



R.K. MacDonald Nursing Home
All Hazards Plan
2023

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1. PURPOSE

The purpose of this plan is to outline a response to emergencies **other than fire and a pandemic. Response to a fire is covered in the red fire plan binder** . This emergency plan only covers the most likely emergencies that may occur such as controlled evacuation/relocation, expansion of services, missing Resident, bomb threat, external air exclusion, chemical spill, violent person, hurricane, pandemic and isolation. All staff must become familiar with the emergency plan.

It is essential that the emergency plan remains current. Suggestions for additions, deletions or amendments to this plan should be forwarded to the chairperson of the emergency planning committee. Amendments can be made at any time and changes are inserted into all binders. The annual review of the emergency plan and any amendments are recorded at the beginning of the plan.

The emergency call back plan, via CAREQ Emergency Response Platform, is tested bi monthly and every three years a partial or total evacuation is conducted. The Emergency Planning Committee is responsible for reviewing the emergency plan after each exercise and initiating any follow-up action.

The internal warning system for the staff and Residents will be an announcement three times on the P.A. of the code plus the location.

Universal codes used are:

Code Red	***Fire
Code Green	Controlled Evacuation
Code Yellow	Missing Resident
Code Black	Bomb Threat
Code Brown	Chemical Spill
Code Grey	External Air Exclusion
Code White	Violent Person
Code Silver	Building Lockdown
Code RN Stat	RN required immediately

STAFF ARE NOT TO LEAVE THE BUILDING UNLESS DIRECTED TO DURING ANY EMERGENCY

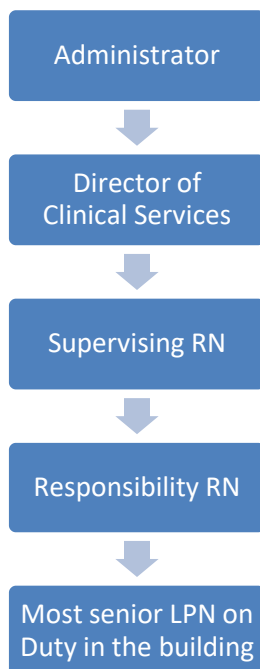
*****If fire alarm goes into second stage evacuation alarm (higher pitch, faster chime, faster strobe lights) it means immediately evacuate to the next compartment.*

In the event of a power failure or system failure, runners will be used from the pool area as an alternate to the P.A. System.

2. CONTROLLED EVACUATION - CODE **GREEN**

The code for controlled evacuation is Code Green.

The flow of authority to implement a controlled evacuation is as follows:



In case of an emergency evacuation move Residents who are in the most immediate danger first, working away from the evacuation cause. Evacuation may involve moving Residents from a room, moving all Residents from a neighbourhood or moving all Residents from the building. Evacuation may involve utilizing wheelchairs, gerichairs, blankets, or other means to move non-ambulatory Residents. Ambulatory Residents should form a human chain by clasping hands and follow a designated person.

Responsible roles and duties in a controlled evacuation are essentially the same as those outlined in the fire plan. ***Refer to red fire plan binder.***

Routes and destinations for controlled evacuation are as followed:

Thistledown Cottage – exit through court yard or cottage entrance to Crab Apple Lane.

Cobblestone Cottage – exit through courtyard or cottage entrance to Crab Apple Lane.

Crab Apple Lane – exit by stairwell or Tanglewood Cottage.

Cranberry Lane – exit through stairwell adjacent to chapel balcony or exit through stairwell adjacent to mechanical room.

Tanglewood Cottage - exit through the Manor, Crab Apple Lane, staff entrance by dietary, or corridor exit by chapel.

Bramble Berry Inn/ Maple Ridge Inn - exit through main stairwell to front entrance, auditorium exit, back stairwell exit to parking lot, Martha's Inn, or exit through stairwell next to chapel balcony.

Martha's Inn- exit back stairwell to Manor, stairwell exit by chapel balcony, or to Bramble Berry Inn/ Maple Ridge Inn.

Service Wing (Kitchen, Boiler Room , Laundry) - exit through delivery exit, staff entrance, back stairwell exit to parking lot, front entrance or main dining room exit.

Office Wing/Chapel - exit through front entrance, corridor adjacent to chapel, back of chapel, Tanglewood Cottage or main dining room.

Note: In the event of a total evacuation, the evacuees will congregate outside at the front of the building if area is safe to do so.

Room Search Procedure

An Evacucheck room verification system is in place on all bedrooms to indicate if a bedroom has been checked during an evacuation.

When you evacuate a room:

- Ensure a complete check of the room, including closet, under bed & bathroom.
- Close the door and activate the evacucheck by flipping open the evacucheck tab located on the bottom of the door frame. If anyone reenters the room after the room has been checked the evacucheck tab will close indicating that someone has reentered the room and the room needs to be checked again.

Resident EMO Tags

The EMO tags will be placed on the Residents by nursing staff at the holding area. Placing of EMO tags will be under the direction of the RN/LPN in charge.

Note: EMO tags do not replace the Resident lists that must be used during an evacuation to ensure all Residents are accounted for.

Removal of Medication and Nursing Records

The RN/LPN in charge of the area being evacuated or relocated will appoint nursing staff to remove the following:

Care Plan & Care List Binders

EMO cards

Charts

Medication books

Medication Carts

Bowel Record

Relocation

Temporary relocation may be required. A partial relocation *within the R.K. MacDonald Nursing Home* may be accommodated in the multipurpose rooms, chapel, and/or main dining room. A partial or total evacuation *outside the R.K. MacDonald Nursing Home* may be accommodated at the Hospital, Regional High School, St. Ninian's Place or Bethany. Residents requiring oxygen must be transported by ambulance to the external relocation site.

LOCATION	CONTACT PERSON	PHONE NUMBER
SMRH	C.E.O.	863-2830
REGIONAL HIGH SCHOOL	Paul Landry Superintendant	870-1576
ST. NINIANS PLACE	MANAGER	863-2338
BETHANY	ADMINISTRATOR	863-3113

3. MISSING RESIDENT - CODE **YELLOW**

When an Resident is noted to be missing the RN/LPN/Designate in the cottage/inn where the Resident lives will be in charge. **STAFF ARE NOT TO LEAVE THE BUILDING.**

The person in charge will:

- ☐ check resident sign out book
- ☐ coordinate search of the residents' cottage/inn

If resident is not found in their care area:

- ☐ announce "**CODE YELLOW**" followed by the Resident's name.
- ☐ assign two staff members to search the exterior of the building

***When code yellow is announced all staff are to search their immediate area and report their findings to their immediate supervisor who will report back to RN/LPN/Designate in charge.

- ☐ ensure entire home has been checked

If Resident is not found after a search of the entire home the person in charge will:

- ☐ phone family member (find out places where Resident may frequently visit)
- ☐ phone RCMP at 911
- ☐ notify administration or RN responsible for the building if after regular working hours.
- ☐ phone Maintenance on call and request that they contact Director of Environmental & Food Services to check security cameras
- ☐ phone Emergency Department with a description and diagnosis of the missing Resident
- ☐ provide staff with a picture of the Resident (located on the Residents chart) and assign staff to go to places the Resident may have gone
- ☐ phone family physician
- ☐ brief R.C.M.P. when they arrive and provide picture of the Resident

***Once R.C.M.P. arrives, they assume charge of the search and all directives will come from them.

When Resident is located person in charge will:

- ☐ announce "Resident Found" on the P.A. three times
- ☐ notify all persons phoned above
- ☐ ensure Resident is seen by a physician if necessary

***A debriefing will be held for all staff involved at the call of administration. This should be done as soon as possible following the incident.

4. MISSING RESIDENT – OFF-SITE - CODE **YELLOW**

When a Resident is on an off-site outing and the RN/LPN/Designate is notified by the attendant the resident is now missing, the RN/LPN/Designate where the resident lives will be in charge.

Upon receiving notification the person in charge will:

- ☐ determine where the residents was last seen
- ☐ direct the attendant to stay where they are
- ☐ secure the Resident Sign-out Book and note the attendant's cell phone number and destination
- ☐ announce "**CODE YELLOW – OFFSITE RESIDENT**" on the P.A. three times followed by the residents name
- ☐ contact the RCMP and provide:
 - a) attendant's cell phone number and location
 - b) provide a photo and a physical description of the resident
- ☐ contact the resident's Substitute Decision Maker / family
- ☐ If during business hours and the resident was last seen in the down town area:
 - a) request available staff to come to the involved care area and bring their cell phones
 - b) record names and cell phone numbers and assign staff to specific search area
 - c) provide a photo of the resident if needed
 - d) upon completion of their search, staff is to report back to the care area
 - e) in the event staff locates the resident – immediately contact the care area
 - f) RN/LPN/Designate notifies the RCMP, and notifies the family
- ☐ Announce "Resident Found" on the P.A. three times
- ☐ Notify all staff still in the search area
- ☐ Ensure the resident is assessed upon return and seen by a Physician if necessary

Once on-site, the RCMP will assume charge of the Code Yellow – Off-Site Missing Resident

***A critical incident (**Quality ..proper name**) / debriefing will be held for all staff involved at the call of the CEO / Designate. This should be done as soon as possible following the incident.

5. BOMB THREAT - CODE **BLACK**

If a bomb threat is received the following procedure shall apply:

Person receiving call documents on yellow "Bomb Threat Telephone Procedure" form which is located by each phone. Copy attached.

Call 911.

Notify Supervisor or most senior person in charge.

The most senior person in charge will:

- Notify all personnel by announcing **“code black”** and the location on the P.A. 3 times.

All staff will immediately search their area for any suspicious packages or objects because staff are the most familiar with their area.

- If bomb location is given evacuate that area first moving outwards.
- If no bomb location is given then search the chapel, dining room, and auditorium. If found clear then evacuate to these areas.
- Await further instructions from R.C.M.P.

6. CHEMICAL SPILL -CODE **BROWN**

In the event of a chemical spill the following procedures shall be followed:

The CEO,/Designate or RRN(most senior person in charge) will:

- Notify the Police and Fire Department by calling 911 if necessary (they will inform the Special Hazard Response Team).
- Notify all personnel of spill by using announcing “**code brown**” and the location on the P.A. 3 times.
- If it a major spill, shut down the ventilation system by pushing red master switch located in front lobby by the main fire panel labelled **EMERGENCY VENTILATION SHUT OFF** or activate the fire alarm to shut down the ventilation systems immediately. This will keep fumes from spreading to the rest of the building if spill is internal and will keep fumes out of the building if the spill is external to the building.
- If the spill is external refer to page 8, External Air Exclusion.
- Evacuate Residents and staff out of spill area if necessary.
- Notify Director of Environmental Services and Administrator or designate
- Maintenance staff to follow Environmental Services policy 2-60-45 (copy attached).
- Monitor situation on an ongoing basis to ensure Residents, staff and visitors are not in any danger until the fire department arrives.
- Upon arrival of Fire Department the Fire Chief or designate are in charge of the building and spill site.
- When the air is clear reset the emergency ventilation shut off switch if it was shut off. The switch can be reset by turning the red button so the red button pops out. The ventilation units will start running automatically.
- Fill out safety event form report form (copy attached) and submit to Director of Environmental Services.
- Instruct staff to remain in care areas and departments.

