

TITLE:	Building Lockdown	POLICY #:	XVIII-N-10.00
		PAGE:	1 of 11
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	April 2022	SCOPE:	Lanark Lodge
PAST REVISIONS:			
CURRENT REVISION:	April 2022		

POLICY:

Lockdown procedures are implemented to secure and protect team members and residents when an unauthorized or suspicious person enters the location and may be implemented in the event of a threatening communication. Lockdown procedures are similar to shelter-in-place procedures in that they are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce the number of casualties and is initiated when evacuation is not feasible.

PROCEDURE:

Please contact Director of Long-Term Care for more information.

TITLE:	Boil Water Advisory	POLICY #:	XVIII-O-10.00
		PAGE:	2 of 11
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	April 2022	SCOPE:	Lanark Lodge
PAST REVISIONS:			
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POLICY:

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make residents, team members, and visitors sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

In the event of a boil water advisory, the location will use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub. The location will contact the Public Health Unit that issued the boil water advisory for more information as needed.

Do not use tap water to:

- Drink
- Prepare foods
- Make juice
- Make ice
- Wash fruits or vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs

PROCEDURE:

The Manager on Call or RN in Charge will:

- 1) Call Maintenance, 7401, 7405, 7406
- 2)

Note: 3,000-gallon water tank through DiCola can be used for emergency water.

The Director of Long-Term Care or designate will:

- 1) Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
- 2) Advise the Leadership Team and CAO and implement the location's Incident Management Team for the duration of the advisory.
- 3) Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

- 1) Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. See XVIII-O-10.00(d) Boil Water Advisory Signage.
- 2) Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. See XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage.
- 3) Evaluate need to implement a Code Green.

The Environmental Services Manager or designate will:

- 1) Disconnect all drinking water fountains, drink, coffee and tea dispensers with post-mix service, and ice making machines from the affected water supply.

The Support Services Team will:

- 1) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
- 2) Reference XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory.

The Dietary Services Manager/ Chef or designate will:

- 1) Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
- 2) Direct team to prepare boiled water as needed:
 - a. Bring water to a rolling boil for at least one minute.
 - b. Use an electric kettle if possible.
 - c. Only boil as much water as you can safely lift without spilling.
 - d. If boiling water on the stove, place the pot on the back burner.
 - e. Take all precautions as needed to avoid burns.
- 3) If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.
- 4) Reference XXVII-O-10.00(c) Preparing Food During a Boil Water Advisory.

The Nursing team will:

- 1) Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile).
- 2) Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
- 3) Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
- 4) Reference XXVII-O-10.00(a) Personal Hygiene During a Boil Water Advisory.

NOTE: Water filtration devices cannot be relied on to make tap water safe to drink or cook with. Do not use water unless it has been boiled first.

When the Boil Water Advisory has ended:

The Environmental Services Team will:

- 1) Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).
 - a. Begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.
- 2) Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.

The Environmental Services Manager or designate will:

- 1) Flush, drain, clean, and disinfect cisterns that contained the affected water source.
- 2) Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
- 3) Replace the filters on any water filtration devices and flush the fixture according to manufacturer's directions.
- 4) Drain and refill hot water heaters that have been set below 45°C/110°F.

The Director of Long-Term Care or designate will:

- 1) Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended.
- 2) Conduct a debrief with the team to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed.

The Infection Prevention & Control Lead or designate will:

- 1) Remove signage.

Reference:

How to Use Water Safely in Long Term Care Facilities, Supportive Living and Home Living Sites During a Boil Water Advisory: <https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-water-safely-ltc-bwa.pdf>

How to Use Water Safely in Your Food Establishment During a Boil Water Advisory: <https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-water-safely-food-establishment-bwa.pdf>

Boil Water Advisory: <https://www.cdc.gov/healthywater/emergency/drinking/drinking-water-advisories/boil-water-advisory.html>

Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies:
<https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidance-issuing-rescinding-boil-water-advisories-canadian-drinking-water-supplies.html>

Best Practices for Hand Hygiene in All Health Care Settings:
https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc_lang=en

Attachments: XXVII-O-10.00(a) Personal Hygiene During a Boil Water Advisory
XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory
XXVII-O-10.00(c) Preparing Food During a Boil Water Advisory
XVIII-O-10.00(d) Boil Water Advisory Signage
XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage

TITLE:	Pandemic Plan	POLICY #:	XVIII-P-10.10
		PAGE:	6 of 11
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	April 2020	SCOPE:	Lanark Lodge
PAST REVISIONS:			
CURRENT REVISION:	April 2022		

POLICY:

Lanark Lodge will have a Pandemic Plan to support leaders to make best possible decisions in the context of a pandemic and to ensure site readiness, including readiness of team members.

