



# **Ontario Long-term Care Home Emergency Management Plan 2023**

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## Introduction

The Emergency Management Plan is an all-hazards disaster response plan which provides overarching principles and operational guidelines used to coordinate an effective response to all types of emergencies that may affect staff, Residents, and facilities. It is intended to address all emergencies that are not normally managed by staff, requiring the coordinated effort and resources of multiple departments, community agencies, and organizations.

This Emergency Management Plan has been created in response to the Emergency Management Plan Policy and meets the requirements under the applicable legislations.

- ON Fixing Long-Term Care Act, 2021 (FLTCA) & ON Regulation 246/22
- CARF/Accreditation Canada

## Purpose & Scope

The purpose and scope of the Emergency Management Plan are to ensure that this Home:

- Maintain a continuous state of readiness to manage a disaster response.
- Minimize the actual or potential danger to individuals, Resident, staff, volunteers, or visitors, and addresses individual staff and Resident needs, including accessibility; and
- Ensure the continuity of operations to the highest degree possible.

## Objectives

To this end, the objectives of this Emergency Management Plan are to:

- provide a common organizational structure and control method for the management of personnel, equipment, facilities and resources during an emergency.
- outlines the roles and responsibilities of key staff to prepare for, respond to and recover from emergencies
- enhance communication linkages between the Home, partner facilities, other community agencies, and resources in the preparation and implementation of emergency response activities.
- establish a clear line of authority during an emergency and clearly defined operational roles for management staff.
- provide a basis on which policies, procedures, training and exercises relating to emergency management may be developed.
- minimize the impacts of an emergency by maintaining a standard of operational readiness, awareness and preparedness.
- ensure, as much as possible, the well-being of patients, Residents, staff and all others on site in the event of an emergency or disaster.

## Development & Updating Plan

- Consultation in development and annual updating of this plan is done with:
  - Appropriate emergency service providers in the area
  - Community agencies, health service providers, partner facilities, etc.
  - Staff, Residents' Council and Family Council

## Appendix:

### ***EMP1-P10 Emergency Management Plan***

To facilitate the implementation and maintenance of this Emergency Plan, the Executive Director should utilize the Emergency Management Plan Checklist. The checklist is a tool developed to ensure that the fundamental maintenance and compliance programs are in place.

- Fire Safety Plan – up to date (reviewed annually) and staff trained
- Emergency Management Plan – reviewed annually and staff trained
- Fire Log – all inspections up to date, certificates issued, no o/s deficiencies, fire drills documented
- JH&S Committee – meetings, inspections and minutes up to date
- Security – required secure doors, sign-in log, mag locks, alarms, elevator access, window openings
- Nurse Call/Paging System maintained and operational
- Emergency Power System maintained and operational
- Elevator Machine Room locked and proper signage to restrict access to unauthorized persons
- Electrical and Mechanical Rooms secure and free of combustibles
- Lighting requirements are met
- Domestic Hot Water Temperature Records up to date
- Chemicals stored in a secure location c/w MSDS Sheets
- Safety Equipment, PPE in proper use by staff
- Loss Prevention Maintenance Program in place c/w documentation
- Sprinkler valves monitored and/or locked open
- Hot Work Policy in place
- FM Global Red Tag Permit System in place
- Lock-out / Tag-out Process in place
- Contractor H&S Sign-off sheets up to date for all contractors
- Contractor Agreements / Reporting up to date
- Health & Safety Training Records for all staff including Orientation and Refreshers
- Housekeeping visual audit

## Definitions

**Emergency:** *Emergency is defined as situations or the threat of impending situations that could affect the property and the health safety and welfare of the Home in which, by their nature and magnitude require a controlled and coordinated response.*

**Emergency Management:** *The term used to designate the efforts of communities or businesses to plan for and coordinate all personnel and materials required to either mitigate the effects of, or recover from, natural or man-made disasters, or acts of terrorism.*