SPILL AND CONTAINMENT PLAN

EMERGENCY NUMBERS

Emergency Management - Report a Spill **1 800 565-1633**

Antigonish – Environment Office 1-902-863-7389 (tel)

1-902-863-7411 (fax)

Municipal Contacts	Emergency	Police Non-emergency	Fire Department
Town of Antigonish – Public Works – 863-9699	911	902-863-6500	902-863-3300
Director of Public Works – 902- 867-7663			

Property Owner – RK MacDonald Nursing Home Corporation		1-902-863-2578
Administrator	Terry MacIntyre	1-902-318-1258
Director of Environmental Services	Mark Chisholm	1-902-
Maintenance On Call		1-902-863-8993
Town of Antigonish – CAO		
Municipality of the County of Antigonish - CAO		

Spill Response Kit	
25 kg of "loose" absorbent	Universal Spill Kit:
1 Absorbent broom	10 Absorbent Pads (oil, gas & diesel)
20 Absorbent pads	10 Universal Absorbent pads (anti-freeze, non hazard)
1 Shovel	2 3" x 4" Absorbent Socks (oil, gas & diesel)
1 Broom	2 HD Hazmat Disposal Bags
Garbage Bags	1 Pair of Nitrite Gloves

Spill Prevention Plan

The above ground fuel tank is a component of the Monthly Preventative Maintenance Program

Visual inspection includes:

- Leakage
- Rust
- Potential roof ice damage

See Appendix A: Above and Below Ground Tank Location

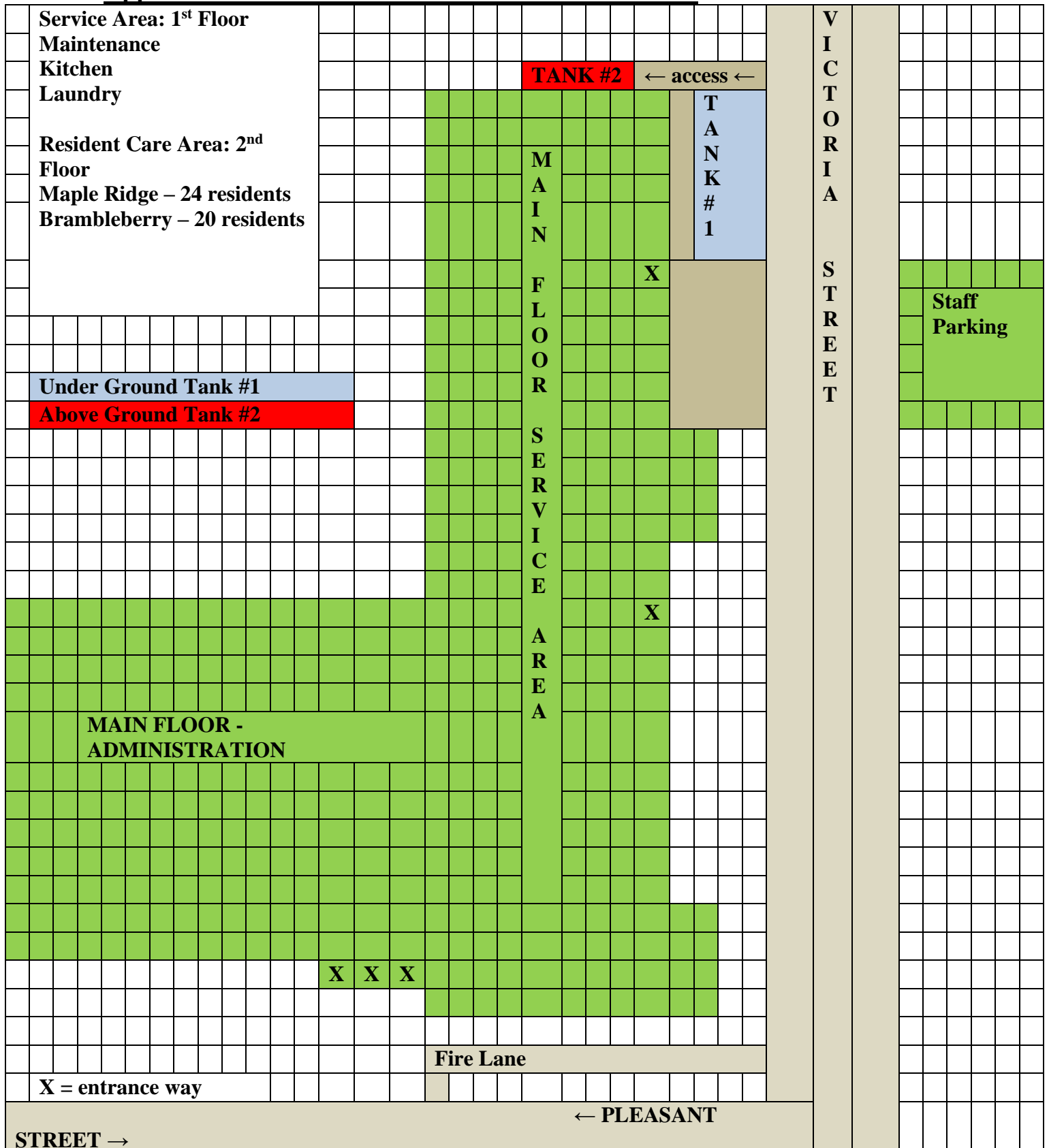
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SPILL RESPONSE PLAN

1. Make sure area is safe for entry and the spilled material or liquid does not pose an immediate threat to health and safety of the responder.
2. Check for hazards (flammable material, noxious fumes, cause of spill).
3. If serious hazards are present leave the area and call 911.
4. If possible, stop the source of spill (plug hole, upright the container, shut off valve) following all health and safety procedures
5. Prevent spill from entering storm water drain using absorbent or other spill response material as necessary or as directed by Workplace Hazardous Material Information System (WHMIS) and Safety Data Sheets (SDS).
6. If spilled material has entered or threatens a waterway – immediately contact Antigonish – Environment Office 1-902-863-7401
7. Clean up spilled material/absorbent (do not flush area with water).
8. Dispose of cleaned material/absorbent in secure container for disposal as hazardous waste.
9. Notify the Administrators and or Director of Environmental Services.

File: Safety (P) Drive: JOHS/Hazard Control / Spill Prevention and Containment Plan

Appendix A: Above and Below Ground Tank Location



7. EXTERNAL AIR EXCLUSION - CODE **GREY**

The following procedure should be followed in the event of an **outside** fire, chemical spill, gas leak, or any other situation which poses a threat through the air intake system.

The, CEO/Designate, RRN or most senior person in charge or designate will:

- Notify the Police and Fire Department by calling 911 if necessary (they will inform the Special Hazard Response Team).
- Notify all personnel by announcing “**code grey**” and the location on the P.A. 3 times.

After code grey is announced, each department are responsible for closing all windows and doors in their areas.

- Notify maintenance on call.
- Shut down the ventilation system by pushing red master switch located in front lobby by the main fire panel labelled **EMERGENCY VENTILATION SHUT OFF** or by activating the fire alarm to shut down the ventilation systems immediately. This will keep fumes out of the building and will prevent any fumes from spreading to the rest of the building.
- Person in charge with instruction from Maintenance will reset the emergency ventilation shut off switch when air is clear. The switch can be reset by turning the red button so the red button pops out. The ventilation units will start running automatically.

*****Note** Propane Dryers in laundry and kitchen stoves will not operate when the ventilation system is turned off.

****** Instruct staff to remain in care areas and departments.

8. VIOLENT PERSON - CODE **WHITE**

In the event that an **Resident** becomes violent and is a potential danger to others the following procedure will be followed:

1. Announce on the PA “**CODE WHITE**” three times.
2. Call 911 if necessary.
3. If unable to get to a phone, pull the fire alarm if necessary to alert co-workers. The main control panel and the control panels at each cottage/inn will show the location where the fire alarm was pulled. The flashing lights and loud alarms may deter a violent person or cause them to flee. Pulling the alarm will also bring staff and the firefighters to the scene.
4. When a code white is announced during regular working hours all maintenance staff, 1 RN/LPN from each cottage/inn, Administrator, Director of Care, Assistant Director of Care and Director of Environmental & Food Services will respond.

After regular working hours all staff who can leave their area will respond.

5. If incident is a cottage/inn the most senior RN/LPN or their designate in that cottage/inn is in charge. If incident is not in a cottage/inn the most senior RN/LPN or their designate present at the scene is in charge. If the RCMP have been called, they will be in charge once they arrive.
6. Remove any other Residents from danger.
7. Apply CPI principles.
8. If Resident does not settle, only attempt to restrain as a last resort if there is danger of injury to themselves or to someone else.
9. Transfer to hospital if necessary.
10. Contact Resident’s physician and family member as soon as incident is under control.
11. Complete incident report and forward to administration.

In the event that someone **other than an Resident** becomes violent and is a potential danger to others the following procedure will be followed:

1. Charge person/or designate will request the person, **who is not an Resident**, to leave the premises.
2. If danger persists announce on PA “**CODE WHITE**” three times.
3. Call 911.

4. If unable to get to a phone, pull the fire alarm if necessary to alert co-workers. The main control panel and the control panels at each cottage/inn will show the location where the fire alarm was pulled. The flashing lights and loud alarms may deter a violent person or cause them to flee. Pulling the alarm will also bring staff and the firefighters to the scene.
5. When a code white is announced during regular working hours all maintenance staff, 1 RN/LPN from each cottage/inn, Administrator, Director of Care, Assistant Director of Care and Director of Support will respond.

After regular working hours all staff who can leave their area will respond.

6. If incident is a cottage/inn the most senior RN/LPN or their designate in that cottage/inn is in charge. If incident is not in a cottage/inn the most senior RN/LPN or their designate present at the scene is in charge. If the RCMP has been called they will be in charge once they arrive.
7. Remove any other Residents from danger.
8. Apply CPI principles.
9. Complete incident report and forward to administration

Also refer to Workplace Violence Prevention Policy #1-30-155

9. EXPANSION PLAN

In the event of an emergency the home could provide temporary lodging for approximately 20 people in need. Primary consideration would be given to the geriatric population, but would not be restricted to only that group.

Procedure

- Administrator/designate will be notified by external authorities of a need to accommodate emergency placements.
- Department Managers will be notified by Administrator/designate of the situation and staff CareQ may be initiated according to need for potential staffing numbers expected to accommodate the situation. St. Martha's may need to be contacted for assistance with staffing.
- The multipurpose rooms will be the designated holding area, but any overflow could be accommodated in the main dining room or the chapel.
- All arrivals will be taken to the R.K ambulance entrance and triaged by two designated RN/LPN staff (Triage Co-ordinators). If necessary, all incoming clients will be assessed and given an identification arm band with name and doctor. An Emergency Intake Record will be done on each admission and sent with the person to the holding area.
- Staff may be designated to transfer incoming triaged persons to appropriate holding areas as instructed by the triage coordinators.
- Each holding area will have an RN/LPN in charge and staff may be assigned by the charge person as required.
- When triaging process is completed, RN's will move to holding areas to help determine the ongoing needs/care of temporary clients.
- Director of Care/designate will contact families and/or physicians as appropriate.
- Support Services Department will be in charge of setting up the holding areas with appropriate furnishings, supplies and food services.

