Manual: Emergency	APPROVED BY: Director of Nursing and Personal Care	CATEGORY: Code Yellow	Plan #: EMERG - I - 03
Code Yellow / Missing Resident			Page 1 of 31
Original: Aug/06	**Revised**: Jan/18; Feb/20; Mar/23		

Reviewed: Jan/24

GOAL
The purpose of the Code Yellow Plan is to find a missing resident as quickly as possible and return the resident to the Home safely. [i] [ii]

INTRODUCTION
The Code Yellow Plan is to be activated as soon as **any person, or staff member** is unable to find a resident after reasonable attempts are made to locate the resident.[iii]
The Administrator/designate is responsible to ensure that:
  o The Code Yellow Plan is tested at least annually,[iv] and
  o the **Plan is evaluated** and updated, including the updating of all emergency contact information of the entities:
  (a) at least **annually**, and
  (b) **within 30 days** of the Code Yellow emergency being activated and declared over.[v]

The **Administrator** will assign a lead to conduct the **annual test** and to organize the arrangements, with any entities that may be involved in, or provide emergency services in the area, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities, and resources that will be involved in responding to the emergency.[vi]

> **MOCK EMERGENCY TEST**
> If conducting a **MOCK EMERGENCY TEST**, you **must notify the appropriate emergency external entities** on the day of the mock test, **PRIOR** to conducting the Mock Test. **Barrie Police** 705--725-7025, **Fire** – 705-728-3131, **Ambulance** – 705-726-8103. The emergency entity will inquire as to the details (e.g., time, type of test, external entities involved, etc.)

CONSULTATION AND UPDATING OF THE EMERGENCY PLAN
The following will be involved in the consultation and updating of the Code Yellow emergency Plan:
  • BRHD staff, including the registered nursing staff, and managers
  • The Residents' Council (RC) and the Family Council (FC), if any, and
  • The relevant external entities. The external entities that may be involved in or provide emergency services related to Code Yellow would be the Police (through 911).[vii]
Any changes to the Emergency Plan will be identified and the following notified for feedback:
  • The staff, volunteers and students
  • The RC and FC if any, by bringing the updates to their respective meetings
  • The entities, by providing a copy of the updated emergency plan for their review and feedback.[viii]

Record Retention: BRHD will keep a record of the testing of all emergency plans, including the planned evacuation; of changes made to improve the plans;[ix] consultations, and the current contact information for relevant entities that may be involved in the emergency plans.[x]

Location of Emergency Manual: A copy of this emergency plan is available in the BRHD's Emergency Manual located in the front vestibule, and in each Care Centre (CC). In addition, BRHD's emergency plans are located in the Home's computer system on the S drive, and on the BRHD website. Physical copies of the plan are made available upon request.[xi]

Hazards That May Give Rise to The Emergency [xii]

- The majority of residents in a long-term care home have dementia and may lose their way.
- Within long-term care (LTC) homes, 69% of residents had dementia in 2015–2016. The proportion of those having any form of cognitive impairment (including dementia and other conditions such as stroke or trauma) was **87%.**[xiii]

Measures to Minimize the Risk of Losing a Resident:

- BRHD has measures in place to **prevent residents from wandering**, including:
  - Resident areas within the home that facilitate safe wandering
  - Redirection strategies for residents that wander
  - Badge/call bell system, that identifies the resident's whereabouts; and can be further programmed to alert nursing staff if a resident who is prone to wandering approaches the front exit door.
  - Key locks on doors that enter / leave the building and non-resident areas, to secure resident areas.
  - All residents who leave the building, or their substitute decision-maker (SDM) as applicable, must notify the staff that they are leaving the building, e.g., by signing the resident out in the 'sign out binder' located at the applicable care centre (CC), or at the front reception area, depending on the length of time the resident will be absent.
  - All residents within the Home are checked regularly throughout the 24-hour day, including taking a resident census during the night shift. The whereabouts of residents identified as being at risk of elopement, are checked more frequently.
  - An elopement risk assessment is conducted to determine the resident's risk of elopement, as applicable.
- BRHD has measures in place to assist in finding a missing resident, including:
  - Code Yellow/Missing Resident Plan
  - a "**Resident Identification Form**" *(Appendix A),* which may have been completed if resident was a know elopement risk, and the identification form placed in the Yellow Binder.
  - Residents' clothing is labelled, with consent.

EMERGENCY SUPPLIES and EQUIPMENT: [xiv]

- This Plan, and emergency contact numbers, in the Emergency Manual binders.
- Command Centre Bag located at the reception with: additional copies of the Search grids (#1-5); pens, clip boards, flashlights, and other emergency supplies as needed.
- Yellow Binder "For Emergency", located in the front reception area with resident profiles, and their emergency contact information. *Note: The information in the Yellow Binder is updated monthly, and as needed, by the Administrative Assistant.*

ACTIVATION OF THE PLAN [xv] *

As soon as **any person, or staff member** is unable to find a resident after reasonable attempts are made to locate the resident, **notify the F**ire/Incident Warden (FIW)/senior nurse on CC1/CC2.[xvi] Reasonable attempts to locate the resident include, but are not limited to:

- checking the location identified on the resident's badge;
- asking staff in charge of the resident;
- checking the resident's bedroom/washroom and other areas where the resident likes to go, e.g., their friend's bedroom, an activity area;
- checking the sign-out binder(s), if outside of the Home with a visitor or on a planned activity.

*Note: If the resident went missing when __away from the Home__ on a **planned activity, or** if the resident was **unaccounted for during an evacuation** of the Home, after reasonable attempts to find the resident were unsuccessful, staff would notify the FIW at BRHD. The **FIW/designate** would notify **the Police** as soon as possible, and ask for their assistance in locating the missing resident. [xvii]*

SPECIFIC ROLES AND RESPONSIBILITIES

FIW

The **FIW/designate** will conduct the following action, if there are reasonable grounds to assume the resident is missing**:**

- **Notify the Administrator**/designate during regular business hours, and the **on-call manager** during non-regular business hours of the need to initiate Code Yellow.
  - o The Administrator/designate will assist with directing the FIW to implement the Code Yellow Plan, and may take over as the FIW at any time, if deemed necessary.[xviii]
- **Contact the resident's SDM/POA** to determine if the resident is with them, or if they are aware that the resident was taken out by family or friends.
  Inquire as to where the resident may go if resident did leave the building, e.g., a former home address, previous city, and by what means the resident is likely to travel, e.g., walk, city transit/bus, taxi, etc.
- **Obtain the master key** from the CC2 medication room.
- **Proceed to the front reception and retrieve the Yellow binder** "*For Emergency*" with the list of residents' profiles. Pull out the missing resident's pertinent information, which will include the missing resident's POA contact information and picture.
  - o If the resident is a *known elopement risk* collect the "*Resident Identification Form"* for that resident, which would have been initiated and would include the resident's picture. **Add the missing information to the form, which will be needed to facilitate the search.**
- **Pick up the Command Centre Bag, which will include** the Code Yellow package and other needed supplies.
  - o the **Code Yellow Package**, which will include:
    - ▪ The **Code Yellow Plan** – EMERG-I-02a, which includes:
      - - "**Resident Identification Form**" *(Appendix A),* template, which must be completed ASAP if one was not already started and with the resident's profile in the Yellow Binder.
      - - **Two copies of each** "**Search Grid***" list (Appendix B #1-5),* to be distributed to staff, and

