.



## BEFORE DISASTER STRIKES

### DISASTER KIT

A Disaster Kit is maintained on Floor 1 in the linen closet. It is kept in a Turquoise Plastic Container labelled, "DISASTER KIT".

A Fire and Evacuation Policy Manual is maintained in the Staff Room. This Manual is used in case of Emergency. Refer to Emergency Section for procedures. For example,

- a) Wandering/Missing Resident - EM-C
- b) Facility Evacuation - EM-D
- c) Crisis Evacuation Location - EM-E

The Disaster Kit contains:

- 5 copies of current Emergency Staff Telephone List;
- 2 copies of the Resident Lists (from PCC) – resident alphabetical list, and resident list by floor;
- 1 copy of the Wandering / Missing Resident Search Procedure (EM C-47 and C50);
- Forms and supplies needed to document the admission, discharge and transfer of residents or to begin treatment. Refer to Evacuation Log in Emergency Section (EM-D35).
- Armbands and name tags for residents for identification;
- Clear plastic bags (not garbage bags), for resident's belongings to prevent them from being inadvertently discarded.
- Maps (sketches) of internal traffic flow for Planned Evacuation.
- Note books for recording information regarding materials flow.
- Office Manager or delegate will update the Staff Telephone List, the Resident List and the Staff Emergency List as required;
- Office Clerk will update emergency resident profiles for name tags;
- Administrator will periodically check the Disaster Kit for tampering.



## CODE GREEN - FACILITY EVACUATION

### PURPOSE:

To provide a means of communicating the need for evacuation during a disaster or potential disaster situation.

### POLICY:

The Nurse in Charge will initiate the Code Green when type and extent of evacuation required is determined.

### PROCEDURE:

1. During a disaster or potential disaster situation, the Nurse in Charge will collaborate with the Administrator, Director of Nursing, other applicable department supervisors, professional services personnel i.e.: Fire Chief, Police Chief etc. to determine if evacuation is required and type and extent required. **In some situations the Nurse in Charge will be responsible to initiate evacuation immediately without collaboration i.e.: immediate or horizontal evacuation, situation circumstances.**
2. The Nurse in Charge will call Code Green or designate a staff member to call Code Green using designated manner:  
  
i.e.\ Code Green Horizontal Evacuation of Floors 2 and 3.  
  
Or  
  
i.e. \ Code Green Total Evacuation.  
  
Repeat Code 3 times. Speak Slowly and clearly.  
Repeat Code Green in 30 seconds.
3. Orange Evacuation tags will be placed on the door knob of resident rooms indicating the room has been searched and evacuated. Orange tags for each floor are kept at the nursing station on each floor.



**ACTIVATION OF FIRE ALARM EVACUATION SIGNAL  
(STAGE TWO)**

**PURPOSE:**

To alert staff to an evacuation situation.

**POLICY:**

Activation of the Fire alarm evacuation signal (stage two) will be performed by the Nurse in Charge (fire control officer) when evacuation is required.

**PROCEDURE:**

1. Insert stage two key into an activated fire pull station.

Turn key clockwise.

When activated - alarm sounds at one hundred twenty (120) beeps/minute.



## CONTACTING OF STAFF IN AN EMERGENCY SITUATION

### PURPOSE:

To be able to contact all staff quickly in an emergency situation.

### POLICY:

Each Supervisor will have a designated group of staff to contact in an emergency situation.

### PROCEDURE:

1. All Supervisors are to receive a designated section of the staff phone list to contact in case of an emergency.
2. Current Staff Phone Lists are to be kept in Nursing Office.
3. In an emergency situation, the Nurse in Charge or delegate is to contact the on call personnel after calling 911.
4. All Supervisors are to contact their assigned list of staff to return to Stirling Manor Nursing Home to assist in an emergency situation (**see "Fan-Out Staff Contact Procedure"**).
5. Office Manager will update the Emergency Telephone List as changes occur.
6. The updated lists will be given to the appropriate Supervisors.
7. All Supervisors are to keep their lists in an appropriate place in their residence.
8. All staff are required to return to Stirling Manor Nursing Home to assist in an emergency situation.