General Supply List

General supplies for client

Bed/mattress/bedside table
Blanket/ pillow case/pillow/2 sheets
Towel/face cloth
Basin/soap
Kleenex
Toothbrush/tooth paste
Johnny Shirt

General supplies for holding area

Bedpans/Urinals/Commode Chairs
Emesis basins
Toilet tissue/Kleenex
Wheelchairs
Geri-chairs with tables
Privacy curtains/screens
Hoyer Lift
Slings for lifting.

R.K. MACDONALD NURSING HOME

Emergency Intake Record

Name _____ Date: _____

Age: _____ Physician: _____

Next of Kin: _____ Phone#: _____

=====

MENTAL STATUS: Orientated ☐ Yes ☐ No

If No, Explain: _____

Ambulatory ☐ Yes ☐ No

Uses Walker/Cane ☐ Yes ☐ No

Other _____

Injuries ☐ Yes ☐ No

If yes, Explain _____

Medical Condition/diagnosis (if applicable) _____

10. ISOLATION PLAN

The purpose of an isolation plan is to provide a safe and comfortable environment for the Residents of the Home if it becomes necessary to function without external resources. Isolation could be the result of a power outage, storm, etc. Provisions include emergency food supply, shelter, medical care, etc. **More detailed information can be found in the pandemic plan (white Binder with orange spine).**

Staffing

Arranged by Administrator or Designate

Emergency Power

A 450 Turbo diesel generator capable of running the facility is on site. There is also a 500 gallon fuel tank for storage. Emergency generator is tested weekly on full load and is inspected yearly by a qualified company.

Lights

Will function with emergency power

Food /Water Supply

A four week supply of food is kept in storage at all times.

If required, the Emergency Menu will be implemented.

Adequate supplies (to last a minimum of three days) of disposable utensils and dishes are kept in dry storage in storage room.

If necessary, water may be **purified** by the following method.

a) If water is **clear** add 4 drops of chlorine bleach to 4.5 L (1 gallon) of water.

b) If the water is **cloudy** add 10 drops of chlorine bleach to 4.5 L (1 gallon) of water.

Note: Water must be allowed to stand for at least 30 minutes to kill bacteria. Stir the water well. The treated water should have a slight chlorine taste.

Alternate Communications in the Event of Power Outage

- Residents' personal phones
- Cell phones

Nursing Supplies

First Aid Kits (go boxes) are kept at the nurses stations

Two week nursing supplies are kept in storage ie. incontinent, gloves, gowns, etc.

Emergency drug box is kept at the Nursing Station

11. CALL BACK PROCEDURES

The decision to initiate the call back system in whole or in part will follow the flow of authority for this plan. The CEO or designate calls the Director of Clinical Services or ADOC, or Senior RRN in charge outside of the emergency area, who in turn initiates the Call Back system via CAREQ Emergency Response Platform

Care Q Call Back Initiation:

Days: the Senior Leader on Call or the CEO recruits either a Ward Clerk, Exec. Administration Assistant, Nursing Scheduler, Human Resources Coordinator to initiate the Care Q call back

Nights: Senior Leader on Call notifies either the Executive Administration Assistant or Human Resources Coordinator to initiate the Care Q call back

If not at work and your services are required, you will be notified via the CAREQ Emergency Response Platform, through phone calls, texts and emails.

The message that will be sent is **"Emergency at the R.K. can you come?"** Staff are asked to reply **"yes "** or **"no "** as well as **estimated arrival time**. The CAREQ Emergency Response Platform is tested bi-monthly. The message that is sent out reads” This is a test of the Emergency Call Back System for the R.K. MacDonald Nursing Home, if it was and Emergency could you come? Respond Yes or No and indicate ETA in minutes.

When returning to work during an emergency do not park where you will obstruct the flow of emergency vehicles. Use the parking lot if possible. Enter the building through the staff entrance or main entrance. If that area is closed off, you will be directed to the most appropriate entrance.

Nursing staff are to report to the pool first, then to their respective supervisors on arrival at the Home. All other employees are to report to the pool area and will be dispatched as needed from the pool.

12. CODE SILVER “LOCKDOWN”

Intent: R.K. MacDonald Nursing Home recognizes that there will be times when it becomes necessary to control access / egress to a department or the facility. **Code “Silver”** refers to a situation where access to and egress from a particular department or facility must be controlled for safety and/or operational reasons. **Code Silver** may be initiated in response to an immediate or anticipated threat, for a short or extended duration. The lock down will remain in effect until the threat or other situation no longer exists.

Examples of Code Silver Stat situations:

- External threat of violence (threat of personal injury to all staff members - residents).
- Internal threat (hostage taking, high risk violent act in progress)
- Active shooter incident
- Bomb threat / suspicious package

Examples of Code Silver Precautionary situations:

- External disaster
- High profile situation (abnormal media or public attention)
- Notification of dangerous individual within the community

Policy: For safety reasons, R.K. MacDonald Nursing Home retains the right to restrict the movement of residents, visitors or staff and may restrain an individual whose movement poses a hazard to themselves or others.

If possible, long duration code silver related to exclusion (incidents exceeding 8 hours into days) are to be reviewed at a minimum on a twice daily basis or more frequently as required to discuss the situation, develop a plan for communication and resident and staff needs.

Access during Code Silver is restricted to internal code responders, external emergency responders, necessary staff and Site Administrator - on - Call or delegate.

Definitions

Code Silver “Precautionary”- a situation not considered to be an immediate threat to the health and safety of facility occupants. Precautionary situations may involve a partial or complete lockdown of the facility.

Code Silver “Stat”- a situation that potentially poses an immediate threat to the health & safety of facility occupants. Stat implies an immediate threat and requires the complete lockdown of the facility.

Department Lockdown - procedures intended to secure a localized area within the facility.

Facility Lockdown - Procedures intended to secure the facility.

External Responder - Representative of an external agency including the fire department, police services, Emergency Health Services, etc.

Facility Responder - A staff member with a duty to respond to an event as identified within the procedure.

Lockdown (complete) - to physically secure a facility including all external doors and all internal departments.

Lockdown (partial) - to physically secure a localized area within a facility, or external access to the facility depending on the situation.

Active Shooter - An active shooter is defined as an individual who is actively engaged in shooting

or attempting to harm people in the facility. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases active shooters use weapons and /or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders.

PROCEDURES

Life Threatening Situation (all staff and residents)

1. Call 911
2. Notify Charge person to announce Code Silver STAT via PA
3. Remove any persons in immediate danger if possible.
4. Secure your area if possible.
5. If you are not directly involved with the life threatening situation, observe from a safe distance and record as much as possible.

Non-Life Threatening Situation - (all staff)

1. Upon arrival notify Charge person to announce Code Silver Precautionary; provide location if possible.
2. Initiate complete or partial lockdown procedures as appropriate for the Code Silver Precautionary situation.
3. Document actions and reason for initiating procedure on a Reportable Occurrence Form (Incident / Investigate Report Form).

Facility Administrator, Designate or Responsibility Registered Nurse (RRN)

1. For Code Silver “Precautionary”, overhead page “**Code Silver Precautionary**” and Department Name (if applicable) - announce 3 times.
2. For Code Silver “Stat”, overhead page “**Code Silver Stat**” - announce 3 times.
3. Dial 911 and indicate a police emergency and give details.
4. Call Administrator / Alternate.
5. Announce “Code silver - ALL CLEAR” as soon as direction is received by Administrator or Alternate.

Administrator / Alternate

1. If situation warrants and it is safe to do so, respond to the affected location.
2. Expand, reduce or deactivate the Code Silver as necessary.
3. As necessary, activate fan out list and / or Regional Emergency Management Co-ordinator.
4. Ensure pertinent information about the event is promptly communicated to key facility personnel through discreet methods as to not escalate situation (i.e. face to face communication, runners, text, email etc).
6. Review situation on an ongoing basis and develop a process for return to normal operations.
7. Document event details and forward to the Emergency Preparedness Committee.

Director of Environmental Services

Initiate required department or facility lockdown procedures as appropriate for the Code Silver situation.

Security Lockdown Procedures

1. Immediately proceed to the department and ensure all external access is locked. Activated wanderguard bracelets may be used as an immediate locking tool. Doors will be programmed by maintenance staff to lock doors as soon as they are notified alleviating the need for wanderguards. **Please note if the fire alarm is activated all exterior facility doors will release**
2. In the event the access points cannot be physically secured, position other available personnel at all access points.
3. If Code Silver is necessary after business hours or on weekends, ensure Administrator on call is notified as soon as possible (902-338-1212)
4. Ensure staff in the area is aware of the situation.
5. DO NOT allow access to the department by non-emergency response personnel until the “Code Silver ALL CLEAR” has been announced.
6. DO NOT allow egress from the department into an unsafe area or situation.
7. Establish a command center in a safe and secure location.
8. Summon additional security personnel as necessary to assist with maintaining a secure location.
9. Restrict all access to the facility except for emergency responders as dictated by the current situation.
10. Secure runner to direct responders to the scene.
11. Call in additional personnel only as required using fan out list.

Facility Staff

1. Upon hearing Code Silver Stat announcement, unless otherwise instructed, staff must immediately return to their designated place of work, initiate lockdown of your area and await further instructions.
2. Upon hearing Code Silver Precautionary announcement, staff are asked to stay away from the affected area.
3. If Code Silver is called in your area of work while you are away from the unit, move to a safe area and await further instructions.
3. Be alert for the possible announcement of Code Green (Evacuation)
4. Standby for the announcement of “**Code Silver - ALL CLEAR**”.

ACTIVE SHOOTER PROCEDURES

The alert to the presence of an Active Shooter can occur by a number of methods including:

- Gunfire
- Witness
- PA announcement
- Phone alert

How to Respond When an Active Shooter or Violent Individual Is In Your Vicinity

Quickly determine the most reasonable way to protect your own life. Remember that residents / visitors are likely to follow the lead of employees and managers during an active shooter situation.

1. Evacuate

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind.
- Evacuate regardless if whether others agree to follow.
- Leave your belongings behind.
- Help residents / visitors to escape or hide, if possible.
- Prevent individuals from entering an area where an active shooter may be.
- Keep your hands visible when directed by police.
- Follow the instruction of any police officers.
- Do not attempt to move wounded people.
- Call 911 when you are safe. Information to provide to law enforcement operator
 - Location of active shooter/violent person.
 - Number of shooters, if more than one.
 - Physical description of shooter(s).
 - Number and type of weapons held by the shooter(s).
 - Number of potential victims at the location.

2. Hide Out

If evacuation is not possible, attempt to lockdown / barricade your department. Proceed to the Department “Safe Area”. Your safe area should:

- Be out of the active shooters view.
- Provide protection if shots are fired in your direction (i.e. an office with a closed and locked door).
- Not trap you or restrict your options for movement.

To prevent an active shooter from entering your hiding place:

- Lock the door. If the door cannot be locked, attempt to secure the door with a strap, belt or shoelaces etc.
- Cover any windows in the door if possible.
- Blockade the door with heavy furniture.
- Reassure and support residents / visitors.

If the active shooter is nearby:

- Lock the door.
- Silence your cell phone or other device
- Turn off any source of noise (i.e. radios / televisions)
- Hide behind large items (i.e. desks / cabinets)
- Remain quiet

If evacuation and hiding are not possible:

- Remain calm.
- Dial 911, if possible to alert police to the active shooters location. Use plain English.
- If you cannot speak, leave the line open and allow a dispatcher to listen.