Pandemic Plans will be implemented and used in context with and in consideration of other organizational policy & procedure manuals, including Infection Prevention & Control, Emergency Management, and other operational manuals as required.

The plan will reference tools and direction provided by their respective Health Authority/Public Health Unit as applicable for Outbreak Response/Outbreak End.

Under the direction of the Director of Long-Term Care, the Pandemic Plan will be implemented and the necessary audits completed to ensure safety and risk mitigation during a pandemic.

The home’s Pandemic Plan is to be reviewed annually or more frequently as needed, with updates to site-specific processes as required.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

The pandemic plan will be housed in the following location: Data-Management-FLTCA-Emergency Measures – Section P

PROCEDURE:

Lanark Lodge’s Pandemic Plan will be reviewed and approved by:

- Director of Long-Term Care
- The location’s Joint Health & Safety Committee
- Local Public Health/Health Authority as required

The Pandemic Plan will also be reviewed with the Medical Advisory/Professional Advisory Committees and with Residents’ Council and the Council of Family and Friends as well as with community agencies, healthcare service providers, partner facilities, and resources that may be involved in pandemic response at the local level.

The Director of Long-Term Care or designate will:

- 1) Develop and maintain a location-specific Pandemic Plan that ensures mitigation, preparedness, response, and recovery in the event of a pandemic.

- Involve all members of the location's Incident Management Team in development of the location specific Pandemic Plan.
 - Involve the Infection Prevention & Control Lead in the development of the location specific Pandemic Plan.
 - Ensure the Pandemic Plan for the location reflects organizational guidelines and provincial directives along with Public Health and Health Authority guidelines and requirements.
- 2) Establish an Incident Management Team to ensure emergency response processes are in place to support business continuity and service delivery needs of residents across the care communities and retirement residences.
 - 3) Communicate and activate the Incident Management Team in the event of a pandemic.
 - 4) Ensure the home is represented on any local level in the community for the planning and execution of pandemic guidelines.
 - 5) Implement the Pandemic Plan as needed to direct communication flow, manage resident acuity, and allocate inventory and human resources to deliver resident care/services.
 - 6) Review and update the location's Pandemic Plan annually (or more frequently as required).
 - 7) Conduct specific education and practice sessions for managers and nurses with building charge responsibilities.
 - 8) Coordinate with CAO/County Council any budgetary considerations to ensure the necessary execution of the Pandemic Plan.
 - 9) Ensure practice and documentation of orientation/training activities related to pandemic preparation and response.
 - 10) Communicate results to leadership teams/appropriate committees and implement improvements to process as needed.

The Infection Prevention & Control Lead or designate will:

- 1) Collaborate with location leaders and Public Health/Health Authority to implement safety measures to mitigate risk to residents, team members, and visitors.

The Director of Long-Term Care or designate will:

- 1) On an annual basis (or more frequently as required), review evidence of complete Pandemic Plan for each neighbourhood.
- 2) Monitor through regular operations reports that Pandemic Plans are practiced in accordance with relevant legislation and organizational policies and procedures.

Attachments: XVIII-P-10.10(a) Pandemic Plan Template

TITLE:	Staff Shortages & Contingency Planning	POLICY #:	XVIII-Q-10.00
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MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	April 2022	SCOPE:	Lanark Lodge
PAST REVISIONS:			
CURRENT REVISION:	April 2022		

POLICY:

In order to address staffing shortages, in addition to preparing and implementing contingency plans, the leadership team will:

- Work closely with all departments to understand hiring needs and ramp up hiring
- Work with all departments to implement cohorting
- Accelerate onboarding processes while maintaining quality
- Actively manage return to work
- Prevent work refusals through education, training, and enablement of team members

PROCEDURE:

The Director of Long-Term Care or designate will:

- 1) Develop/review contingency plan to:
 - Identify minimum staffing needs for each home area/neighbourhood/floor
 - Prioritize critical and essential services based on resident population needs
 - Identify backup for each shift and role and ensure training provided
- 2) Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
 - Identify team members who could potentially take on a leadership role.
 - This may also require discussions on available staffing support with HR, Support Services, Partners, and other institutions.
- 3) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, and PSW.
- 4) Monitor government directives that impact team members, compensation, schedules, etc., as well as any other programs that offer team member support (e.g. emergency childcare). Communicate as appropriate.
- 5) Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
- 6) Provide guidelines for team member cohorting and train department leads.
- 7) Limit PT and casual resources to one home area/floor as much as possible.
- 8) Work with Department managers/schedulers to:
 - Increase staffing to support additional requirements/surge capacity
 - Create contingency plans
 - Implement team member cohorting
 - Determine who should work from home
 - Ensure schedule is in compliance with latest orders (e.g. no team members work in more than one location)
 - Improve team member engagement and morale
- 9) Work with department leads to identify backup schedulers.

