# Extreme Winter Weather Response Checklist

The purpose of this document is to support ongoing assessment and action during winter hazard events. This document should be used to assess readiness and risk within the facility every day if necessary (more often if desired).

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| INFRASTRUCTURE | PROGRESS | ACTIONS REQUIRED |
| **Awareness of information on building and supplies, including:** |
| * Staff are aware of emergency supplies
 | ☐ Yes ☐ No ☐ N/A |  |
| **Equipment** |
| * Electrical equipment is in working order
 | ☐ Yes ☐ No ☐ N/A |  |
| * Staff know how to activate and safely operate emergency generator
 | ☐ Yes ☐ No ☐ N/A |  |
| * Emergency generator is operational
 | ☐ Yes ☐ No ☐ N/A |  |
| * Fuel for emergency generator is available
 | ☐ Yes ☐ No ☐ N/A |  |
| Maintenance | Progress | Actions to be taken |
| * Contact information for on-call personnel available to respond to HVAC unit malfunction after hours is posted or visible (off hours staff know where to locate this)
 | ☐Yes ☐ No ☐ N/A |  |
| * All HVAC units are in working order.
 | ☐ Yes ☐ No ☐ N/A |  |
| * If HVAC units are not in working order, calls have been placed for maintenance.
 | ☐ Yes ☐ No ☐ N/A |  |
| Operations | Progress | Actions to be taken |
| * Information regarding winter hazard plans is shared at all staff huddles and shift changeover
 | ☐ Yes ☐ No ☐ N/A |  |
| * Leaders and charge staff are aware of location of contact numbers for:
	+ external contractors
	+ evacuation plans
	+ staffing plans and staff fan out lists
	+ off hours leadership support
 | ☐ Yes ☐ No ☐ N/A |  |
| * Security risks and safety considerations related to residents at risk for wandering have been evaluated and implemented
 | ☐ Yes ☐ No ☐ N/A |  |
| * Appropriate menu changes have been implemented
 | ☐ Yes ☐ No ☐ N/A |  |
| * Recreation plans have been adjusted as needed
 | ☐ Yes ☐ No ☐ N/A |  |
| * Extra warm clothing and blankets are available and used when needed
 |  |  |
| * Temperature in medication room does not present any risk to the integrity or stability of the pharmaceuticals
 | ☐ Yes ☐ No ☐ N/A |  |
| Clinical | Progress | Actions to be taken |
| **Resident Considerations** |  |  |
| * Share hypothermia signs and symptoms info sheet with family members during event
 | ☐ Yes ☐N o ☐ N/A |  |
| * Share hypothermia document with staff during event
 | ☐ Yes ☐ No ☐ N/A |  |
| * Ensure that residents who are leaving with family (on outings) are wearing appropriate clothing for the weather
 | ☐ Yes ☐ No ☐ N/A  |  |
| * Ensure residents who are at risk of wandering are identified and care planned
 |  |  |
| **Staff Considerations** | **Progress** | **Actions to be taken** |
| * Emergency supplies for staff are available
 | ☐ Yes ☐ No ☐ N/A |  |
| * Staff from out of town are supported with accommodations
 | ☐ Yes ☐ No ☐ N/A |  |
| * Temperature in staff break rooms is assessed for comfort
 | ☐ Yes ☐ No ☐ N/A |  |
| * Staff are monitoring resident responses to changes in care plan and daily routine
	+ any reactions to implementation of emergency plans
	+ notify the nurse/team lead if any changes in condition or behavior are observed
 | ☐ Yes ☐ No ☐ N/A |  |
| Communication | Progress | Actions to be taken |
| * Residents, staff, family members and volunteers are kept up-to-date daily during the event
 | ☐ Yes ☐ No ☐ N/A |  |
| * Resources are available in common areas outlining signs and symptoms of hypothermia
 | ☐ Yes ☐ No ☐ N/A |  |
| Education | Progress | Actions to be taken |
| * Staff knowledge is assessed and the need for additional education is evaluated
 | ☐ Yes ☐ No ☐ N/A |  |