**Incident Commander:** *The person responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved.*

**Emergency Codes:** *Codes are used in hospitals and health care settings worldwide to alert staff to various emergencies. The use of codes is intended to convey essential information quickly and with minimal misunderstanding to staff while preventing stress and panic among Residents and visitors to the Home.*

## Roles and responsibilities

### Executive Director

- Develop an annual training and exercise program including personal preparedness training for staff, and preparedness exercises of the Emergency Management Plan and Emergency Code Procedures as defined in the Emergency Management Plan.
- Maintain records and documentation of emergency training, exercises, and maintenance of supplies and equipment.
- As Incident Commander for the Home:
  - Declare activation of the plan in response to an emergency incident.
  - Assess the situation and determine the appropriate action and code
  - Initiate the Fan Out procedure, if applicable
  - Lead the response to incidents
  - Contact corporate office, if applicable
  - Contact Community Partners if applicable
  - Follow procedures for the appropriate emergency code
  - As necessary, solve problems
  - Set priorities and define the organization of the incident response teams and the overall incident action plan.
  - At own discretion, assign individuals, who may be from the same Home or from assisting agencies, to subordinate or specific positions for the duration of the emergency.
  - At the All Clear, record how the plan worked, note areas that need revisions and updating
  - Chair a formal debrief of the incident after recovery
- Maintain an accurate and most updated emergency contact of all staff and functions listed in the Fan Out.
- Follow the Serious Adverse Event Algorithm and Hot Issue Alert protocol to obtain support and direction while responding to an incident.
- Establish agreements with relocation facilities and essential vendors/suppliers.

### All Staff

- Participate, review, and assist in the development of the Emergency Plans and Code Procedures
- Inform changes in contact information for emergency – contact during fan out procedure
- Attend and participate in emergency training and exercises
- Follow the directions given by the Incident Commander (Executive Director) during the Incident and recovery phase.
- Adhere to safe work practices in an emergency
- Report to their supervisor any known hazardous situation that may result in the course of an emergency
- Communicating effectiveness of Emergency Plan at the end of the all clear
- Participate in formal debriefing as required

### Food Services

- Participate, review and assist in the development of the home emergency plans and procedures
- Maintain a sufficient supply of food and water in case of emergency, minimum three days
- Develop contingency plans to support the emergency stockpile of food and water

- Attend and participate in emergency training and exercises

### **Facilities/Maintenance**

- Participate, review and assist in the development of the home emergency plans and procedures
- Participate or lead the hazard site assessment to identify and mitigate physical hazards
- Provide and maintain Home specific information in the emergency plan, such as the location of utility controls and procedures for managing in an emergency

### **Regional Director of Operations**

- Provide support and guidance to Executive Directors while dealing with an emergency
- Serve as the link between Home and Corporate Office
- Oversee the Emergency Management Program for the Communities ensuring training and exercises for Emergency Management are up to date and in accordance with this Emergency Management Plan

### **Corporate Office**

- Various functions at the Corporate Office such as Risk Management, Communications, Finance, Business Performance and Analysis, Maintenance, Asset Management, Operations, Resident Services, etc. will provide support and guidance to Executive Directors while dealing with an emergency
- Annual review, approval, and distribution of this Emergency Management Plan, its appendixes and supporting materials