3. Take action against the shooter

As a last resort, and only when your life is in imminent danger, attempt to disrupt and / or incapacitate the active shooter by:

- Acting aggressive as possible against him/her
- Throwing items and improvising weapons

- Yelling
- Committing to your actions

When Law Enforcement Arrives

Law enforcements purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4).
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment.
- Officers may be armed with rifles, shotguns, handguns.
- Officers may offer an alternative to control the situation.
- Officers may shout commands, and may push individuals to the ground for their safety.

How to React When Law Enforcement Arrives:

- Remain calm, and follow officer's instructions.
- Put down any items in your hands (i.e. bags, jackets)
- Immediately raise hands and spread fingers.
- Keep hands visible at all times.
- Avoid making quick movements toward officers such as holding on to them for safety.
- Avoid pointing, screaming and or yelling.
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.

4. Following the Event

Once the Code Silver is deemed over by authorities and "all clear" is announced:

- Any resident or staff member requiring medical assistance will be tended for immediately
- A debriefing session will be organized as soon as possible with the appropriate local healthcare providers.
- A broader debriefing session and information update will be offered to residents, family members and staff. Direction will be taken from law enforcement and other appropriate partners

13. STORM PLAN



Preamble

The goal of our Storm Plan is to maintain quality of care, ensure a full staff compliment and minimize risk during a storm event. To achieve this goal Senior Leaders will need to:

- Understand the potential impact of the storm event
- Secure the minimum number of staff required on-site
- Have staff in place prior to the storm event beginning
- Avoid the financial impact of booking into overtime

The Storm Plan is initiated when the Senior Leadership Team identifies inclement weather as a threat to staffing the Home and the safety of staff traveling to and from the Home.

1. Storm Plan Team

- Senior Leadership Team
- Administrative Assistant
- Scheduling Clerk / Ward Clerk
- Environmental Supervisor

2. Storm Plan Process

- Business Days: CEO, Director of Environment, Director of Quality and Director of Clinical Services are advised of an approaching weather system via Environment Canada and conduct a **Hazard Risk Assessment** [see Appendix A] to determine if the Storm Plan is warranted. If yes, CEO or designate is the Storm Lead and Senior Leaders are notified.
- Weekend: **Senior Leader on-call** is the Storm Lead and checks Environment Canada storm warning – notifies the RRN and conducts a **Hazard Risk Assessment** to determine if a Storm Plan is warranted. If yes, notifies the CEO or designate.

Storm Lead Duties

- Storm Plan Duties – see Appendix A – Code Storm
- Secures a copy of the Environment Canada Weather Briefing
- Notifies the Scheduler / Ward Clerk to check staffing availability by contacting staff on the Day Sheet for all days deemed to be affected by the inclement weather
- Notifies Managers to check their departmental staffing levels
- Schedules a Storm Team Meeting – primary focus is on staffing
- **Storm Day:** Storm Lead – meets with Charge RN's and allocates non-nursing care staff to areas of need
: staff pick-ups are at the discretion of the Director of Environment
- **Storm Plan Debriefing:** Storm Lead – convenes a debriefing meeting (within 5 business days) with the Storm Team to review actions / outcomes and discuss any Storm Plan revisions.

3. Licensed Nursing Staff: Abandonment

Registered Nurses: Abandonment occurs when a Registered Nurse discontinues the nurse-client relationship without taking at least one of the following three actions: arranging for suitable alternative or replacement services and ensuring their arrival, where the failure to do so would place the patient at risk [College of Registered Nurses of Nova Scotia: Practice Guideline: Abandonment, 2014]. In regards to this storm plan, a

licensed Registered Nurse must not leave the Home until they have ensured replacement services, i.e. the RN stays in the home until her/his replacement arrives.

Licensed Practical Nurse: Abandonment occurs when an LPN has engaged with the client or has accepted an assignment (thereby establishing the duty of care) and discontinues care without: negotiating with the employer/client to develop a mutually acceptable plan for withdrawal of service; arranging for appropriate alternative or replacement services, [Guidelines for Licensed Practical Nurses in Nova Scotia, 2014]. In regards to this storm plan, a Licensed Practical Nurse must not leave the Home until they have ensured replacement services, i.e. the LPN stays in the home until her/his replacement arrives.

4. Expectations of All Staff

- With 24 hour notice and a “Getting to Work Plan” (see Appendix B) in place, **all staff** scheduled for the day / night of the storm event is expected to be at work
- When the storm event has subsided and travel is safe, the expectation is for staff to arrive at the Home to complete the remainder of the their shift, if required

- Unifor– “It is the responsibility of the employee to make every reasonable effort to arrive at work as scheduled” [Article 13 – Section 13.08]
- NSNU – “It is the responsibility of the Nurse to make every reasonable effort to arrive at their work location as scheduled.” [Article 9 - Section 9.07]

5. Scheduling Clerk / Ward Clerk

- : text or phone nursing staff on the Day Sheet for the following dates:
- : text St. F.X. students (CCA) to determine who is available □
- : text or phone town staff to determine who is available □

Script: Attention staff – due to the impending inclement weather, the expectation is that you have safe travel plans or accommodations arranged to enable you to be here for your scheduled shift – please verify as soon as possible by texting or phoning 902-863-2578 ext. 234, 902-870-5661 / for weekend shifts 902-863-2578 ext. 233

6. Accommodations

- : 9 overnight accommodations are available and booked with the Administrative Assistant / Ward Clerk
- : for those staff waking up at the Home, they are invited to join the meal that is being served
- : Beds – 3 Cranberry Lane / 3 Briar Patch / 1 Getaway / 1 in 2nd Floor Respite / 1 in 2nd Floor Family Room Cots – 1 Cobblestone shower / 1 Rhubarb Patch / 1 Front Porch

7. Safety

Staff leaving the Home after a shift are advised to check road reports (511, CJFX 98.9 website – Road Report) and are encouraged to travel in the event a travel advisory has been issued stating roads are either “*passable with caution*” or an RCMP advisory telling motorists to “*remain off the roads*”. Onsite accommodations are available for staff. A ***Getting to Work Plan*** should negate the necessity to travel in inclement weather.

8. Resident Storm Event Care Plan

RN / LPN will host a huddle with care area staff to:

- Identify residents that can remain in bed ensuring:
 - Personal care is complete
 - Employ a Johnny shirt for ease of dressing
 - Bedfast residents are repositioned as needed
 - Meals – all care staff float the building to assist residents with their meals
- In the event as family member expresses concern about the care being provided during the storm event, please refer them to the Director of Clinical Services.

Food Services

- May need to deliver trays and may need non-nursing staff assistance

- Pending the timing of inclement weather – need to ensure there is nutrition / beverages available to care staff for mornings and evenings

Non - Nursing Staff

- Assigned by the Storm Leader to areas of need

References:

1) NSHA: storm severe weather plan

APPENDIX A

Storm Plan: Hazard Assessment

Hazard Risk Assessment	
Onset Timing: Wind Warning:	Duration: Snowfall Warning Issued:
EMO Synopsis: EC Weather Alert Synopsis: Model:	
Impact: Day shift leaving on ____: Day Shift arriving on the ____: Night staff leaving on ____: Night staff arriving on the ____: Code Storm Activated: Yes <input type="checkbox"/> No <input type="checkbox"/> Code Storm Lead:	
Scheduler / Ward Clerk: text or phone nursing staff on the Day Sheet for Feb.8 : text Feb 7th night staff – may e delayed leaving next morning : text St. F.X. students (CCA) to determine who is available <input type="checkbox"/> : text or phone town staff to determine who is available <input type="checkbox"/> Script: If you are unable to get here, please contact us as soon as possible at 902-863-2578 ext 234.or by text at 902-870-5661. Please stay safe!	
Environmental Supervisor: ensures 9 overnight accommodations are set up	

Managers: Managers should be fine to arrive for _____am/pm

Administrative Assistant / Ward Clerk: ensures 9 sleeping areas are available to staff

Storm Team meets to discuss staffing needs / plans:

Agenda:
1. Scheduler / Ward Clerk: see text above
2. Nursing:
3. Food Services:
4. Environmental Services:
5. Recreation:
6. Rehab:
7. Admin:
8. Accommodations:
9. Senior Leaders:

File:StormPlanoriginal

APPENDIX B

Getting to Work Plan

The expectation is that employees have a storm plan that describes how they will get to work in the event of inclement weather. It is imperative the building is sufficiently staffed to enable us to meet the needs of our residents and staff, in a safe and caring manner.

Since information describing inclement weather is now readily available 24 hours prior to the event and can be found on such websites as the Weather Channel and on Face Book at the Nova Scotia Weather Service, it makes planning to get to work easier.

Here's how we can help:

- Staff that live within Antigonish Town may be picked up by Maintenance:
 - provided there is no RCMP warning to stay off the roads and
 - are at the discretion of the Director of Environment
- Where a storm may prevent day shift from getting to work, the RK will provide sleeping accommodations and provide a free breakfast meal to enable staff to be ready for their morning shift
- Where a storm hits during the daytime and it is unsafe to drive home, the RK will provide sleeping accommodations and provide a free breakfast meal for staff

Here's how you can help:

- Pack a small overnight bag with personal items (pj's, tooth brush, ear plugs, good book) in case it is not safe to drive home
- If you live town, include in your emergency plan that you would be available to come on short notice and/or with a pick up by Maintenance
- Check the highway cameras and road conditions and if arriving later is safer, notify the RK of your late arrival time
- Carpool with another staff member
- Makes plans to stay at a friend's house or with a staff member close to Town
- Send the kids to friends house or the grandparents for a sleep over

This is what you need to meet the expectation of safely getting to work. Place a √ in those areas that define your "Getting to Work Plan" and feel free to elaborate below if you've made other plans:

I have an overnight bag packed ☐
I will need on-site accommodations ☐

I live or can stay in town with a friend ☐
My vehicle is storm prepared ☐

By signing this form I acknowledge that I have read and understand the expectation of being storm prepared and agree that I will make every reasonable effort to arrive at work; however should weather conditions prevent me from arriving to work safely, there will not be disciplinary action taken against me.

Employee: _____ Department: _____

Forward completed *Getting to Work Plans* to your Senior Leader

File:staffperformancegettkingtoworkplan

STORM DAY PLANNING AGENDA

Date of Meeting:

Present:

- 1) Review of Timelines as per Environment Canada Forecast
- 2) Determine impact on staff arrivals / departures – complete the
- 3) Communication – Scheduling Clerk text message
- 4) Staffing – all departments
- 5) Overnight Accommodations
- 6) Food Services
- 7) Issues arising

File: Directors (T) Drive: All Hazards / Emergency Plans Manual / Storm Plan

14. HEAT STRESS MANAGEMENT PLAN

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INTRODUCTION

In promoting a healthy workplace and complying with applicable legislation, Nova Scotia Health Authority recognizes the need for a Heat Stress Management Program, as part of the Occupational Hygiene Program, to provide guidance and direction to staff for the management of heat stress.

The Heat Stress Management Program includes:

- Task assessment
- Humidex measurements
- Wet bulb globe temperature measurements (where required)
- Staff education
- Implementation of control measures

Given the variability between individual responses to elevated temperatures, education is available to enable staff recognition of signs and symptoms of heat stress, factors that influence ability to dissipate heat, self-monitoring and increased consumption of water. This applies to all areas and is provided to staff via the NSHA share point site with the LMS module “Heat Stress and Strain.