- One copy of the "**Fire Zones***", (Appendix C),* to keep an overall picture of the building, grounds and areas searched.
- The "**Code Yellow / Missing Resident Test Report**" *(Appendix D),* to document action taken;
  - o at least 8 pens for documenting on the Search Grid lists; and
  - o 2 flashlights, if outside use if dark. ***Note:*** *A search outside by staff should be with Police. Staff should be wearing appropriate clothing.*
- **Make eight (8) copies of** the completed **Resident Identification Form, which should include the resident's picture.**
- **Use the phone system to page Code Yellow / Missing Resident ˣⁱˣ**, then, state the **missing resident's name**, and the **location where you want staff to meet**, for example **"Code Yellow / Missing Resident** (*Bob Jones)*, **Front Lobby**". Repeat the message a total of three times to ensure that it is clearly heard.
- **Bring the Command Centre Bag** and the 8 copies of the completed Resident Identification Form with the resident's picture, **to the Front Lobby area.**
- **Meet staff in the Front Lobby** and provide direction to implement a systemic search.
- As staff arrive, **distribute the "Search Grid" list(s), the resident's** identification form (with the resident's picture), **and pens** to the appropriate staff to conduct the identified search of rooms/areas. Inform staff to initial after completing the search in that room/area.
  Note: Refer to "Search Grid Lists (Appendix B #1-5)" for a summary of the search areas in each search grid list.
  - o If the missing person search is conducted with **limited staff** in the building (e.g., Night shift); ensure that the Search Grid lists are completed covering the **internal resident accessible areas first**, e.g., **Search Grids lists # 1 and 2 first**, or #3 and 4, a appropriate, and lastly Search Grid list #5 (external area).
    Note: If it is dark outside, *leave Search Grid #5 (external area) until after staff have determined that on the first search of Grids #1-4 the resident was* not *found. The FIW would call the Police for assistance and conduct Search Grid #5 with the Police for staff safety. The FIW can initiate the second search of Grids #1-4 while waiting for the Police to arrive.*
  - o The Command Centre Bag will include two (2) copies of each of the search grid lists. The two identical copies will be stapled together so the FIW is aware that both lists cover the same area. If there are multiple staff available, the two identical Search Grid lists that are stapled together may be separated so that the area to be searched can be searched by a **second staff person starting from the bottom on the Search Grid list to the top**. This would facilitate two searches of the same area in a timelier fashion.
  - o Ensure staff who receive the search grid **clearly understand**:
    - ▪ How to search (Refer to "Conducting the Search"),
    - ▪ How to document on the search grid (initial areas searched), and
    - ▪ When to report back to the FIW (immediately when search complete, or if resident found).
  - o The FIW will **assign the Search Grid lists to the most appropriate available staff**.
    - ▪ During **non-business hours**, if there are limited staff, conduct the external search after the internal search is completed.
    - ▪ The nursing staff may have to complete the search for the missing resident in **non-resident areas and outside of the building** on the BRHD grounds, until additional staff to help with the search arrive.

- During inclement weather, FIW to instruct staff to wear appropriate clothing if searching for the resident outside.
- Continue to use the main Lobby area as the Command Centre area, until the resident is found or until the **second search** of all areas is completed.
- As time allows, initiate documentation in the "**Code Yellow** / **Missing Resident Test Report**" *(Appendix D)* with the pertinent information. ***Note***: *This report will be reviewed and completed to the extent possible, in the evaluation after the emergency is declared over.*
- Refer to the appropriate section below for follow through action, when the **resident is found**, or if the resident is **not found after searching** in the BRHD building and on the BRHD grounds.
- Ensure the "**All-Clear**" is announced **when the resident is found.**
  *Note: If the resident is **NOT** found after the second search the announcement will be "**Emergency services now in control of Code Yellow. Resume normal duties.**"*
- **Notify** the appropriate individuals as listed below, e.g., Police, POA, and the Administrator / designate.
- **Collect** the completed search grid lists, pens, flashlights, master key, etc.
  - Return supplies to Command Centre Bag, e.g., pens, flashlights
  - Give the Administrator/designate all relevant documentation, e.g., completed search grid lists, and the "Code Yellow / Missing Resident Test Report" *(Appendix D)*
  - Return the Master Key to the Administrator/designate as per the protocol.

- Participate in the **Post Incident Evaluation** to provide information for completion of documents as appropriate.
- Conduct other duties as assigned. *Refer to the section below titled "Activities After the Emergency is Declared Over."*

<mark>Administrator</mark> / designate
- The Administrator/designate will:
  - Ensure the DONPC/on-call manager is aware that a resident is missing and of the need to implement the Code Yellow Plan.
  - Assist the FIW to implement the Code Yellow Plan, and may take over as the FIW at any time, if deemed necessary.[xx]
  - **Prepare a press release in the event the resident was not found.**
- As soon as possible **after the emergency is declared over**, the Administrator/designate will conduct an evaluation of the emergency with the FIW, and other activities, as outlined in the section below titled *"Activities After the Emergency is Declared Over"*

<mark>Director of Nursing and Personal Care / On-call Manager</mark>
- Ensure the Administrator is aware that a resident is missing and of the need to implement the Code Yellow Plan.
- If onsite and in the absence of the Administrator, DONPC/ on-call manager may take over as the FIW at any time, if deemed necessary.[xxi]
- If the DONPC or on-call manager is the designate for the Administrator, follow the Administrator's responsibilities as listed above.
- Assist the FIW to implement the Code Yellow Plan.
- Conduct other duties after the emergency is declared over, as assigned.

Registered nursing staff, Supervisors and Managers *(does not include the FIW responsibilities)*

- All on-site registered nursing staff, supervisors and managers will immediately ensure their staff have received the message, using the appropriate communication, e.g., American Sign Language (ASL) / face-to-face, pager etc.).
- Ensure there is at least one staff member that remains on each unit, or Care Centre, depending on the number of staff in the building, to ensure that any urgent calls from residents in the Units/Care Centres, are answered.
- Proceed to the **Front Lobby** and **follow the directions of the FIW**, to assist with the search for the missing resident.
- After the resident is found, the appropriate registered nursing staff member on the CC of the missing resident will follow through with conducting the **resident's assessment, documentation in the resident's health record** and revision of the resident's plan of care as needed, to identify the elopement risk and interventions to prevent future recurrence, and relevant documentation. Ensure that an updated "Resident Identification Form" (Appendix A) for the resident that went missing, is placed in the Yellow Binder.
- After the emergency is declared over, supervisors, managers and representatives from the registered nursing staff are expected to attend a meeting to evaluate the emergency.
- Conduct other duties after the emergency is declared over, as assigned.