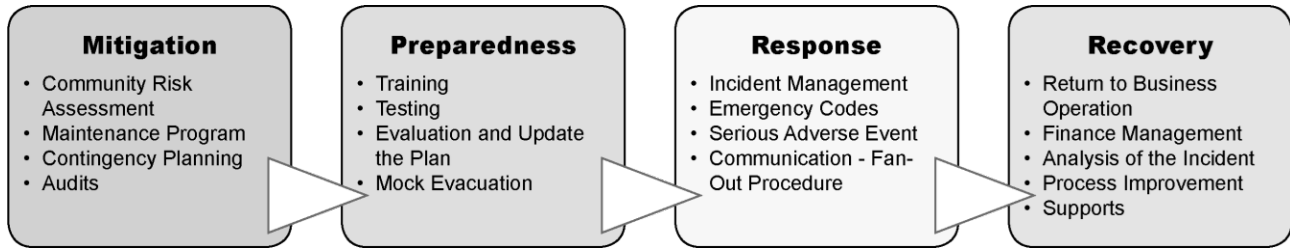
### **External Stakeholders**

- Communication linkages will be enhanced within the Home/Community, other long-term care (LTC) home / community agencies and resources in the preparation and implementation of emergency response activities
- Community Partners will ensure appropriate plans and implementation procedures are developed for carrying out their roles and tasks. Community Partners will ensure that the health, safety, and welfare of the Residents are considered when developing and implementing plans and procedures.

### **Appendix:**

#### **EMP1-O10.01 Emergency Management Contingency Planning**

## Key elements of the emergency management plan



### Mitigation/Loss Prevention

Mitigation activities focus on fixing the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a sustained long-term effect. Activities include the assessment of avoidable risks/threats to our people, implementation of measures to eliminate or reduce business and property risks. These measures may include preventative maintenance programs, staff education, contractor/vendor agreements, capital renewal, alternate suppliers (contingency) and process audits/improvements.

### Preparedness

Preparedness activities are focused on planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure effective coordination during incident response. These activities include the assessment of unavoidable risks/threats and the development of plans for response and business continuity. These plans must address all measures necessary to protect our people and property in any emergency situation. Plans must be reviewed and updated regularly, and staff must be trained in the implementation of the plans.

### Response

Response phase is the implementation of the Emergency Management Plan during an emergency situation to ensure that people are safe, damage and loss are minimized, and business activities continue to function at an acceptable level. This will include supporting the sites with logistics, communication, and implementation of remedial operations. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident.

### Recovery

During the Recovery phase, the organization focuses on returning systems, processes, and property to normal standards while continuing with all business functions. This phase includes remediation, reconstruction, vendor management, Resident and employee support, incident analysis and process improvement.

## Mitigation/ Loss prevention

### Community risk assessment

The purpose of a Community Risk Assessment is to analyze potential hazards, assess risks and vulnerabilities of the Home in order facilitate risk-based decision making. These decisions aim to address vulnerabilities, mitigate hazards, and prepare for response to and recovery from hazard events. Risk-based means based on informed choices of alternate unwanted outcomes. In other words, Homes make risk reduction choices based on the acceptability of consequences and the frequency of hazards. The Community Risk Assessment is also utilized to develop the response procedures.

Risk	Consequences	Impact or Likelihood	Resources
Identify the most likely risk for your Home. Examples: Communicable disease outbreak Criminal – bomb threats, hostage, shooting Earthquake Extreme weather Fire Flooding Hazardous Material event Medical Supply chain interruption Missing Residents Utility outages Other threats (events that were identified in the Canadian Disaster Database or Risk Assessment completed by the municipality)	Consider the potential consequences of each risk for Home, Staff, and Residents:  Damage to critical infrastructure* – Energy & Utilities, Finance, Health Services, Information & Communications Technology, Food, Water, Safety, Government Services, Logistics  Damage to critical facilities  Injuries and fatalities  Staff and Residents' safety  Business Disruption	Consider the impact and likelihood in each one of the risks identified:  Facilities Families Environment Residents Operations Staff	List the mitigation/preparedness strategies and resources in place to prevent or manage the response to this risk, such as:  Mitigation strategies to remove or reduce hazard  Emergency Plan & applicable response procedures  Related education, training and exercises  Resources and supplies  Contingency plans External resources

Across Canada, we face some natural hazards, which can vary from region to region. Knowing what to do is an important part of being prepared.

Know your local environment and the general risks in your local community, e.g., rivers with the potential to flood, surface water accumulation zones, earthquake risk, and plan for these specific events.