- 10) Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
- 11) Align with union reps on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
- 12) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- 13) Identify all available options to meet staffing needs, including:
 - Health Workforce Matching Portal
 - Volunteers
 - Agency contracts
 - Health Unit support
 - Local healthcare facilities (e.g. hospital)
 - Emergency services (e.g. army)
 - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
 - Cross-training/universal roles (e.g. housekeeping and tray delivery)
 - Look at team member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
- 14) Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
- 15) Consider adding dedicated Team Member Experience Coordinator role onsite to handle all training, onboarding admin work, benefits, time tracking, etc.
- 16) Consider adding scheduling staff to support outbreak needs.
- 17) Discuss with Support Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
- 18) Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
- 19) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
- 20) Implement Return to Work protocols. See IV-F-10.00 Early & Safe Return to Work Program (and attachments).

The Leadership Team will:

- 1) Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
 - Recognize team members' hard work often
 - Check in with team members
 - Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
 - Ensure team members are aware of EAP and other resources available for their wellness
 - Mitigate team member fears by communicating protection measures taken/to follow
- 2) Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.

- 3) Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).

The HR Business Partner will:

- 1) Support the leadership team as required to address staffing shortages and plan for contingencies.
- 2) Support conversion of as much casual and part-time team members as possible to full-time to facilitate cohorting and increase capacity.

Attachments: XVIII-Q-10.00(a) Staffing Contingency Plan Template
XVIII-Q-10.00(c) Staffing Shortage – Immediate Activities (Sample)
XVIII-Q-10.00(d) Priority Tasks – Clinical/Wellness (Sample)
XVIII-Q-10.00(e) Priority Tasks – Dietary/Culinary (Sample)
XVIII-Q-10.00(f) Priority Tasks – Recreation/Resident Engagement (Sample)
XVIII-Q-10.00(g) Priority Tasks – Housekeeping (Sample)
XVIII-Q-10.00(h) Cheat Sheet – Setting Up Support
XVIII-Q-10.00(i) Staffing Contingency Assignment (Sample)
XVIII-Q-10.00(j) Resident Reference Sheet

TITLE:	Emergency Menus & Response (LTC)	POLICY #:	XVIII-R-10.00
		PAGE:	11 of 11
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	March/November 2013	SCOPE:	Lanark Lodge
PAST REVISIONS:	Jan/15, Oct/16, Mar/19, Sep/21		
CURRENT REVISION:	April 2022		

POLICY:

In the event of an emergency, Lanark Lodge will have dietary operations essential services planning, emergency supplies, alternate menus, infection control protocols, and team member education prepared. An emergency contingency and response plan will be in place with details of specific procedures to follow in the event of disasters such as earthquakes, floods, storms, and emergencies such as fire, power failure, loss of water supply, staff shortages, and road closures.

Emergency menus are time limited and require weekly re-assessment of need and items required.

PROCEDURE:

The Dietary Manager or RD will:

- 1) In coordination with other leaders in the care community, develop specific written plans and procedures for each emergency.
- 2) Purchase and set up all emergency supplies needed.
- 3) Review the procedures and update information at least annually, or as changes occur at the site (update Fan Out List as team member changes occur).
- 4) Outline roles and responsibilities for team members.
- 5) Conduct education on emergency menus and rotating use of supplies.
- 6) Implement the emergency menu when instructed by the Director of Long-Term Care.
- 7) Utilize all supplies on hand and make appropriate menu changes.
- 8) Stock a three-day non-perishable and a 24-hour perishable food supply.
- 9) Maintain a 72-hour supply of disposable dishes, cutlery, and aprons.
- 10) Maintain an emergency 72-hour supply of drinking water.
- 11) Ensure the Emergency Menu meets residents' nutritional needs with available supplies.
- 12) Re-assess need for emergency menus weekly and change according to weekly staffing patterns, supplies on hand, direction from external authorities, and status of emergency.
- 13) Ensure proper storage of food supplies to avoid damage.
- 14) Rotate emergency menu stock through the regular menu as required to prevent expiration of products.

Attachments: XVIII-R-10.00(a) Emergency Menu – No Utilities (LTC)
XVIII-R-10.00(b) Emergency Menu – Therapeutic Diets (LTC)
XVIII-R-10.00(c) Emergency Menu – Snacks (LTC)
XVIII-R-10.00(d) Provision of Food & Fluid Continuity Plan Template (LTC)