All other nursing staff:
- Ensure there is at least one nursing staff member that remains on each unit, or Care Centre, depending on the number of staff in the building, to ensure that any urgent calls from residents in the Units/Care Centres, are answered.
- Proceed to the Front Lobby and follow the directions of the FIW, to assist with the search for the missing resident.

All other staff, students and volunteers
- Proceed to the Front Lobby and follow the directions of the FIW, to assist with the search for the missing resident.

Visitors
- Have a choice to either stay with the resident they are visiting, or
- Leave the building.

All persons assisting with the Search
- **Notify the FIW immediately:**
  - If the missing resident is found
  - After **each grid area search** is completed.
- **Return all *completed* Search Grid Lists, pens, flashlights, etc. to FIW**
  - Ensure the completed and initialled 'Search Grid" lists and pens are returned to the FIW.

<u>**Search Grid Lists**</u> *(Appendices B # 1-5)* include the following:

- **Search Grid List for Care Centre One (CC1):** *Assign to a CC1 nursing staff member / designate.*
  - o Includes D1, D2, the courtyard between D1 and D2, CC1 nursing station, the treatment room and laundry room used by the residents, the servery between the units, the adjoining dining areas, and the common washroom.

- **Search Grid List for Care Centre Two (CC2):** Assign to a CC2 nursing staff member / designate.
  - o Includes D3, D4, courtyard between D3 and D4, the CC2 nursing station, the John Williams Education Room, the server area between the units, the adjoining dining areas, and the common washroom.

- **Search Grid List for Other Areas in Block A & B:** *Assign to an administrative, program or designate staff member.*
  - o Includes Block A administration office area and reception, Block B Chapel, front lobby, Snoozelon room, hairdressing salon, Programs /ASL office, café, and main courtyard between D2 and D3.

- **Search Grid List for Other areas in Block C:** *Assign to an environmental services staff member /designate.*
  - o Includes, kitchen, laundry, staff and maintenance areas.

- **Search Grid List for External Search** *(outside on BRHD grounds): Assign to Maintenance staff/ designate.*
  - o Includes the front (south) area with the parking lots, the east and west side of the building, and the back (north) grounds outside of the BRHD building.
  - *Note: Search inside the enclosed courtyard areas if the outside courtyard gate was open/not secure.*

Conducting the Search:
- Use the **assigned Search Grid** list.
  - o The **first search** is **from the top of the list to the bottom**. This will facilitate the search from the outer portion of the building to the centre.
  - o The **second search of the same area,** will be conducted **from the bottom of the list going up**.
- The search in the room / area should be conducted in an organized fashion, including searching in, on or under any resident accessible area (e.g., bed, closet, washroom etc.).
- Unlock every room as necessary and relock after the search of that room is completed. A locked door is not a guarantee that someone did not enter at some point.
- After each identified room or area as per the Search Grid list is searched, the staff person conducting the search would initial on the Search Grid list – on the same row that the search of that room/area was completed.
  Note: There is a higher probability that the resident may be found in the courtyard during the spring, summer and fall seasons, however, all identified areas on the Search Grid lists, including the courtyards would need to be searched in all seasons.
- Ensure completion of all rooms/areas identified on the entire assigned Search Grid list.

- If the **first search** for the missing resident is <u>unsuccessful</u> the two staff members who conducted the first search *(different Search Grid lists)* would ***switch*** the Search Grid lists so that the **second search** is conducted by a different staff member.
  Note: If there was an extra staff to conduct the second search for that area, then the search for that area is complete.

Resident NOT Found

FIW
If after the **second** search of all areas was ***<u>unsuccessful</u>*** in locating the missing resident, the **FIW** would ***immediately notify*** the following:
- All onsite staff, students, volunteers and visitors, by announcing the "**Emergency Services now in control of Code Yellow. Resume normal duties.**" *(Repeat x3)*
  - Hearing staff are to inform staff who are deaf of the announcement using the appropriate communication, e.g., American Sign Language (ASL) / face-to-face, pager etc.
- The **Administrator**/designate
- **Police,** to request assistance in their search.[xxii]
  Provide a copy of:
  - o The completed "**Resident Identification Form**" *(Appendix A),* including the resident's picture and pertinent information to facilitate the search.
    Note: If the resident was deemed an elopement risk, the form for this resident is located in the Yellow Binder. Ensure completion of the bottom portion.
- The resident's SDM/**POA** for personal care, re the results of the search,
- The resident's physician, and
- **MLTC** *(Refer to MLTC Notification section below.)*
*Note: Only the Administrator/designate should have communication with the **media**, if required.*

Resident is FOUND [xxiii]
FIW
- Once the **resident is found**, the FIW/designate will **notify the following persons**:
  - o All onsite staff, students, volunteers and visitors, by announcing the "**All Clear**".
    - Hearing staff are to inform staff who are deaf of the 'all clear' announcement using the appropriate communication, e.g., American Sign Language (ASL) / face-to-face, pager etc.
  - o **Administrator** /designate, who will notify the DONPC/designate
  - o Resident's **POA**
  - o **Police**, if the police were contacted to assist in finding the missing resident; and
  - o Resident's attending **physician**
  - o **MLTC**, as soon as possible. *(Refer to MLTC Notification section below.)*

- Remind the registered nursing staff member/designate on the appropriate CC to:
  - o Conduct an **assessment** of the resident's condition, including a skin assessment in Point Click Care (PCC).
  - o If the resident requires any urgent drugs that have not been given due to their absence, administer the drugs as soon as possible.

- o Assess the resident's emotional status.
- o Take any immediate follow-up action to ensure the resident receives any required medical assistance.
- o **Update the resident's plan of care,** including documentation in the Progress Notes and the written plan of, to ensure the elopement risk is captured and that measures are identified to prevent any future recurrence.
- o Update the "**Resident Identification Form**" *(Appendix A),* and file the updated form in the Yellow Binder.
- o Report the missing resident emergency to the oncoming shift.
- o Follow-up on any additional actions, as appropriate.