**FAN-OUT STAFF SPECIFIC CONTACT PROCEDURE**

**PURPOSE:**

To ensure that all staff are contacted quickly in the event of an emergency situation.

**POLICY:**

All Supervisors are to be aware of their contact responsibilities and respond accordingly during an emergency situation.

**PROCEDURE:**

1. Nurse-in-Charge is to contact the Administrator, Director of Nursing and Emergency Services as indicated on the Fan-out procedure.
2. The Administrator is to contact the Manny Simon (Owner), Office Manager, Nutrition Manager, Ministry of Health & Long-Term Care after hours Emergency number, and the Southeast Local Health Integration Network (SELHIN).
3. The Director of Nursing is to contact all Registered Nurses, RAI Supervisor and Medical Advisor.
4. The Nutrition Manager is to contact all dietary, housekeeping and laundry personnel.
5. The Office Manager is to contact Administrative Assistant and Life Enrichment Supervisor.
6. The Life Enrichment Supervisor is to contact the Life Enrichment Personnel.
7. The RAI Supervisor is to contact the Environmental Supervisor, Clerk and Registered Practical Nurses.
8. The Clerk is to contact Personal Support Workers (Column One).
9. The Administrative Assistant is to contact Personal Support Workers (Column Two).

See attached Fan-out chart



POLICY # EM- D10

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**EMERGENCY NUMBERS – THESE NUMBERS ARE ONLY TO BE USED WHEN  
DIRECTED BY THE FIRE CONTROL OFFICER!**

**Contact information is available at Stirling Manor Nursing Home.**



**SPECIFIC STAFF/DEPARTMENTAL DUTIES**

**PURPOSE:**

To ensure evacuation is expedited by assigning specific duties to specific people.

**POLICY:**

All staff shall follow their assigned duties during an evacuation.

**PROCEDURE:**

**The NURSE IN CHARGE WILL:**

1. Call the appropriate emergency service(s) as indicated in EM-D10 (Fan-out/Emergency Numbers).

**Note:** The Fire Department initiates the emergency services as soon as the second-stage alarm is activated

2. Take charge of the situation by following prescribed emergency procedures until such time as the arrival of the emergency service(s) involved.
3. Call the Administrator and the Director of Nursing (DON).
4. Be responsible for obtaining a complete list of residents and staff.

**The ADMINISTRATOR or Delegate Will:**

1. Direct the activities of all personnel until the arrival of the Fire Department and Ambulance Service.
2. Contact the Owner, the Ministry of Health and Long-Term Care, and all Supervisors that are not on duty.





3. Receive all communications from the Fire Department and Ambulance Service and will participate in assessing the situation.
4. Deal with the media.

**Note:** In the absence of the Administrator, these duties will be performed by the Director of Nursing.

**The DIRECTOR OF NURSING or Delegate will:**

1. Implement the disaster plan.
2. **Determine:**
  - i) Number of residents to be evacuated.
  - ii) Horizontal or vertical evacuation.
  - iii) Number of wheelchairs and or stretchers
  - iv) Number of ambulatory residents.
3. **Contact:**
  - i) The Medical Advisor.
  - ii) The number of nursing personnel as required.
4. Assign staff to assist in the evaluation.
5. Notify Continuing Care Access Centre of evacuation. Make arrangements for any acutely ill residents or residents receiving complex treatments to be admitted to other LTC Homes for care.

**The NURSE IN CHARGE of areas to be evacuated will:**

1. Delegate at least 2 staff members to the area of evacuation to tag all residents with emergency identification bracelets and ensure emergency logs are kept for all evacuees and complete Resident/Staff checklist.
2. Be responsible for maintaining a resident head count.
3. Be responsible for the removal of the MAR books, resident charts and Med Carts (if use of the elevator is safe) **only if there is time.**



**The MEDICAL ADVISOR will:**

Arrange for the hospitalization of residents, if necessary.