The Heat Stress Management Program applies to:

- A staff member who is or may be exposed to conditions which could cause heat stress,
- conditions which could result in a staff member’s core body temperature exceeding 38°C (100°F), or
- conditions which are in excess of the screening criteria values for heat stress exposure for unacclimatized workers as described in the heat stress and strain section of the American Conference of Governmental Industrial Hygienists (ACGIH) TLVs & BEI’s Publication.

The Workplace Health and Safety Regulations (Part 2: Occupational Health) under the Nova Scotia Occupational Health the latest revision of the Health and Safety Act has adopted for use the exposure guidelines as per the latest revision of the American Conference of Governmental Industrial Hygienists (ACGIH) publication Threshold Limit Values and Biological Exposure Indices”. The heat stress guidelines and exposure criteria detailed in the ACGIH publication are to be used for the evaluation and control of heat stress. In addition to meeting these requirements, a Humidex based response plan will be followed to allow a more rapid reaction to staff concerns.

An individual department may set more stringent heat stress guidelines than those referenced in this program if it is determined that there is a significant risk to patient or staff health, based on specific tasks and/or protective equipment worn. In these cases, managers/supervisors are encouraged to contact occupational health, safety, & wellness for collaboration.

WHAT IS HEAT STRESS?

Working in hot conditions can result in a number of adverse health effects, ranging from discomfort to serious illnesses. The term used to describe these conditions is typically referred to as heat stress.

There are many work areas or activities that have the potential to expose NSHA staff to heat stress. For example, staff may be exposed to heat when working in any, or a combination of, the following conditions:

- outdoor work during summer months, especially when accompanied by high humidity (highest potential for exposure);
- occupations where there are processes which generate radiant heat, such as in laundry or kitchen areas;
- activities that require the use of protective clothing, such as the administration of chemotherapy drugs;
- hot/stuffy, and poorly ventilated buildings; areas normally air conditioned where the
- systems are not functioning correctly.

The ACGIH (2017) exposure guidelines for heat stress states that staff should not be permitted to work when their deep body temperature exceeds 38°C (100.4°F). When an individual cannot effectively dissipate internal heat, the possible health effects, in order of increasing seriousness, are:

- heat fatigue
- heat rash
- fainting (heat syncope)
- heat cramps
- heat exhaustion
- heat stroke

Refer to Appendix B for signs and symptoms of heat stress related disorders.

There are four environmental factors that affect the amount of stress of a staff member in a hot work area:

- temperature
- humidity
- radiant heat
- air velocity.

The impact of environmental factors and the risk of heat stress can be reduced by using engineering controls, administrative controls and personal protective equipment (refer to Appendix H)..

The level of individual stress is also affected by personal characteristics such as: age

-
- weight
- fitness
- medical condition
- acclimatization to the heat

Due to the impact of personal characteristics, self-monitoring is a key component of all heat stress strategic plans.

PROCEDURES

Responsibilities

The Employer:

- Identifies and assesses areas, tasks and occupations where there is the potential for heat stress;
- Implements and/or provides controls (engineering, administrative, or personal protective equipment (See Appendix H) to minimize heat stress; and
- Provides training and education regarding heat stress, including but not limited to:
 - o early signs and symptoms of heat-related disorders
 - o factors that enhance individual susceptibility to heat
 - o control measures for the prevention of heat-related disorders
 - o actions to take if symptoms are experienced

The Manager:

- Implements the Heat Stress Management Program in their department/service and ensures staff members are aware of the various components;
- Accesses available education to be able to recognize signs and symptoms of heat stress in staff;
- Implements appropriate control measures to mitigate the risks associated with elevated temperatures; including the designation of a cool location and provision of fluids

Staff Member:

- Completes the education (See NSHA Share Point for LMS Module “Heat Stress and Strain” and Brochure – “Dealing with Hot Weather” – available from OH&S)
- Participates in monitoring programs to assess staff member exposure to conditions that could cause heat stress;
- Self-monitors and monitors fellow staff members when working in hot conditions;
- Adheres to all control measures or work procedures that have been implemented to reduce exposure to conditions that could cause heat stress; and
- Informs the Supervisor or Manager if signs or symptoms of a heat-related disorder appear. If the Supervisor or Manager is not available, leaves the hot work area and rests in the department designated cool location, such as an air conditioned area.

Occupational Health, Safety, & Wellness:

- Administers and maintains the Heat Stress Management Program;
- Evaluates workplace areas for inclusion in the Heat Stress Management Program;
- Provides educational materials;
- Measures Wet-bulb Globe Temperature (WBGT) values, in some cases, in response to requests from staff, managers or Joint Occupational Health and Safety Committees (JOHSC) expressing a concern regarding recorded elevated temperatures; and
- Identifies control measures to mitigate the effects of elevated temperatures.

Implementation

If conditions are found to be uncomfortable by staff who are not required to wear protective clothing and who have a light to moderate work demand, the departmental Manager or delegate:

- Measures the air temperature and relative humidity using a hygrometer (available for purchase through Occupational Health, Safety, & Wellness) and takes action as per Appendix C The Humidex Response Plan.
- Records hourly measurements when the Humidex value is greater than 30°C.
- Implements control measures to reduce heat accumulation (refer to Appendix H for engineering controls, administrative controls and personal protective equipment), as appropriate.
- Contacts the SAFE line with concerns as well as to request the measurement of the WBGT value (if deemed necessary by Occupational Health, Safety, & Wellness) and assistance in the identification of control measures.

In areas where staff members are required to wear protective clothing, perform tasks that require high work demands, or work in areas with constant elevated temperatures and/or humidity (e.g., laundry, kitchen), Managers or delegates:

- Evaluate the situation and implement appropriate control measures using the flow diagram found in Appendix A.
- • Contact the SAFE line for assistance in the evaluation and measurement of the WBGT value and the identification of control measures.
- When the measurement of the WBGT is requested:
 - Provides notice to the appropriate JOHSC, and/or the requesting JOHSC member, as soon as possible to give them opportunity to observe the measurements.
- post notices to inform staff that monitoring will be conducted.

Observation of the measurement by a JOHSC member may not always be possible; however, the WBGT values are documented and made available to the JOHSC.

The Occupational Hygiene Team (Occupational Health, Safety & Wellness) maintains a record of WBGT values (when measured) and provides this information to Managers and JOHSC members, upon request.

DEFINITIONS

Acclimatized Staff:	A staff member is considered to be acclimatized if they have been exposed for a period of 5 of the last 7 days to heat stress conditions that are similar to those expected for the work. When the exposure is discontinued, the staff member's acclimatization begins to decline with a noticeable loss within 4 days
Staff:	Any employee, physician, other practitioner, volunteer, student, contractor, or associate of Nova Scotia Health Authority
Heat Stress:	The net heat load to which a staff member can be exposed from the combination of workload, environmental factors (air temperature, humidity, radiant heat and air movement) and clothing requirements.
Heat Strain:	Overall physiological response to heat stress, for the dissipation of excess heat from the body.

Humidex:	A value combining the air temperature and the relative humidity into one number, used to indicate how hot weather feels to the average person.
Hygrometer	A device used to measure ambient temperature and percent relative humidity.
Joint Occupational Health and Safety Committee (JOHSC):	A committee established under Nova Scotia Occupational Health and Safety Act with established Terms of Reference.
Percent Relative Humidity (%R.H.):	The moisture content of air expressed as a percentage of the maximum it can hold at a given temperature; the optimum %RH is 30 to 60%
Wet Bulb Globe Temperature (WBGT):	An index used to quantify the level of heat stress on staff from the combined effects of air temperature, relative humidity and radiant heat. The ACGIH work-rest regimen is based on WBGT values.

FORMS, TEMPLATES & ADDITIONAL DOCUMENTATION

- Humidex Temperature Recordings
- Dealing with Hot Weather (brochure)
-

LMS Module Heat Stress and Strain (to be developed)

REFERENCES

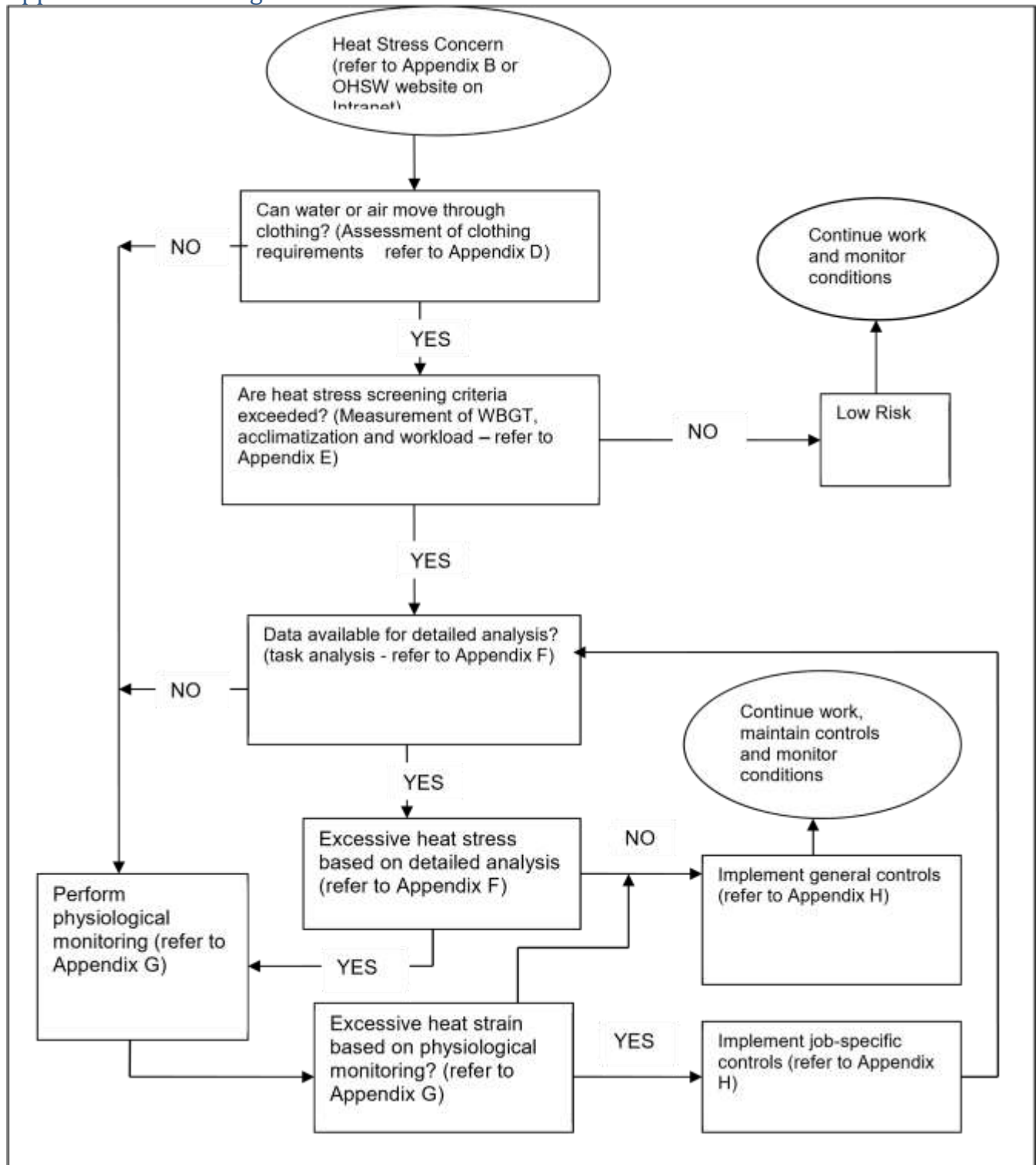
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Province of Nova Scotia. Workplace Health and Safety Regulations made under section 82 of the Occupational Health and Safety Act, effective October 1, 2014.