ACTIVITIES AFTER THE EMERGENCY IS DECLARED OVER

The Administrator/designate and FIW will:
- After the "**All Clear**" or "**Emergency services now in control of Code Yellow. Resume normal duties**" is announced, and follow-up notifications done, conduct an **evaluation** of the emergency.
  - o Invite the following persons to participate in the evaluation discussion and ensure the evaluation reflects the accurate details of the event, feedback from those involved, and potential areas of improvement:
    - ▪ On-site managers, representatives from the staff, students, volunteers, and any entities,[xxiv] e.g., Police, involved in the search, if available.
  - o Use the "**Code Yellow / Missing Resident Test Report**" *(Appendix D)* template as a guide to obtain the required information. Complete the report to the extent possible.
- Determine what equipment and supplies were used, and assign staff to replace /disinfect, and/or return, as appropriate, to their normal location.[xxv]
- Ensure the Master Key from CC2 if used, is placed in a new sealed envelope, and returned to CC2.
- Forward a copy of the completed "Code Yellow/ Missing Resident Test Report" *(Appendix B)* to the Administrator, if Administrator is not onsite at the meeting.

The Administrator will:
- Ensure the MLTC is immediately notified by initiating and submitting a CIS report, as required. *(Refer to MLTC Notification section below.)*
- Ensure notification of WSIB and MOL, if staff injury, and other entities, as applicable.
- Review the '**Code Yellow/Missing Resident Test Report**" to follow-up on any outstanding issues, and ensure documentation is completed as required.
  - o If any external entities (e.g., Police) were involved in an emergency response, ensure the entities, and the RC, and FC, if any, are provided an opportunity to offer feedback, if their representative was unable to attend the post emergency evaluation.[xxvi]
- Review of the Code Yellow **Plan (**EMERG-I-03), and add any recommendations for change to the Plan, to the written recommendations for improvement as outlined in the 'Code Yellow/Missing Resident Test Report".

- Bring all **recommendations for improvement** of the Code Yellow Plan to the Management Team meeting for discussion and determine which recommendations for improvement are approved or rejected, and record decisions on the 'Code Yellow/Missing Resident Test Report".
- Administrator/designate must update the Code Yellow Plan, with any approved recommendations for improvement, within 30 days after the event was declared over.[xxvii]
  Note: Maintain a written record of the changes made to improve the plan.[xxviii]
- Address the **recovery** from the Emergency: [xxix]
    - **Debrief** the residents, their SDMs, if any, staff, volunteers, and students after the emergency as appropriate, e.g., the fact that the Emergency Plan was tested (mock or actual), and the recovery, i.e., recommendations for improvement, changes to be implemented. Maintain a written record of the debrief.
    - **Resume normal operations** of the Home.
    - Determine if anyone experienced **distress** during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support.[xxx] BRHD has an EAP, for eligible staff.
- Arrange for staff **training/retraining** to be updated and conducted, as required. *(Refer to the sections below.)*
- Complete the "**Administrator Checklist for Code Yellow/Missing Resident**", *(Appendix E),* as outlined.

MLTC notification followed by a Critical Incident System (CIS) report [xxxi]
The Administrator/designate will **notify the MLTC and complete the CIS report**:
Immediately:
- If a resident is missing for ***three hours or more***,[xxxii]
- If a resident was missing and returns to the home with an ***injury or any adverse change*** in his/her condition, regardless of the length of time the resident was missing. [xxxiii]
No later than one business day after the occurrence of the incident:
- If a resident is missing for ***less than three hours*** and returns to the home with **no injury or adverse change** in condition.[xxxiv]

TRAINING – Emergency Plan [xxxv]
- BRHD **staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.[xxxvi] [xxxvii]
- The training will be based on that staff member's responsibilities, prior to that person performing his/her responsibilities.[xxxviii]
  Note: In the event of an emergency or exceptional unforeseen circumstances, e.g., the new employee is being orientated on-site with another employee, the emergency training must be provided <u>within one week</u> of when the person begins performing their responsibilities.[xxxix]

STAFF RETRAINING

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As. [xl] [xli] If staff at that time, or at any time are assessed as requiring further retraining, this will be done by the employee's supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..[xlii]
- During the annual testing of the emergency procedure, any staff assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.[xliii]

Appendices

Appendix A ~ Identification Form for Wandering Residents

Appendix

    B #1 ~ Search Grid List for Care Centre One (CC1)   * *(2 copies)*

    B #2 ~ Search Grid List for Care Centre Two (CC2)   * *(2 copies)*

    B #3 ~ Search Grid List for Other Areas in Block A & B * *(2 copies)*

    B #4 ~ Search Grid List for Oher Areas in Block C   * *(2 copies)*

    B #5 ~ Search Grid List for External Search *(outside on BRHD grounds)* * *(2 copies)*

Appendix C ~ Fire Zones

Appendix D ~ Code Yellow / Missing Resident Test Report

Appendix E ~ Administrator Checklist for Code Yellow / Missing Resident

* *Please make the # of copies of the Appendices, as identified for the Command Centre Bag.*
In addition, please make one copy of the "Activation of the Plan" section in this plan (pages 2-9 inclusive) for the Command Centre Bag Code Yellow (EMERG-I-03) folder.

Appendix A ~ Resident Identification Form

<div align="center">

Resident's Picture

</div>

Name: _____ (First) _____ (Last) □Clothing is labelled

Nickname: _____ **Rm #:** _____ **Date of Birth:** _____

Primary Language spoken: _____ **Height** _____ **Weight** _____

Distinguishing features: _____ (scars, tattoos, etc.)

Mobility aids used: □none; □wheelchair; □walker; □cane; □scooter; □other _____

Typical mode of travel outside the Home: □walk; □public transit; □taxi; □other _____

Diagnosis: □Dementia; □Mental Health disorder; □Cardiac disorder; □Insulin Dependent Diabetic; □Other:
_____

Results of Not taking medications: _____

Advance Directives: _____ **(**e.g., identify CPR or DNR)

Best way to approach and calm resident: _____

POA / SDM Name: _____ **Ph#:** _____

Physician: □Dr. K. Wright; □**Other Physician**: _____ **Ph.#** _____

Resident went missing before: _____ Y/N; **If yes, # of times**: _____ **Found where**? _____

<div align="center">

==**To be completed if resident Missing**==

</div>

Time resident last seen: _____ **Location last seen:** _____

Description of what the resident was last seen wearing: _____

_____

Appendix B #1 - Search Grid List for Care Centre One (CC1)

- Assign to a CC1 nursing staff member / designate.
  - *Includes D1, D2, the courtyard between D1 and D2, CC1 nursing station, the treatment room and laundry room used by the residents, and common washroom, the servery between the units and the adjoining dining areas. (Do not waste time looking for the area/room number if shaded, e.g., washroom, hallways etc., if the area/room, as per the description, is searched.)*
- Immediately report back to FIW when the search is completed, or if the resident is found.