**The ENVIRONMENTAL DEPARTMENT will:**

1. Depending on circumstances, be responsible for traffic control until the arrival of the Police.
2. Be responsible for ensuring the building is left in a secure condition if possible.
3. Be responsible for ensuring adequate lighting is available, i.e. flashlights.
4. Secure extra bedding and linen if required

**The OFFICE MANAGER will:**

1. Keep all outside lines available.
2. Accept only emergency incoming and outgoing calls.
3. Man the reception area.
4. **Be responsible for the removal of:** Computer Back-Up keys.
5. Secure the Front Office and the Administrator's office in her absence (close window & doors, turn on lights, turn off/unplug equipment) secure files in locked cabinets.

**The NUTRITION MANAGER will:**

Arrange for the provision of beverages and snacks to residents, staff, volunteers, firemen, policemen and ambulance personnel and any other persons involved in the response.

**The LIFE ENRICHMENT SUPERVISOR will:**

Be responsible for obtaining volunteers and chaplains if necessary.



## TYPES OF EVACUATION

### PURPOSE:

To ensure the safety and well-being of residents during an emergency situation.

### POLICY:

To understand the necessity of evacuation and which type should be used in an emergency situation.

### PROCEDURE:

1. **Horizontal Evacuation:**

An evacuation of residents from one (1) fire zone to an area behind the fire doors on the same floor.

2. **Vertical Evacuation:** (Supplies needed: blankets, wheelchairs)

Evacuation to a safe area on a lower floor or to the outside.

**Order of Evacuation:**

Ambulatory residents.

Wheelchair residents.

Bedridden residents.

Resistive residents.

3. **Total Evacuation:**

An evacuation of the complete building to outside locations.



## TOTAL EVACUATION - CRISIS SITUATION

### PURPOSE:

To remove residents from an immediate emergency situation calmly and efficiently.

### POLICY:

All staff are to be aware of their responsibilities during a "crisis situation" and carry out their responsibilities accordingly.

### PROCEDURE:

1. The residents in the immediate danger zone are to be evacuated first.
2. The Nurse-in-Charge will designate two staff members to obtain Disaster Kit (Floor one Linen Closet) and take out the Disaster Kit out of the Home to the designated meeting area. These two staff members are responsible for:
  - a. completing the resident/staff checklist
  - b. tagging residents with wrist identification bracelets
  - c. completing the emergency information/chart
3. All non-essential belongings are left behind, i.e. purses, clothing.
4. Once the area has been evacuated, no one may reenter without permission from the person in charge, i.e. Fire Chief.
5. The areas next to the danger zone are then evacuated following the same procedure.
6. All areas will always be evacuated downwards, never up.
7. Elevator may be used **except in the event of fire** to move bedridden or non-ambulatory residents who would take priority for use of elevator. One (1) person will man elevator to ensure efficient use of elevator during evacuation.
8. When transporting residents down stairwells, always keep to the right.
9. When staff return up stairwells to evacuate residents, always keep to the right.
10. Evacuation off the floors will follow prescribed evacuation routes.



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11. Injured residents or residents to be hospitalized will be identified with a red dot on the Emergency Information/Chart and the resident wrist tag as a priority hospital transfer.
12. All other residents will then be transported to chosen relocation sites.



**TOTAL EVACUATION  
PRECAUTIONARY SITUATION**

**PURPOSE:**

To remove residents from an impending emergency calmly and efficiently.

**POLICY:**

All staff are to be aware of their responsibilities during a “**Precautionary Situation**” and carry out their responsibilities accordingly.

**PROCEDURE:**

1. All residents who require hospitalization are transported first (1st).
2. All applicable Medical Records must be sent with these residents.
3. All bedridden residents are relocated next with applicable records and medication.
4. All residents who may be discharged into the care of relatives, with their medication, are next.
5. Remainder of residents are then to be relocated with applicable records and medication.
6. All residents must be identified by their Emergency Identification Wrist Bracelets before relocation.
  
7. Elevators and stairwells may be used for precautionary evacuations. Bedridden and non-ambulatory residents will take priority for use of elevator. The elevator will be manned to ensure most efficient use of elevator during evacuation.
8. Evacuation off the floors will follow prescribed evacuation routes.



**TOTAL EVACUATION  
PRECAUTIONARY SITUATION EQUIPMENT LIST**

**PURPOSE:**

To move necessary equipment to relocation site to provide for care and comfort of residents.