Appendix A: Flow Diagram for the Evaluation of Heat Stress Concerns



Appendix B: The Effects of Heat and Possible Influencing Factors

When the body produces energy by physical exertion and/or receives energy from an external heat source, the body temperature will start to rise. To offset the rise in body temperature, the body's cooling mechanisms will be initiated. These include perspiration (less efficient in humid conditions) and dilation of the blood vessels with increased blood flow to the surface of the skin so the blood can be cooled by the surrounding air (why the skin becomes flushed when a person is hot).

When environmental conditions, the use of protective clothing and/or the level of physical activity interrupt the body's cooling mechanism the potential for a heat stress disorder increases.

A person's ability to adjust to elevated temperatures can be affected by a number of factors including:

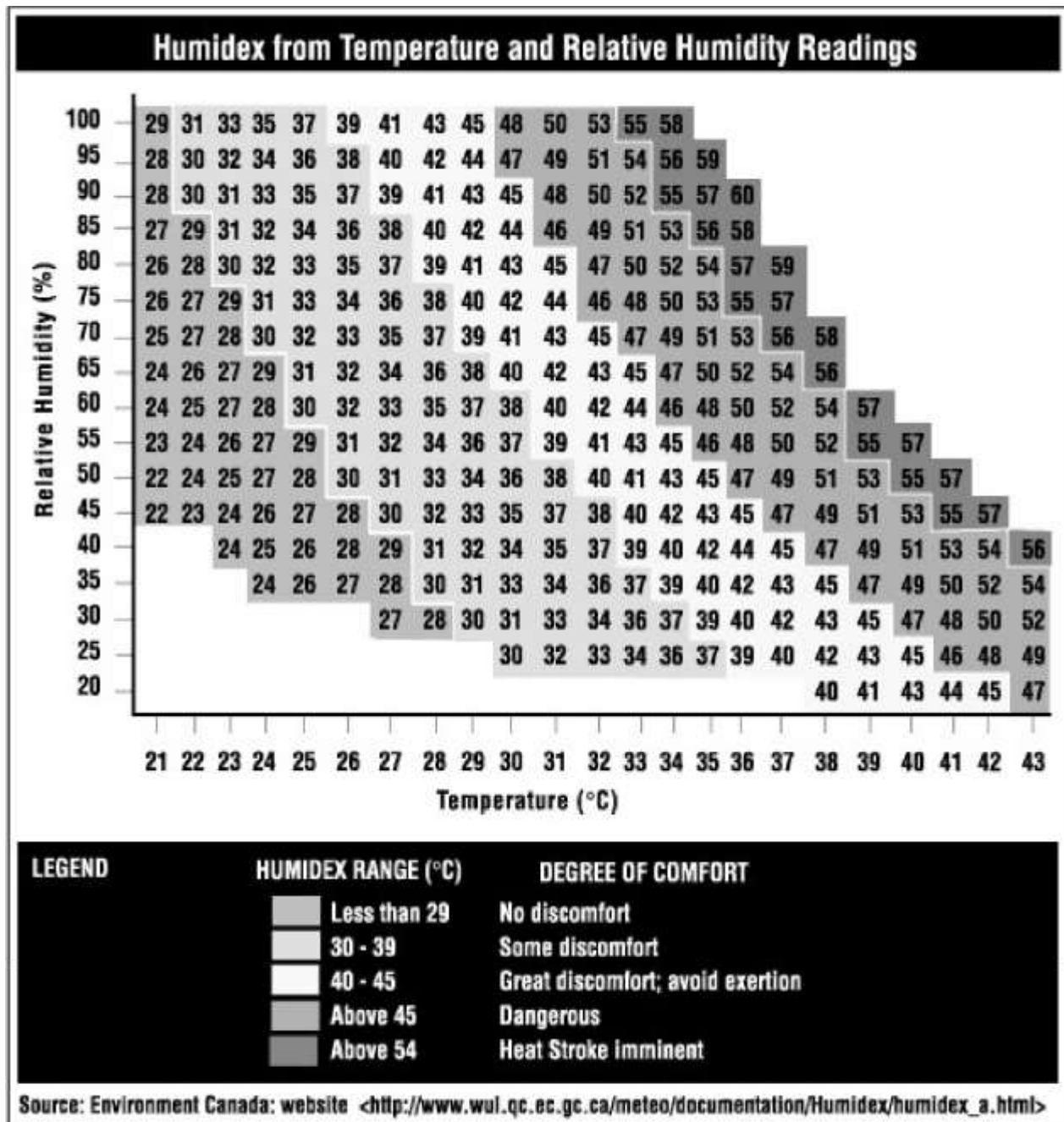
- dehydration (water loss)
- acute and chronic diseases, such as high blood pressure, heart disease, viral infections and gastroenteritis
- fatigue
- pregnancy
- lack of acclimatization
- loss of sleep obesity
- older age (over 40)
- medications that inhibit sweating, such as antihistamines, cold medicines and diuretics
- previous occurrence of heat stroke poor physical conditioning
- recent drug or alcohol use (within 24 hours)
-
-
- The following is a list of heat stress disorders, the health effects caused by each and the actions to take if they occur. If you are at work, you should notify your supervisor immediately if you or a co-worker develops any of these symptoms.

Heat Stress Disorder	Health Effects	Action
Heat Fatigue	Impaired performance, mental concentration or vigilance.	Remove the person from the heat and provide cool water to drink.

Heat Rashes	Red bumps where clothing is restrictive or chafes. Bumps begin to feel prickly when sweating increases.	Heat rash will normally disappear when individual returns to a cooler environment.
Heat Collapse	Loss of consciousness. In a faint or collapse, the brain does not receive enough oxygen because blood pools in the extremities.	Move the individual to a cooler area, loosen clothing and give fluids.
Heat Cramps	Caused by lack of water, cramps usually occur when performing hard physical labour in a hot environment.	Water must be taken every 15 to 20 minutes in hot environments.
Heat Exhaustion	Headache, nausea, dizziness, blurred vision, weakness or fatigue, giddiness and/or thirst. Skin is damp and looks muddy or flushed, similar to the symptoms of heat stroke.	Remove the individual from the hot environment, give fluids, loosen clothing, shower or sponge bath with cool water and allow to rest in a cool place.
Heat Stroke	Confusion, irrational behaviour, loss of consciousness, convulsions, hot dry skin that may be red, mottled or bluish, lack of sweating (usually) and abnormally high body temperature. This is a medical emergency.	Immediate emergency medical attention is required.

Appendix C: The Humidex Based Response Plan

Under certain workplace conditions, the Humidex value can serve as an indicator of discomfort resulting from occupational exposures to heat. For example, when workload, wind speed and radiant heat sources do not significantly contribute to the heat burden, the Humidex value may be used as a guideline. Offices are typical workplaces where Humidex values could be used.



When the Humidex Value is:	Action to take:
25-29°C	Not required, but staff are encouraged to stay hydrated.
30-33°C	Heat Stress Alert is in effect. Staff members are encouraged to drink extra water and information is provided by managers/supervisor (via this program) about recognizing the signs and symptoms of heat stress. As long as the Humidex value exceeds 30°C, measurements of temperature and relative humidity are recorded on at least an hourly basis
34-37°C	Heat Stress Warning is in effect; Staff members are instructed to drink extra water and information is provided about recognizing the signs and symptoms of heat stress.
38-39°C	Staff members receive 15 minutes rest relief per hour in addition to the provisions listed for a Humidex of 33-37°C. Any staff member with symptoms is instructed to seek medical attention
40-41°C	Staff members receive 30 minutes relief per hour in addition to the provisions listed for a Humidex of 38-39°C
42-44°C	If feasible, staff members receive 45 minutes relief per hour in addition to the provisions listed for a Humidex of 38-39°C.
>45°C	Only medically supervised work may continue

Appendix D: Consideration of Clothing Requirements

In accordance with the 2017 edition of the ACGIH publication “Threshold Limit Values and Biological Exposure Indices”, clothing requirements must be reviewed prior to using the Wet Bulb Globe Temperature (WBGT) values as an index of heat stress. The body's main heat-removal mechanism is the evaporation of sweat from the skin, so the clothing worn by staff may affect the body's ability to remove heat.

The heat stress exposure levels listed in the screening criteria (refer to appendix E) are for fully clothed staff wearing summer work garments of lightweight pants and long sleeved shirt. Staff members wearing more clothing may experience lessened evaporative and convective cooling and therefore the measured WBGT must be adjusted.

Some suggested clothing adjustment factors are provided below; the figure in the table is added to the WBGT measured in the workplace. If the clothing type is not represented in the table, the adjustment of the WBGT is not possible and physiological monitoring will be necessary (refer to appendix G).

Clothing type	WBGT addition*
Work clothes(long sleeve shirt and pants)	0
Cloth (woven material) overalls	0
Double-layer woven clothing	3
SMS polypropylene coveralls	0.5
Polyolefin coveralls	1
Limited-use vapor-barrier coveralls	11

Appendix E: Screening Criteria

The following table summarizes the screening criteria for heat stress exposures; the Wet Bulb Globe Temperature (WBGT) values, in °C, are from the 2017 edition of the ACGIH publication Threshold Limit Values and Biological Exposure Indices and were developed for a traditional work uniform of a long-sleeved shirt and pants. If staff members are required to wear clothing that would not fit in this category, then adjustments can be made to the measured WBGT value (refer to appendix D for additional information).

	Threshold Limit Value (Acclimatized)				Action Limit (Unacclimatized)			
Allocation of work in a cycle of work and recovery)	Light	Moderate	Heavy	Very heavy	Light	Moderate	Heavy	Very heavy
75% to 100%	31	28		-	28	25		-
50% to 75%	31	29	27.5	-	28.5	26	24	-
25% to 50%	32	30	29	28	29.5	27	25.5	24.5
0 to 25%	32.5	31.5	30.5	30	30	29	28	27

When using the screening criteria to determine the proportion of work and rest within an hour, it is important to consider two factors acclimatization and work demand.

Acclimatization is the gradual physiological adaptation that improves a staff member's ability to tolerate heat stress; a staff member is considered to be acclimatized if they have been exposed for a period of five of the last seven days to heat stress conditions that are similar to those that are expected for the work. When the exposure is discontinued, the staff member's acclimatization begins to decline with a noticeable loss within four days.

Work demand, the metabolic rate category for the work, must also be considered. The screening criteria provides for light, moderate, heavy and very heavy work; examples of the types of activities in each category are:

Light Work Demand

- Sitting with moderate arm and leg movement
- Standing with light work at machine or bench while using mostly arms
- Using a table saw
- Standing with light or moderate work at machine or bench and some walking about

Moderate Work Demand

- Scrubbing in a standing position or mopping
- Walking about with moderate lifting or pushing
- Walking on level ground at 6 km/hour while carrying a 3 kg. weight load

Heavy Work Demand

- Carpenter sawing by hand
- Shoveling dry sand
- Heavy assembly work on a non-continuous basis
- Intermittent heavy lifting with pushing or pulling (e.g., pick & shovel work)

Very Heavy Work Demand:

- Shoveling wet sand
- Very intense activities at fast to maximum pace.