Missing Resident's Name _____ Rm # _____

First Search (Staff Initials)	Second Search (Staff Initials)	Area Searched
		Start at D1 Program Sitting Area
		1141 - Program sitting area
		1137 – Fire Water Hose Pump Equipment
		1138 - Common Washroom
		1101 - Bedroom
		1102 - Shared Washroom
		1104 - Medication Storage Room
		1103 - Bedroom
		1105 - Bedroom
		1106 - Shared Washroom
		1108 - Storage - Environmental
		1107 - Bedroom
		1109 / 1110 Dirty and Clean Utility Rooms
		1111 - Shared Bedroom (2 areas)
		1112 - Washroom between shared bedroom areas
		1114 - Bedroom
		1115 - Washroom
		1116 - Bedroom
		1117 - Washroom
		1118 - Bedroom
		1119 - Washroom
		1120 - Bedroom
		1121 - Washroom
		1113 - Hallway and small sitting area at the end of D1
		1113a – Electrical Storage / Files
		1122- Bedroom
		1123 - Washroom
		1124 - Bedroom
		1125 - Washroom
		1126 - Spa - Shower
		1127 - Spa - Toilet area
		1128 - Spa - Tub area
		1100 - Hallway in D1 long corridor
		1129 - Bedroom

		1130 - Washroom
		1131 - Bedroom
		1132 - Washroom
		1133 - Bedroom
		1134 - Washroom
		1135 – Housekeeping – Mop/bucket
		1136 - Bedroom
		1139 and 1140 – Electrical room; Call Bell area; Transformer
		1142 - D1 Dining area
		1143 - D1 Sitting area
		1144 – Servery between D1 and D2
		1145 – Servery Slop sink
		1146 – Servery Dishwashing area
		1147 – Treatment Room
		1148 – Resident Laundry room
		1149 – Corridor in front of nursing station
		1013 – CC1 Nursing station, both sides
		1014 – Med room for CC1 (RN/RPN has keys)
		1015 – Nursing Station washroom
		1243 – Walkway in D2 prior to going into main area
		1244 – Storage / Christmas decorations
		1245 – Common Washroom
		1241 – Program sitting area in D2
		1242 – Dining Room D2
		1239 and 1240 – Electrical and Call Bell area
		1201 - Bedroom
		1202 - Washroom
		1204 - Incontinent Brief storage area
		1205 - Bedroom
		1208 - Storage
		1206 – Washroom
		1207 - Bedroom
		1209 and 1210 Clean and Dirty Utility Rooms
		1211 – Bedroom (2 areas)
		1212 – Washroom between 2 bedroom areas
		1214 - Bedroom
		1215 - Washroom
		1216 - Bedroom
		1217 - Washroom
		1218 - Bedroom
		1219 - Washroom
		1220 - Bedroom
		1221 - Washroom
		1213 – Small sitting area at end of D2 hall and hallway
		1213a – Storage (files) – Panel D2A

		1222 - Bedroom
		1223 – Washroom
		1224 - Bedroom
		1225 - Washroom
		1226 – Spa - Shower area
		1227 – Spa - Toilet area
		1228 – Spa - Tub area
		1229 - Bedroom
		1230 - Washroom
		1231 - Bedroom
		1232 - Washroom
		1233 - Bedroom
		1234 - Washroom
		1235 – Housekeeping Storage ~ mop/bucket
		1236 - Bedroom
		1237 - Oxygen and Fire Water Hose Pump
		Courtyard between D1 and D2; Ensure the end gate is mag locked *(Take coat and boots if necessary and pass to get back in.)*
		End at CC1 and Main Lobby area entrance – Switch with another staff member to conduct Second Search. If Second Search completed, return completed form to FIW.

Signature of Staff Conducting First Search _____

Signature of Staff Conducting Second Search _____

Reviewed by Administrator/delegate: _____ **Date:** _____

Appendix B #2 - Search Grid List for Care Centre Two (CC2)

- Assign to a CC2 nursing staff member / designate.
  - *Includes D3, D4, courtyard between D3 and D4, the CC2 nursing station, the John Williams Education Room, the server area between the units, the adjoining dining areas and common washroom. (Do not waste time looking for the area/room <u>number</u> if shaded, e.g. washroom, hallways etc., if the area/room, as per the description, is searched.)*
- Immediately report back to FIW when the search is completed, or if the resident is found.

Missing Resident's Name _____ **Rm #** _____

First Search (Staff Initials)	Second Search (Staff Initials)	Area Searched
		Start at D4 Program Sitting Area
		1441 - Program sitting area
		1437 – Fire Water Hose Pump
		1438 - Common Washroom
		1436 - Bedroom
		1434 - Washroom
		1435 – Housekeeping Storage ~ mop/bucket/Vacuum
		1433 - Bedroom
		1431 - Bedroom
		1432 - Washroom
		1429 - Bedroom
		1430 - Washroom
		1428 - Spa - Tub area
		1427 - Spa - Toilet area
		1426 - Spa – Shower area
		1424 - Bedroom
		1425 - Washroom
		1422 - Bedroom
		1423 - Washroom
		1413a – Storage – Cystoscopy Bladder Irrigation set
		1413 – Hallway and small sitting area at end of D4
		1420 - Bedroom
		1421 - Washroom
		1418 - Bedroom
		1419 - Washroom
		1416 - Bedroom
		1417 - Washroom
		1414 - Bedroom
		1415 - Washroom
		1411 – Bedroom (2 areas)
		1412 – Washroom between 2 bedroom areas
		1409 and 1410 – Dirty and Clean Utility Rooms
		1407 - Bedroom
		1406 - Washroom

		1406a – Storage
		1405 - Bedroom
		1403 - Bedroom
		1402 - Washroom
		1404 - Incontinent Brief storage area
		1401 - Bedroom
		1439 and 1440 – Call Bell; Electrical
		1443 - Sitting area D4
		1442 –Dining area D4
		1444 – Servery between D4 and D3
		1445 – Servery Slop sink area
		1446 – Servery Dishwashing area
		1447 and 1448 – John Williams Education Room
		1449 – Corridor in front of Nursing Station
		1034 - Nursing Station both sides
		1035 - Nursing station washroom
		1036 - Med room for CC2 (RN/RPN has keys)
		1343 – Walkway in D3 prior to going into main area
		1342 – Dining Room D3
		1339 and 1340 – Call Bell Electrical; Transformer
		1336 - Bedroom
		1334 - Washroom
		1335 – Housekeeping Storage ~ mop/bucket,etc.
		1333 - Bedroom
		1331 - Bedroom
		1332 - Washroom
		1329 - Bedroom
		1330 - Washroom
		1328 - Spa - Tub area
		1327 *(inside room)* - Spa - Toilet area
		1326 - Spa - Shower area
		1324 - Bedroom
		1325 - Washroom
		1322 - Bedroom
		1323 - Washroom
		1313a - Storage
		1313 - Hallway and small sitting area at end of D3
		1320 - Bedroom
		1321 - Washroom
		1318 - Bedroom
		1319 - Washroom
		1316 - Bedroom
		1317 - Washroom
		1314 - Bedroom
		1315 - Washroom
		1300 – Hallway in long corridor D3

		1311 – Bedroom (2 areas)
		1312 - Washroom between 2 bedroom areas
		1309 and 1310 – Clean and Dirty Utility Rooms
		1307 - Bedroom
		1306 - Washroom
		1308 - Storage ~ cots(2) and table
		1305 - Bedroom
		1303 - Bedroom
		1302 - Washroom
		1304 – Treatment/Medical supplies *(RN/RPN has keys)*
		1301 - Bedroom
		1338 – Common washroom
		1337 – Oxygen and Fire Water Hose Pump
		1341 - Program sitting area
		1344 – Nursing Manager Office / storage
		Courtyard between D3 and D4. Ensure the end gate is mag locked *(Take coat and boots if necessary and pass to get back in.)*
		End at CC2 and Main Lobby area entrance – Switch with another staff member to conduct Second Search. If Second Search completed, return completed form to FIW.