**POLICY:**

Maintenance and Nursing staff are to be aware of necessary equipment and location where needed.

**PROCEDURE:**

1. Mattresses.
2. Bedding - blankets, pillows, pads.
3. Bedpans and urinals.
4. Towels and facecloths, incontinent products
5. Personal cleansing items, soap.
6. Sanitary cleaning items.
7. Medication Carts and MAR's/TAR's.
8. Resident Care Plans and Charts if there is time.
9. Disposable drinking glasses.
10. Water jugs.



## **SEQUENCE OF EVACUATION**

### **PURPOSE:**

To ensure an efficient and effective plan for evacuation of residents is in place.

### **POLICY:**

In an evacuation situation, residents will be evacuated by moving the easiest residents first and most difficult last.

### **PROCEDURE:**

1. Evacuate the room of fire origin first, if possible.
2. Evacuate the rooms on either side of the room of fire origin and the room directly across the hall.
3. Evacuate ambulatory residents next.
4. Residents in wheelchairs should be moved next.
5. Other non-ambulatory residents should then be evacuated because of the time and resources necessary to move them. .
6. Finally, evacuate resistant residents. If they are not in immediate danger, they should be left in their room with the door closed. The fire department must be informed of their location.





**EMERGENCY TAGGING / EMERGENCY INFORMATION / CHART**

**PURPOSE:**

To be able to quickly and easily identify residents' placement needs and to obtain pertinent information during an evacuation.

**POLICY:**

The two designated staff members are to tag all residents with the appropriate wrist bracelet identification at the designated meeting area.

**PROCEDURE:**

1. A sufficient supply of Emergency Identification Wrist Bracelets will be placed in the Disaster Box located on Floor One (1).
2. The Office Manager or delegate is responsible for keeping the Resident/Staff Emergency Checklist current.
3. The Office Manager or delegate is responsible for ensuring emergency information for each resident is present and up-to-date.
4. In the event of evacuation, Nurse-In-Charge or delegate will take the MAR Books to the designated exit.
5. Pictures of all residents are found in the MAR Record Book. Use these as well as bracelets to identify residents.
6. The two designated staff members will be responsible for completing the Resident/Staff Emergency Checklist, tagging residents with wrist identification bracelets and completing the emergency information/chart.
7. The Resident/Staff Emergency Checklist will be kept in the disaster box in Floor 1 linen closet.





**CODE GREEN RESIDENT – STAFF CHECKLIST**

**PURPOSE:**

To ensure all Residents and staff are accounted for after the Home has been declared a Code Green (total evacuation).

**POLICY:**

A Resident/staff checklist will be completed once residents and staff have been evacuated from the Home.

**PROCEDURE:**

- 1) The Office Manager or delegate will ensure an updated copy of the Resident/Staff checklist is kept in the Disaster kit.
- 2) The Nurse in Charge will designate at least 2 staff members to the area of evacuation.
- 3) The 2 staff members designated will complete this checklist for all residents and staff listed on the "duty board".
- 4) Any resident not accounted for must be immediately located via the missing person policy EM C-50.



## EVACUATION LOG

### PURPOSE:

1. To document the transfer of residents, mode of transfer and destination in the event of a total evacuation to facilitate identification of residents and their whereabouts.
2. To ensure that appropriate records accompany residents to their destination.

### POLICY:

In the event of a total evacuation resulting in the transfer of residents from the Nursing Home, two (2) Nursing representatives shall complete an "Evacuation Log" (see page 2).

### PROCEDURE:

1. The Nursing representatives will confirm and record, prior to departure:
  1. Resident's name.
  2. Transfer destination.
  3. Time of transfer.
  4. Vehicle transferred by (and number if applicable).
  5. Whether or not records sent.
2. Log will be completed as each resident leaves the Nursing Home property.
3. The Evacuation Log will be copied for retention by:
  1. Coordinator of the evacuation, Nurse-In-Charge.
  2. Nursing Home Administrator.
4. The Director of Nursing will assign a Nurse to inform residents' next of kin of their whereabouts following emergency transfer from the nursing home.