Each Home is responsible for finding out about risks in the region and how to prepare for different situations. Communities should also be aware that other hazards can trigger emergencies that may affect them. These emergencies could be bomb threats, chemical spills, or infectious disease outbreaks.

Information about risks per region can be found in the Canadian Disaster Database available on the federal website: [www.getprepared.gc.ca](http://www.getprepared.gc.ca). A Community Risk Assessment will enable the Home to identify risks, impacts and mitigation strategies. This analysis will be reviewed annually.

### Appendix:

#### EMP1-P10-E2 Community Risk Assessment (Home Specific)



## Maintenance program

The Home shall keep a Maintenance Program of the critical services and utilities to ensure they are working properly. The program shall outline all scheduled inspections, checks, audits and monitoring of the critical services and utilities.

Checklists are utilized to assist the monitoring and compliance of the Maintenance Program.

- Heating units should be cleaning, inspecting, and calibrating boilers, rooftop heating units, and air make-up units. The operation of all outside air dampers should be tested and verified to close. Hydronic cooling coils should be drained, isolated, and charged with glycol to prevent freezing. Freeze protection controls must be checked.
- Preventative maintenance programs should be set up for emergency generators and fire/life safety systems.
- Sump pumps should be inspected and tested.
- Roof drainage systems and rainwater catch basins should be cleaned.
- Irrigation systems and outside water taps must be isolated and drained.
- Dry system fire sprinklers must be drained of any residual water.
- All points of outside air infiltration should be checked and sealed as required. Examples: seals around doors and windows exhaust fan back-draft dampers and damaged siding or insulation.
- Piping systems in unheated spaces should be inspected. Insulation, heat trace cables or supplementary heat may be required to prevent freeze-ups.
- In-suite heating systems should be checked and serviced.
- Ensure that snow and ice removal program is in place.
- Inspect parking lot for potential slip/trip hazards.
- Dryer venting systems should be cleaned and inspected.

## Inspection programs

Buildings are unique and require specific care to maintain them properly, but there are some common practices that, as a minimum, should regularly be performed at all sites.

- A daily inspection should be performed throughout the building (inside and out). Fire alarm system, lighting, slip and trip hazards, heating systems, water lines, mechanical systems and safety equipment must be monitored daily to identify potential problems.
- Weekly inspections should be performed on emergency generators, kitchen exhaust and fire sprinkler systems.
- Fire extinguishers, elevators, kitchen, and laundry equipment should be checked monthly. All fire-related systems must be inspected per Fire Code.
- Quarterly inspections should be performed on heating equipment by our contractors to ensure reliable and safe operation.
- On an annual basis, the Fire Safety Plan and Emergency Management Plan should be reviewed, and staff should be updated on emergency procedures, the location of utility shut offs and emergency call numbers.

## Preparedness

Preparedness activities are focused on planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure effective coordination during incident response.

### Mandatory training

Item	Audience	Frequency	Objective
Emergency Plan and Codes	All Staff, volunteers & students	Orientation – before start work in the Home  Annual at the review of the Plan	Fire prevention and safety, emergency evacuation plan and Emergency Plan Changes and revisions made to the Emergency Plan
Emergency Codes	Residents and Families	At time of move in Annually	Familiarization with emergency codes and procedures

### Testing of the plan

Item	Objective	Frequency	Record
Emergency Plan* Code Grey - Loss of essential services Code Yellow – Missing Resident Code Blue – Medical Emergencies Code White – violent outbursts Code Red – Fires Code Orange – Disaster Response Plan Boil Water Advisories Floods Outbreaks, Epidemics, Pandemics	Test the Plan Meet regulation: Ontario: Reg 246/22 s. 268 (10)	Mandatory Annual	Code Specific Checklist and Action Plan Template
<i>Testing the Emergency Management Plan must include arrangements with community agencies, partner facilities, and resources that will be involved in responding to an emergency.</i>			
Mock Evacuation (planned)  Code Brown – Chemical Spills  Code Black – Bomb Threat  Priority Code - Intruder	Test the Plan Meet regulation Ontario: Reg 246/22 s. 268 (10)	Mandatory Once every three years	Code Specific Checklist and Action Plan Template Mock Evacuation Check list
Fan-out Call List	Test the Plan	Mandatory every six months	Fan-out Call List is updated
Drills	See Fire Safety Plan	Mandatory One drill per shift/month Fire Department to observe one drill annually	Fire Drill Checklist and Action Plan Template