Signature of Staff Conducting First Search _____

Signature of Staff Conducting Second Search _____

Reviewed by Administrator/delegate: _____ **Date:** _____

Appendix B #3 - Search Grid List for Other Areas in Block A & B

- Assign to an administrative, program staff, or alternate staff.
  - *Includes Block A administration office area and reception, Block B Chapel, front lobby, Snoozelon room, hairdressing salon, Programs /ASL office, cafe and main courtyard between D2 and D3. (Do not waste time looking for the area/room number if shaded, e.g., hallways, front entrance, etc., if the area/room, as per the description, is searched.)*
- Immediately report back to FIW when the search is completed, or if the resident is found.

Missing Resident's Name _____ **Rm #** _____

First Search (Staff Initials)	Second Search (Staff Initials)	Area Searched
		Start at Front Vestibule area
		1000 – Enclosed Front Entrance Vestibule area, prior to entering main building
		1001 – Front Entrance inside building
		1003 - Chapel
		1003A – Storage rea behind Chapel
		1002 - Hallway from Reception to locked office area
		1004 Environmental Services Nutritional Manager's office
		1005 – Social Services Manager
		(enter locked office area)
		1006 - Hallway down corridor with offices
		1007 – Administrator's Office
		1008 – Assistant DONPC's office
		1009 - DONPC
		1010 – Finance Manager's Office
		1011 – RAI Coordinator's Office
		1012 – Storage Room ~ Files, Desk & Chair
		Note: *1013 is the Nursing Station for CC1 and is included a different Search Grid list (#1)*
		1016 – Boardroom / Meeting Room
		1017 – Coat rack area, outside of washrooms
		1018 – Female washroom
		1019 – Male washroom
		1020 – Work Room ~ Photocopier, etc.
		1021 - Reception
		1022 – Front Lobby sitting area
		1023 – Café area
		1024 – Programs and ASL Office
		1025 – Hallway in front of Snoozelon room and Hair Salon
		1026 – Snoozelon Room
		1027 – Hair Salon
		1028 – Hallway to Common Washroom prior to D3
		1345 – Common Washroom

		(Go to Main Courtyard area)
		Main Courtyard between D2 and D3. Ensure the end gate is mag locked *(Take coat and boots if necessary and pass to get back in.)*
		End at Main Lobby area entrance. Switch with another staff member to conduct Second Search. If Second Search completed, return completed form to FIW.

Signature of Staff Conducting First Search _____

Signature of Staff Conducting Second Search _____

Reviewed by Administrator/delegate: _____ **Date:** _____

Appendix B #4 – Search Grid List for Other Areas in Block C

- Assign to an environmental services staff, or alternate staff member.
  - Includes, kitchen, laundry, staff and maintenance areas
  Note – *Do not waste time looking for the area/room number if shaded, e.g., wash areas, hallways etc., if the area/room, as per the description, is searched.*
- Immediately report back to FIW when the search is completed, or if the resident is found.

Missing Resident's Name _____ Rm # _____

First Search (Staff Initials)	Second Search (Staff Initials)	Area Searched
		Start at Dietary Office across from Hair Salon and D3 entrance
		1056 – Dietary Office
		1054 – Dry Food Storage
		1052 – Main Kitchen - Central
		1055 – Washing area for kitchen
		1053 – Slop sink area / Electrical
		1029 – Hallway to staff only access area
		1049 – Mechanical Room
		1050 – Electrical Room
		1048 - Laundry (Clean) – Washer/Dryer area
		1046 – Female Locker Room
		1047 – Female Washroom
		1044 – Male Locker Room
		1045 – Male Washroom
		1043 – Wash down area
		1042 – Staff Lounge area
		1038 - Hallway
		1038a – Area between the Staff Lounge area & Garbage Room with a door to the outside
		1041 – Garbage Room
		1040 – Receiving area
		1039 – Laundry (Dirty)
		1037 – Environmental Storage / Supplies
		1033 – Main Surveillance area
		1032 – Maintenance Storage / Maintenance Office area
		1031 – Resident Storage area
		1030 – Dry Kitchen Storage / Clean utility
End outside staff only access area, near Dietary Office. Switch with another staff member to conduct Second Search. If Second Search completed, return completed form to FIW.		

Signature of Staff Conducting First Search _____
Signature of Staff Conducting Second Search _____
Reviewed by Administrator/delegate: _____ Date: _____

Appendix B #5 - Search Grid List for External Search *(outside on BRHD grounds)*

- Assign to Maintenance staff, or designate.
  - *Includes the front (south) area with the parking lots, the east and west side of the building, and the back (north) grounds outside of the BRHD building.*
  - **Note***: Search inside the enclosed courtyard area, if the outside courtyard gate was **not** secure.*
- Immediately report back to FIW when the search is completed, or if the resident is found.