## EVACUATION ROUTES

### PURPOSE:

1. To provide for an orderly evacuation.
2. To minimize traffic flow congestion at any evacuation point.
3. To ensure the maximum number of people are evacuated in the shortest possible time.

### POLICY:

Precautionary and Crisis Evacuation shall follow predetermined evacuation routes within the building.

### PROCEDURE:

Refer to "Evacuation Route Schematics".

1. Floor two (2) and three (3) are divided into two (2) approximately equal zones, separated by fire rated doors and partitions.

The two (2) zones are designated:

- a) West (west corridor).
- b) East (east corridor).

A stairwell is accessible from each zone (west and east stairwell) from each floor except main floor. Main floor is divided into two (2) zones, east (service wing) and west (both resident room corridors). First Floor exit doors are located to west, (front entrance, stairwell emergency door, west ramp door) and east (receiving door).

#### 2. **Horizontal Evacuation:**

- a) Move residents from one (1) zone to the next zone, behind the safety of fire zone doors.
  - b) West area: Evacuate to East Area.
  - c) East area: Evacuate to West Area.
3. As a general rule, do not evacuate across (in front of) the danger zone unless your only other option is to evacuate vertically. Remember, the key to safe evacuation is to remove the greatest number of people from danger in the shortest time. Vertical evacuation is very time consuming.



4. If any evacuation route is in the danger zone, remove residents using the nearest alternate evacuation route available.
  5. **Vertical Evacuation Routes:** (for third (3rd), second (2nd) and ground floors)
    - a) The Nursing Home has a stairwell leading from the west, and east of each floor. The main floor exits are to the west (main entrance, stairwell emergency exit and west exit - ramp).
    - b) As a general rule, residents in each of the two (2) zones (west and east) shall be evacuated using the stairwells accessible in each zone, as follows:  
  
West area: West stairwell.  
  
East area: East stairwell.
    - c) When using stairs, always keep to the right to facilitate smooth traffic flow.
- Note:** The elevator may be used in any evacuation except in the event of a fire or a power failure.
6. The priority for elevator use will be determined as follows:
    - a) Injured residents.
    - b) Bedridden residents.
    - c) Non-ambulatory residents.
  7. Elevators, if used in an evacuation not involving a fire or a hydro failure, will be manned by a staff member to ensure most efficient elevator use.



## CRISIS EVACUATION RELOCATION

### PURPOSE:

To ensure arrangements have been made and a plan is in place in case there is a need to relocate all or a portion of the resident population.

### POLICY:

Relocation of residents will take place in case of total evacuation.

### PROCEDURE:

1. The decision to relocate shall be made by the Administrator, Director of Nursing (DON) or Nurse in Charge in collaboration with the Fire Department and Ambulance Service.
2. All residents requiring relocation are transported to Grace Chapel, Catholic Church or Royal Canadian Legion in Stirling.
3. Upon arrival at Grace Chapel, Catholic Church or the Legion, all residents are checked for I.D. Wrist Bracelets.
4. Any residents missing wrist bracelets are grouped together and tagged as soon as possible.
5. Nursing staff and Red Cross Volunteers will then register all residents and separate them into colour coded groups.
6. Residents who are to be hospitalized are identified by a **red** dot on tag and are to be relocated first (1st).
7. Residents who are a security risk are identified by a **green** dot on their wrist bracelet. These residents are to be monitored closely and transferred to an appropriate locale as soon as possible. (i.e. a neighbouring Nursing Home).
8. Residents who are able, may be discharged into the care of a family member at the discretion of the Administrator and/or the Director of Nursing.
9. Residents identified as stable are to remain at Grace Chapel, Catholic Church or Legion until the emergency is over (if less than twenty-four (24) hours) or be transferred to a neighbouring Nursing Home if emergency will be in excess of twenty-four (24) hours and where there are no family to whom the resident could be safely discharged.





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10. The Administrator and Director of Nursing will ensure adequate staffing assistance is provided at the relocation site(s) to meet resident needs.
11. When the emergency is over, staff are to assist in escorting residents back to Stirling Manor Nursing Home.
12. Staff are to leave Grace Chapel, Catholic Church and Royal Canadian Legion in the same condition found upon arrival.

*Stirling*  
 *Manor*