Once the work demand and the acclimatization status of the staff member is determined, the measured WBGT value (including the applicable adjustments for extra clothing) is compared to the WBGT screening criteria values in the table above. If the measured WBGT is less than the applicable screening criteria values then work can continue (keep monitoring conditions). If the measured WBGT is equal to or higher than the applicable screening criteria values then further analysis is required (see Appendix A Flow Chat).

The metabolic rate for tasks can also be calculated; refer to Appendix F for the method for calculating the metabolic rate.

Appendix F: Detailed Task Analysis: Calculation of Work Demand

If the measured WBGT is higher than the screening criteria values (see Appendix E), then it may be necessary to perform a more detailed task analysis to determine whether the actual total heat exposure during a one-hour period exceeds the screening criteria values (heat stress exposures).

If a staff member is assigned different tasks within a one-hour period, it is necessary to determine a time-weighted average (TWA) for the work demands. This can be done by assigning a metabolic rate to each task that will be performed in the hour and multiply it by the duration of the task. The product of work demand and duration for each task is then added up, and the sum is divided by the total duration of all tasks performed during the averaging period.

Activity or work task	Average kcal/min	Average kcal/hr
Body position and movement:		
Sitting	0.3	18
Standing	0.6	36
Walking on a level surface	2.0 to 3.0	150
Walking uphill	To 2.5, add 0.8 for every meter of rise	To 150, add 48 for every meter of rise
Type of work:		
Hand work:		
Light	0.4	24
Heavy	0.9	54
One-arm work:		
Light	1.0	60
Heavy	1.7	102
Two-arm work:		
Light	1.5	90
Heavy	2.5	150
Whole-body work:		
Light	3.5	210
Moderate	5.0	300
Heavy	7.0	420
Very Heavy	9.0	540
Basal Metabolism	1.0	60

Note: The metabolic rates are for a standard staff member with a body weight of 70 kg (154 lb.) and a body surface area of 1.8 m² (19.4 ft²).

Once the TWA for the work demand is calculated, the metabolic rate category (light, moderate, heavy, and very heavy) is selected from the Table below. The metabolic rate category and the measured WBGT is then used to compare to the heat stress exposure values. The metabolic rate category is used in place of the work demand category.

Metabolic Rate Categories and the representative metabolic rate with example activities (as per the 2018 edition of the ACGIH TLVs and BEIs)		
Category	Metabolic Rate (W)	Examples
Rest	115	Sitting
Light	180	Sitting with light manual work with hands or hands and arms, and driving. Standing with some light arm work and occasional walking.
Moderate	300	Sustained moderate hand and arm work, moderate arm and leg work, moderate arm and trunk work or light pushing and pulling. Normal walking.
Heavy	415	Intense arm and trunk work, carrying, shoveling, manual sawing; pushing and pulling heavy loads; and walking at a fast pace.
Very Heavy	520	Very intense activity at fast to maximum pace.

Example of a calculated work demand (TWA):

A nurse will perform three tasks over an hour period: turn a resident, write reports and distribute medications. What is the work demand for the one-hour period?

The metabolic rate must be calculated for each task - turn a resident which requires 15 minutes of

- standing 0.6 kcal/min
- working both arms (heavy) and heavy work of the body 5.0 kcal/min.
(intermediate value)
- o basal metabolism 1.0 kcal/min

Total for Task 1: 6.6 kcal./min x 15 minutes = 99 kcal

- writing reports for 15 minutes
 - o sitting 0.3 kcal./min
 - o heavy handwork 0.9 kcal/min

- o basal metabolism 1.0 kcal/min

Total for Task 2: 2.2 kcal/min x 15 minutes = 33 kcal

- distributing medication for 30 minutes o
walking 2.0 kcal/min o working both
arms (light) 1.5 kcal/min
o basal metabolism 1.0 kcal/min

Total for Task 3: 4.5 kcal/min x 30 minutes = 135 kcal

The metabolic rate for the three tasks over an hour period is 267 kcal, which corresponds to a moderate work demand.

Appendix G: Physiological Monitoring

As evaporation is the most significant heat removal mechanism, the wearing of protective clothing that is water-vapour impermeable or air-impermeable and/or several layers of clothing will severely restrict heat removal. The occurrence of a heat stress disorders is possible even when the ambient conditions are considered cool. When this type of protective clothing must be worn, the measurement of the WBGT would not represent the actual exposure conditions of the staff member. Therefore, the use of physiological monitoring is required to ensure safe body temperatures have not been exceeded.

In accordance with the 2017 ACGIH publication Threshold Limit Values and Biological Exposure Indices, excessive heat strain may be marked by one of the following:

- sustained (several minutes) heart rate is in excess of 180 bpm (beats per minute) minus the individuals age in years (e.g., 180-age), for individuals with assessed normal cardiac performance; or
- body core temperature is greater than 38.5°C (101.3 °F) for medically selected and acclimatized staff or greater than 38°C (100.4 °F) in unselected and unacclimatized staff; or
- Recovery heart rate at one minute after a peak work effort is greater than 120 bpm; or
- there are symptoms of sudden and severe fatigue, nausea, dizziness or lightheadedness

If one of the listed conditions applies, the staff member should be relocated to a cool location with rapidly circulating air and allowed to rest. Observation of the staff member is necessary to initiate emergency care if needed.

Appendix H: Control Measures to Prevent Heat Accumulation

There are three types of control measures that can be taken to reduce exposure conditions that could cause heat stress. The most effective of the control measures are engineering controls, followed by administrative controls and the least effective, personal protective equipment. The following table provides a summary of the control measures that could be implemented.

Summary of Control Measures	
Method of Control	Action
Engineering Controls	
Reduce body heat production	Automate and/or mechanize tasks to reduce heavy physical work
Reduce exposure to radiant heat from hot objects	Insulate hot surfaces, use reflective shields or remote controls
Reduce heat gain from surrounding air	Lower air temperature, increase air speed if air temperature below 35°C, increase ventilation
Increase sweat evaporation	Reduce humidity, use a fan to increase air speed
Administrative Controls	
Acclimatization	Allow sufficient acclimatization period (5 out of 7 days at the exposure conditions) before full workload
Duration of work	Shorten exposure time and use frequent rest breaks
Rest area	Provide cool (air-conditioned) rest-areas
Water	Provide cool drinking water and encourage staff to drink small amounts frequently
Pace of Work	Allow staff to set their own pace of work and promote self-monitoring
Education	Training of staff, including symptoms associated with heat stress, factors increasing susceptibility, safe work procedures, monitoring programs, and safe use of protective clothing
Signage	Posting of heat stress hazard warning signs
Protective Clothing	
Anti-radiant heat or reflective clothing	Used when there is excessive radiant heat from a hot surface that cannot be covered or shielded

Temperature-controlled suits	Use of ice pack vests, wetted overclothing (bandanna, wrist bands, head bands), air-cooled suits
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[illegible]

Section 15. HURRICANE PLAN

Storm Planning	
Step	Activity
1.	Senior Leader is made aware of pending severe weather warning and calls a Storm Team meeting
2.	Complete the Storm Plan Timeline & forward to all depts. / care areas <ul style="list-style-type: none"> Review staffing impact ... especially night staff resources Review food services impact
3.	Communications: <ol style="list-style-type: none"> Care Q message to: <ul style="list-style-type: none"> Families Staff Residents Board of Directors Notify St. Martha's Emergency and EHS of our resources and contact information Eastern Mainland Housing Authority – Antigonish Manor EMO [we have a generator and space to receive / support other agencies]
4.	Exterior survey – identify any objects that need to be stored, tied down, branch removal, gates secured, etc.
5.	Purchase and cut to size sheets of plywood in the event of window damage
6.	Huddle in all depts. / care areas – ensure flash lights and batteries are accessible
7.	Draft a list of all residents utilizing an air mattress
8.	Review BCP and contact external resources, eg. high school in the event of a Code Green
9.	Senior Leaders to lead all depts. / care areas in a review of our Code Green evacuation plan
10.	Complete a generator check
11.	Review: Appendix A: Hurricane Safety Tip Sheet Appendix B: Appendix B: Severe Weather Impact Checklist
24 Hours prior to Predicted Onsite	
Step	Activity
1.	Secure all windows
2.	Check and secure all exterior gates
3.	Staff Memo to check air mattress if power goes out generator will start
4.	Assign 24 hour Senior Leader and Maintenance onsite schedule
5.	Identify off site staff resources, eg. access to Care Q message from home

Hurricane Planning Agenda

1.0 Storm Status to Date

2.0 Resident Safety

- Hospital transfers

3.0 Staff Safety

- Sleeping accommodations
- Dining Accommodations
- Hurricane Safety Getting to Work Plans
- Support Staffing (eg. non-nursing depts., STFX students)

4.0 RK Grounds Safety

- Loose items secured (eg. lawn furniture, flags)
- Hazardous areas – eg. tree branches
- Window coverings

5.0 Preparations

- Generator refueling
- Care area / Dept. flash lights
- Air mattress management
- Code Green Evacuation – eg. broken window, leaks and the necessity to move resident(s)

6.0 External Partners – we will have a generator power ... is there an agency we can offer support to?

File: T Drive: Storm Planning/Hurricane Storm Plan 2022

Appendix A: Hurricane Safety Tip Sheet

- The Atlantic hurricane season runs from June to November. The best way to protect yourself and your family in case of a hurricane is to follow these steps:
- Identify a safe space on lower floors but not the basement; evacuate when instructed by authorities.
- Turn around, don't drown — avoid flood waters.
- Prepare for secondary risks such as flooding, landslides and damaged buildings.

Before

- The key to staying safe is to prepare and to have an emergency plan in place.
- Listen to local news and weather reports for any potential hurricane watches and warnings in your area.
- Find out if you live in an area where hurricanes could happen and sign up for local alerts.
- Know the difference between a hurricane warning and a hurricane watch:
 - A hurricane warning means a hurricane is already occurring or will occur soon in your area.
 - Evacuate if advised to do so.
 - A hurricane watch means a hurricane is possible in your area. Stay alert for more information.
- Trim dead branches and cut down dead trees to reduce the danger of these falling onto your house.
- Secure everything on your property that can be blown around or torn loose.
- Secure windows and doors; move electronics and valuables away from breakable glass.
- If you live on the coast or in a low-lying area near the coast, be ready to move inland or to higher ground. High winds can create large waves, which may become storm surges when they reach the shore.
- Have your emergency kit ready, Families should be prepared to be self-sustaining for at least 3 three days. Kits should include practical items such as drinking water, food, cash, and a portable radio. However, they should also include items that are unique to your own families' needs. This could include baby items, medical prescriptions, pet food, etc.
- If you have already dipped into your emergency kit and food supply while staying at home, consider safely getting the supplies to replenish it following your local public health authorities' guidelines for leaving your residence.
- During the COVID-19 pandemic also add hygiene items such as hand sanitizer and non-medical masks to your kit to keep your family safe during an evacuation.