Missing Resident's Name _____ **Rm #** _____

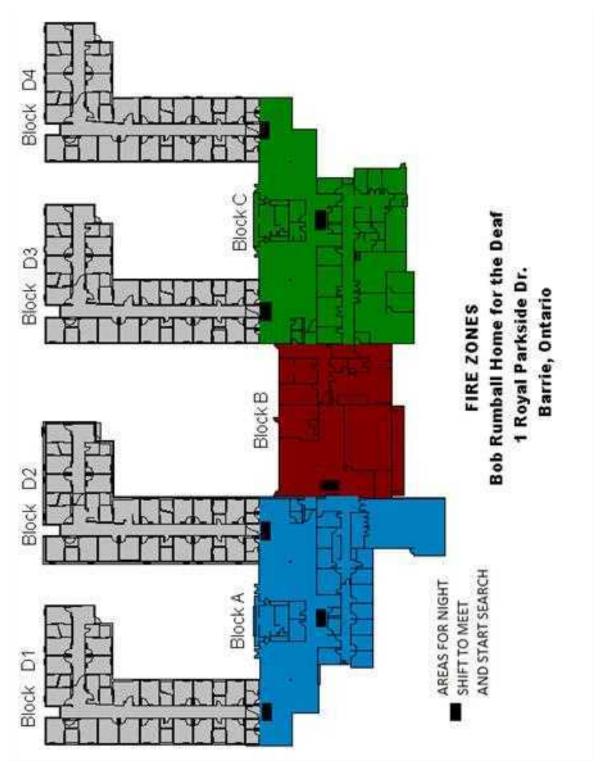| First Search (Staff Initials)	Second Search (Staff Initials)	Area Searched
		Start outside of Front Vestibule area – When you look at Big Bay Point Road you are facing 'South'
		Front Courtyard area
		Front of Building - **from Front Courtyard to Royal Parkside Drive** on the West Side
		Front **Parking Lot areas** from Royal Parkside Drive, across the centre parking lot which runs along Big Bay Point Rd. toward East side of Front Parking Lot
		Cover the BRHD grounds **from Front Courtyard area toward the East side of the front of the building.** This includes a walkway, the receiving area, BRHD truck, Bin area. The BRHD grounds area fenced in along the East side.
		Go **North on the East side toward the back of building** covering the BRHD grounds.
		Cover the BRHD grounds at the **back of the building** from the East side *(near D4)* toward the West side *(Royal Parkside Dr.)* There is a pathway around the back of the building. Cover the BRHD grounds to the fence at the back of the building.
		Cover grounds on west side of building from the back of the Home up to front of the building. This is the west side of the building that runs parallel with Royal Parkside Dr.
		Cover grounds along the front of the building to the Front Vestibule area.
		End at Main Lobby area entrance. Switch with another staff member to conduct Second Search. If Second Search completed, return completed form to Charge RN.

Signature of Staff Conducting First Search _____

Signature of Staff Conducting Second Search _____

Reviewed by Administrator/delegate: _____ **Date:** _____

Appendix C: Fire Zones

FIRE ZONES
Bob Rumball Home for the Deaf
1 Royal Parkside Dr.
Barrie, Ontario

■ AREAS FOR NIGHT
SHIFT TO MEET
AND START SEARCH

Appendix D ~ Code Yellow / Missing Resident Test Report *(template)*
Note: Start to complete as soon as possible after the emergency is declared over, and notifications to appropriate persons are completed.

TEST: Actual Emergency (Y/N) _____;   Mock Emergency (Y/N) _____ (*Code Yellow to be tested annually* [xliv])

Instructions:
- The evaluation/test report is available for completion electronically and should be completed to the extent possible, by the onsite Administrator/designate and the FIW, as soon as possible after the incident is no longer an emergency. The following additional persons *if involved* in the emergency, are encouraged to participate and provide feedback: Managers, external entities (e.g., police),[xlv] and representatives from involved staff, resident, and family, as appropriate.

Evaluation Attendees:

NAME	Position		NAME	Position

*List **external entities** involved, if **not** in attendance, so they can be given the opportunity for feedback:* _____
_____

The following will provide a brief summary of the Code Yellow emergency event: *(who, when, where, what, action taken, observations made, and comments for improvement)*

Name of Missing Resident: _____ Room Number: _____

Date _____ and time_____the FIW / CC1/CC2 nurse in charge was notified of the missing resident.

The date _____ and time _____ the resident was last observed:
- o   by whom: _____ Position: _____

Time emergency declared over: _____ AM/PM **Note**: *The "All Clear" or the "Emergency Services are not in control of Code Yellow. Resume normal duties" announcement should have been given if Code Yellow was announced at the beginning of the search.*

Was the Command Centre Bag collected? Y/N _____ *(Contains Code Yellow Plan with search grids, pens, and flashlights)*

Information about the resident and POA was obtained from the Yellow Binder? Y/N _____
Note: *Yellow binder has a list of residents' profile sheets with the POA contact information. If resident was known to be at risk of elopement, a completed 'Resident Identification Form' for the resident should also be in the Yellow Binder.*

Was the 'Resident **Identification Form'** *(Appendix A)* completed to facilitate the search? Y/N _____

Were 8 copies made of the Resident Identification Form, with the **resident's picture**? Y/N _____

Was the Master Key obtained? Y/N _____ **Note**: *If manager not on site, master kept in envelope in CC2 med room.*

What reasonable attempts were made to locate the resident prior to initiating Code Yellow? _____
_____

Time POA was notified of missing resident: _____ AM/PM
- *When speaking with the resident's POA, was the resident with that person? Y/N _____.*
- *If not, did they know where the resident was, or where the resident may go? Y/N & info if provided: _____*

The Administrator and DONPC/Manager-on-call were notified of the Missing Resident? Y/N _____

The Code Yellow / Missing Resident was announced to staff? Y/N _____

Search Grid lists (#1, 2, 3, 4, and 5) covering all areas were distributed, based on availability of staff? Y/N _____
(Grid List #5, with Police if dark outside)

All Search Grid lists completed, were <u>returned</u> after the search and are attached to this report? Y/N _____

Search Grid List #1 (CC1): Y/N _____
Search Grid List #2 (CC2): Y/N _____
Search Grid List #3 (other areas in Block A & B): Y/N _____
Search Grid List #4 (non-resident areas, laundry, kitchen, maintenance): Y/N _____
Search Grid List #5 (external search): Y/N _____

Resident was found prior to the end of the second search? Y/N _____
- If no, has the resident been found? Y/N _____

Time police were notified, if applicable: _____
- What additional action was taken to find the missing resident, if lost outside BRHD? _____
_____

Date and time the resident was found: Date: _____ Time: _____ AM/PM

Notification of the resident being found was given to: Administrator/designate *(Name)* _____;
staff/students/volunteers *(via announcement)*; POA *(Name)* _____ and time _____ ; and
Police if applicable *(Name)*_____

Location of where the resident was found: _____

Describe how the resident went missing, if known: _____
_____

Condition of the resident once found: _____
_____
_____

Were the **Resident's health record**s updated, including the results of the assessment, where the resident was found, and any preventative measures identified in the resident's plan of care? Y/N _____

- Was the **"Resident's Identification Form"** updated and filed in the Yellow Binder? Y/N _____

If any of the required tasks were not completed as identified, was/or will a staff member be assigned to complete the task(s)? Y/N _____

What went well?

What didn't go well?	Recommendation for improvement?

Was MLTC notified of the missing resident? (Y/N) _____

- Was the CIS Report submitted to MLTC, as appropriate? (Y/N) _____

In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced/disinfected and/or returned. Identify who will complete that task.

Supplies/Equipment Used	Replace or Disinfect & Return	Assigned to:
Master Key		
Command Centre Bag items used:		

Did any person(s) experienced distress as a result of the emergency? Y/N ___
If yes, list names of person(s) who experienced distress, and indicate whether emotional support was provided.

Person's name who experienced distress	Emotional Support Provided	Follow-through required

Signature of FIW: _____

Signature of the Administrator/designate completing the report: _____

Ensure this report and supporting documentation are forwarded to the Administrator.

Note: The remainder of the evaluation is to be completed by the Administrator/designate.

- A CIS report related to the emergency, was submitted to the MLTC. Y/N _____
- Does WSIB, MOL, or any other government body or entity need to be notified? Y/N ___. If yes, identify who will notify which entity. _____
- Were the entities *(e.g., Police)* who were involved in emergency response provided an opportunity to offer feedback.[xlvi] Y/N ____.   If no, who will contact them and inquire if they have any feedback? _____

The Administrator will review the existing Code Yellow Plan, and discuss any recommendations for improvement with the Management Team. *(Refer to recommendations as listed above, and any additional recommendations that were received.)*

The following are the Authorized Recommendations for Change

#	Authorized Recommendations for Change, including any changes to Code Yellow Plan, if any:	Assigned to	Date of Implementation
1.			
2.			
3.			
4.			

Note: *Authorized changes for improvement are to be promptly implemented and documented.[xlvii]*

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change
1.		
2.		
3.		

Code Yellow Plan (**EMERG–I–03**)
Within 30 days after the test is declared over, the emergency plan must be reviewed and updated, if necessary, based on the authorized recommendations.[xlviii]

If the Code Yellow Plan (**EMERG–I–03) requires** updating, this will be done by: _____.

If changes were made to the Code Yellow Plan indicate how staff, volunteers, students, RC, FC if any, and external entities were involved / informed of changes, and any training/retraining, as required.
Retain all supporting documentation, e.g., completed templates, changes made to the Plan, training records, etc.
- _____ New staff / volunteers & students will review updated emergency Plan as part of their orientation
- _____ Existing staff Surge Learning updated, or retraining by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant external entities given an opportunity for feedback and advised of changes to the emergency plan, available on website, & internally in Emergency Manual, as appropriate.

- _____ If changes were made to emergency Plan, the revised Plan was updated in the Home's Emergency Manuals, and the electronic emergency Plan was sent to Fred /IT Specialist, for posting on the BRHD website and the former version of the Plan removed.

- After a review of this form, is there any additional follow-through required? Y/N___
  If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	Assigned to:

Retain this record as part of the Home's quality management activities.

Name of person(s) completing report:
    Administrator / designate: _____*(Print);* _____ *(Signature)*
    Ensure the Administrator has a copy of the completed evaluation.

    Date of completion: _____*(within 30 days after the emergency was initiated).*

Appendix E – Administrator Checklist for Code Yellow / Missing Resident

The Administrator is responsible to ensure that:
o   the Code Yellow Plan was *tested* **at least annually** (Y/N) _____; and

o   the **Code Yellow Plan was *evaluated, and updated as necessary***,
(a) at least **annually**, including the updating of all emergency contact information of the entities, (Y/N) _____; and
(b) *within 30 days* of the emergency being activated and declared over.[xlix]
Note: If the Code Yellow Plan is changed, ensure the Emergency Manuals and the website have the most current version of the Plan.

o   The **related documentation** for **all** activations of the Code Yellow Plan that occurred in the year are completed, compiled, and retained as per the retention requirements, including but not limited to:
  o   the **Code Yellow / Missing Test Report**(s) *(Appendix D),*
  o   the **debriefing** of staff, and volunteers and students, if any; [l]
  o   any **changes made to the emergency plan**, and
  o   **when the emergency plan is changed,[li] consultation with the entities**, e.g., ambulance services and RVH, and the RC and FC, if any, as appropriate; and
  o   any related training/retraining records.

Number of Code Yellow emergencies **activated** in the year? _____

Identify any recommendations for improvement that will be **carried over** to the next year for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				
3.				

Signature of the Administrator: _____

Date: _____

Endnotes:

[i] O. Reg. 246. s.268(2).
[ii] O. Reg. 246. s.268(4). vii.
[iii] O. Reg. 246. s.268(4). vii.
[iv] O. Reg. 246. s.268(10)(a).
[v] O. Reg.246/22 s.268 (8).
[vi] O. Reg.246/22. s.268.(10)(a).
[vii] O Reg. 246/22. s.268. (4)4 and 5.
[viii] O. Reg.246/22. s.268.(9).
[ix] O. Reg.246/22. s.268.(10)(d).
[x] O. Reg.246/22 s.268 (3)(4)4 and 5.
[xi] O. Reg.246/22 s.268 (7).
[xii] O. Reg.246/22 s.268 (3)(b).
[xiii] Dementia in long-term care | CIHI
[xiv] O Reg. 246/22. s.268. (4)3.
[xv] O. Reg. 246. s.268(5)1.
[xvi] O. Reg. 246. s.268(5)2.
[xvii] O Reg. 246/22. s.268. (4)5.
[xviii] O. Reg. 246. s.268(5)2.
[xix] O. Reg. 246. s.268(5)3.
[xx] O. Reg. 246. s.268(5)2.
[xxi] O. Reg. 246. s.268(5)2.
[xxii] O Reg. 246/22. s.268. (4)5.
[xxiii] O. Reg.246/22. s.268.(13) (b).
[xxiv] O. Reg.246/22. s.268.(9).
[xxv] O. Reg.246/22. s.268.(13) (b).
[xxvi] O. Reg.246/22. s.268.(9).
[xxvii] O. Reg.246/22. s.268.(8)(b).
[xxviii] O. Reg.246/22. s.268.(10) (d).
[xxix] O. Reg.246/22. s.268.(13).
[xxx] O. Reg.246/22. s.268.(13) (c).
[xxxi] O. Reg. 246. s.115.
[xxxii] O. Reg. 246. s.115(1)3.
[xxxiii] O. Reg. 246. s.115(1)4.
[xxxiv] O Reg. 79/10, s.107(3)1.
[xxxv] O. Reg.246/22. s.268.(14) (a)(b).
[xxxvi] FLTCA. s. 82(2)8; and s.82(4).
[xxxvii] O. Reg.246/22. s.260.(1).
[xxxviii] FLTCA s.82(6).
[xxxix] FLTCA. s, 82(3).
[xl] O. Reg.246/22. s.260.(1).
[xli] O. Reg.246/22. s.268.(14) (a)(b).
[xlii] O. Reg.246/22. s.260.(3).
[xliii] O. Reg.246/22. s.260.(3)(b).
[xliv] O. Reg.246/22. s.268.(10)(a).
[xlv] O. Reg. 246/22 s.268(9).
[xlvi] O. Reg.246/22. s.268.(9).

xlvii O. Reg. 246/22. 168.(2) 6. ii.

xlviii O. Reg.246/22. s.268.(8).

xlix O. Reg.246/22 s.268 (8).

l O. Reg.246/22 s.268 (13).

li O. Reg.246/22. s.268.(3).