During

- Be prepared to evacuate at a moment's notice.
- Stay informed by listening to the latest warnings and advisories. Tune in to the radio or local news channels, and/or follow your local news outlet and emergency officials on social media.
- You can also find information on the Canadian Hurricane Centre website.
- Turn around - don't drown! Avoid walking and driving through flooded areas.
- Never go out in a boat during a storm. If you are on the water and you see bad weather approaching, head for shore immediately. Do not go down to the water to watch the storm.
- Evacuate if advised by authorities or community leaders. Be careful to avoid flooded roads

- and washed-out bridges.

If the eye of the hurricane passes over, there will be a lull in the wind lasting from two or three minutes to half an hour. Stay in a safe place on the main floor but not in the basement during this time. Remember once the eye has passed over, the winds will return from the opposite direction.

After

Continue to take precautions and listen to and follow directions from local authorities.

- Tune in to the radio or local news channels, and/or follow your local news outlet and emergency officials on social media.
- Stay alert for extended rainfall and subsequent flooding even after the hurricane or tropical storm has ended.
- Be prepared for secondary disasters such as flooding, landslides and building damage.
- If you suspect your home is unsafe, do not enter. Rely on the professionals to clear your home for re-entry, if you are unsure.
- Stay away from damaged areas and fallen power lines. Watch out for debris such as sheet metal, glass or other sharp material.
- Do not use water that may have been contaminated. Throw out food that may have been contaminated, including from refrigerator and freezers.
- Wear long pants, a long-sleeved shirt and sturdy shoes when cleaning up.
- Examine your walls, doors, staircases, and windows for damage.
- Take pictures of damage, both of the building and its contents, for insurance claims.
- Check with local authorities on how to properly dispose of damaged items from your home.
- Experiencing a disaster is challenging enough, but during the COVID-19 pandemic it can feel even more difficult. The Red Cross has many resources available to help you navigate these challenging times. You can also find mental and emotional wellbeing resources on the Public Health Agency of Canada, or any provincial/territorial health authority website.

File: Directors (T): Storm Plan / Storm Planning / BDA Hurricane tips

Appendix B: Severe Weather Impact Checklist

Phase 1 (Preparedness):
<i>No weather alerts have been issued.</i>
<input type="checkbox"/> Review infrastructure loss plans (power, heat, air conditioning water) and update if necessary <input type="checkbox"/> Review inventory of supplies and equipment; replenish as necessary <input type="checkbox"/> Train and educate staff on AHP/Response Plans <input type="checkbox"/> Exercise plans (e.g., Tabletops or Drills) <input type="checkbox"/> Train and educate residents on AHP/Response Plans (where appropriate) <input type="checkbox"/> Keep an updated contact list (staff, residents, external agencies)
Phase 2 (Weather Watch):
<i>A watch has been issued by Environment Canada “favorable for severe storm” (typically 72-36 hours prior to impact)</i>
<input type="checkbox"/> Discuss response plan with staff and residents <input type="checkbox"/> Check and run generator and ensure fuel levels are full <input type="checkbox"/> Check supplies and secure enough for 7-day period (Medical supplies, medications, linens, and other needed storm supplies should be ordered) <input type="checkbox"/> Confirm agreements with contracted services (snow removal, salting, contractors, etc.,) <input type="checkbox"/> Contact staff members scheduled to work during storm and confirm their availability <input type="checkbox"/> Remind staff to prepare their homes and make arrangements for their family and pets <input type="checkbox"/> Identify key Incident Management Team personnel (IMT Lead) and inform others of names, numbers, and their roles <input type="checkbox"/> Identify and commit staff needed for at least 72 hours beginning 12 hours prior to arrival of storm (fill any staffing gaps) <input type="checkbox"/> Staff may be needed for an extended period. Plan for areas for sleeping, eating and personal hygiene. <input type="checkbox"/> Have staff review emergency and infrastructure loss plans
Phase 4 (Weather Warning): Bracing for weather impact
<i>A warning has been issued by Environment Canada (24 hours out)</i>
<input type="checkbox"/> Monitor TV/Radio/government sites for weather updates <input type="checkbox"/> Organize and prepare for arrival of weather (other checklists, flashlights, radios, close windows, doors, etc.) <input type="checkbox"/> Consider access control measures <input type="checkbox"/> Consider visitation cancellation <input type="checkbox"/> Have a hard copy list of all important phone numbers (staff, residents, key personnel (IMT), emergency partners) <input type="checkbox"/> Conduct assessment of local storm drains to ensure they are not blocked
Phase 5 (Response): Begins at arrival of weather event
<i>A warning has been issued by Environment Canada – ongoing impact</i>

- ☐ Liaise with key partners (NS Power, EMO) if loss of infrastructure occurs
- ☐ Discourage travel outside the facility
- ☐ Respond and communicate damages within the facility to appropriate personnel
- ☐ Monitor TV/Radio/government sites for weather updates
- ☐ Update staff and residents if any impacts occur

Phase 6 (Recovery): After Impact / Post Event

Environment Canada have lifted the alerts – post severe weather impact

- ☐ Deactivate any response plans and IMT
- ☐ Review response with staff and leadership (Hotwash, debrief, post incident supports, etc..)
- ☐ Conduct an After-Action Review and Improvement Plan
- ☐ Update plans
- ☐ Renew supply stockpiles
- ☐ Replace any used items (e.g., batteries or fuel)

Useful resources:

[Windy: Wind map & weather forecast](#)

[Halifax, NS - 7 Day Forecast - Environment Canada \(weather.gc.ca\)](#)

[Canadian Hurricane Centre](#) Hurricane Tracker

[Nova Scotia - Weather Conditions Summary - Environment Canada](#)

File: Directors (T): Strom Plan / Storm Planning / Severe Weather Checklist

Section 16. COVID PLAN: Positive Test Case

1. Positive Resident

Place Resident on contact and droplet isolation for 7 days from the date of symptom onset, if not symptomatic then from date of positive PCR test, if resident becomes symptomatic after positive test then start the isolation from the date of the start of symptoms. May come of isolation after 7 days if improvement of symptoms and no fever for 24 hours, if not, then continue isolation for 10 days. Day 0 is the date the symptoms start or date of positive test. All employees to wear mask, face shield, gown, and gloves when entering the resident's room. Ensure outbreak cart and signage are posted.

2. Positive Employee

Employee to immediately notify their Dept. Director and follow up with IPAC in terms of testing and return to work. If at the workplace, wash your hands, notify your immediate Supervisor and leave the workplace.

3. Affected Care Area / Department

Immediate PPE refresher with team [nursing and non-nursing staff] on the affected unit.

Any resident that is in a room with a symptomatic or positive resident is to be on contact and droplet isolation.

Close doors to all neighborhoods in the home to restrict access to general visitors until further notice.

Resident contact tracing at 48 hours prior to positive case identified (led by IPAC & Supervising RN)

Ensure twice daily symptom monitoring of-any known resident contacts within previous 48 hours.

Residents who are not contacts are not required to isolate and do not require testing.

Testing of residents and employees will be at the direction of IPAC and Public Health.

4. Cohort Employees

Cohort employees on affected care area / department unit as much as operationally possible.

Care to positive or symptomatic residents should be provided **after** care to negative/asymptomatic residents.

Establish break areas on the affected care area / department. Break areas must ensure 6 ft social distancing and abide by PPE requirements.

Immediately decrease staff / visitor traffic in the Home

5. Senior Leadership Decision Making

Notify the CEO or Senior Leader on Call as soon as possible

Secure Plan file in Cathy's Office: COVID Binder / COVID Plan

Communicate time / location of the Outbreak Meeting → Resources: Public Health Directive

COVID Plan Options

6. Supplies and PPE

Notify kitchen that disposable meal service is to begin for affected care area and any other residents who had contact and are on isolation.

Notify laundry, housekeeping and maintenance that care area / department is on isolation precautions. Extra garbage bins may be needed to accommodate doffing stations inside resident rooms.

Ensure adequate (i.e. 14 day) PPE supplies for number of residents on contact and droplet isolation.

Post appropriate isolation signage, as well as donning and doffing posters. Place additional supplies in a location that limits movement between affected care areas / departments.

7. Meetings

Meetings will be determined by Senior Leadership based on current outbreak status.

8. Audits

Commence daily IPAC audits.

UPDATED: August, 2022

NOTE: Any actions required by Public Health will supersede this COVID-19 Plan

External Communication Plan

+ ve COVID CASE Resident / Staff		
Step 1	Identify the infectious period of the staff / resident Secure departmental schedules	
Step 2	Information to secure	
	Date symptoms appeared:	Care List:-
	Care Area:	Date of Rapid Test:
	Last date in the Home:	Date of PRC Test:
	Identify any gaps in PPE / exposure duration / personal care / breakrooms, etc.	
GOVERNMENT NOTIFICATION	Notify : Public Health PHEZLTCCovid@nshealth.ca	
	<ul style="list-style-type: none">1-888-823-8224After Hours: 1-902-473-2222 ask for CDC Nurse-on-call for Eastern Zone	
	: Forms: 1) Master Resident List [Administration (V):Admin/Resident Registry/Registry	
	2022/Registry	
	with EPOA and SDM]	
	2) Complete SBAR Early Investigation [Directors(T):Covid-19 Outbreak	
GOVERNMENT NOTIFICATION	Response 2022/SBAR Early Investigation]	
	3) Contact List: [Directors(T):Covid-19 Outbreak Response 2022	
	4) Line List Resident: Covid-19 Outbreak Response 2022	
	5) Line List Staff : Covid-19 Outbreak Response 2022	

INTERNAL NOTIFICATION	<p>Notify: Occupational Health Safety and Wellness OHSWContcareID@nshealth.ca</p> <ul style="list-style-type: none"> Determine staff / resident contacts during infectious period Identify any gaps in PPE / exposure duration / personal care / breakrooms, etc. Secure Employee Health Care Numbers [Directors (T):COVID-19/Staff Health card #'s and Birthdates] <p>: Forms: 1) Excel Staff Spread sheet Directors(T):Covid-19 Outbreak Response 2022/ Staff Spreadsheet for facilities</p>
	<p>Notify: Eastern Zone Director: Michelle Depodesta Michelle.depodesta@nshealth.ca</p> <ul style="list-style-type: none"> 1-902-574-3454 1-877-408-4394 select 4 [after hours] <p>: CCRT Forms: 1) Directors(T):Covid-19 Outbreak Response 2022/ No Support Needed 2) Directors(T):Covid-19 Outbreak Response 2022/ Situational Report – Long Term Care</p>
	<p>Notify: Eastern Zone Infection Control: IPAC.longtermcare@nshealth.ca</p> <ul style="list-style-type: none"> 1-833-736-0880s
	<p>Notify: Chair, Board of Directors</p> <ul style="list-style-type: none"> Mary MacLellan – 902-863-1101 mmaclellan@antigonishcounty.ns.ca
	<p>Notify: Medical Director</p> <ul style="list-style-type: none"> Dr. Brian Steeves brianrsteeves@gmail.com
	<p>Notify: Residents</p> <ul style="list-style-type: none"> Care area huddles Channel 1885 Recreation <p>Notify: Residents DCP's / SDM's</p> <ul style="list-style-type: none"> Care Q message Adam, Cathy, Erica or Jacqueline distribute message <p>Notify: Staff</p> <ul style="list-style-type: none"> Care Q message Daily Huddles <p>Notify: Website update</p> <ul style="list-style-type: none"> Kim, Cathy or Jacqueline updated website

Location: T:\COVID-19\COVID Plan

File: Directors (T) Drive: All Hazards / AllHazzardsPlanManual/ The Plans2023