The Executive Director and Management Team will develop exercises to test the plan as frequently as required above. There are three main types of exercises to test the Plan: Discussion-based, Tabletop, or Live exercises. The choice of which one to adopt depends on what the purpose of the exercise is. It is also a question of lead-in time and available resources. A combination of the three types can also be an option for testing of the Plan.

The '**Guidelines for Emergency Exercise Design**' will assist Executive Director and Management Team in developing exercises to test the plan. The testing of the plan and the actions and improvements required will be documented in the appropriate Emergency Exercise Checklist and Action Plan Template.

**Appendix:**

**Guidelines for Emergency Exercise Design**

**EMP2-P20 T1 Emergency Codes Exercise Testing Schedule (Home Specific)**

**EMP3-O30.04 T1 Fire Drill Schedule (Home Specific)**

**Emergency on-call lists**

Emergency On-Call lists contain the emergency contact information of all the staff and relevant positions in the organization.

**Appendix:**

**EMP1-O10.02 Emergency On-Call List (Home Specific)**

**Residents and family contacts list**

Families and responsible parties will be contacted promptly by staff in the event of an emergency situation.

At least, one list of all Residents and family contact information is maintained. As per Fire regulation, this is kept in the binder located in the building Fire Box – "Evacuation Information Binder".

The information on the list is revised and updated monthly or whenever necessary. It contains relevant information on Residents and families to be utilized in case of an emergency, such as a picture of the Resident, description of mobility needs, tags, family contact information, etc.

The Executive Director/designate will delegate staff to make the necessary phone calls. When establishing initial contact with families, staff will convey emotional support and reassurance that safety and well-being of the Resident is the home's priority. When families are contacted in an emergency situation, they should be notified of:

- Type of emergency
- Time of emergency
- Status and/or location of Resident
- Mechanism in place for access to updated information

**Appendix:**

**Communication Guide for Homes**

**Communication Responsibilities Overview**

## Response

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This section outlines the framework for the home response. It includes an organizational structure to provide overall direction and control of your home's emergency operations.

Emergency Management begins at the home level where most incidents are managed. If the incident cannot be adequately managed from the Home due to insufficient resources, an escalating threat, or an incident that impacts multiple sites, site support can be provided by the organization's corporate support team.

Incidents in the large community/city are managed daily by first responders – paramedics, police officers, and fire personnel.

Emergency calls are prioritized based on the severity of the incident and the availability of resources. In a larger scale incident, local authorities may also activate emergency operations centers or mobilize staff to coordinate the response.

During these major emergencies, the local authority, together with first responders, will assess and prioritize community needs, allocate resources, and respond based on the determined priorities. In a major emergency such as major disruption to transportation networks or severe storms, outside assistance or community resources may not be immediately available.

High demand for limited resources and nature of the emergency itself means that Communities need to be as self-sufficient as possible at the site level and look to corporate leadership for site support where possible.

### Site support

If the response cannot be adequately managed by the home support can be provided by the corporate support team. The corporate support team serves to provide support to the site in the following areas:

- inter-agency coordination
- communications and media relations
- policy guidance
- logistics - resource acquisition, transportation, and staffing

To notify and/or activate the corporate support team, the Executive Director/Designate will follow the Serious Adverse Events Reporting Algorithm.

### Appendix:

#### Serious Adverse Events Reporting Algorithm

### Incident management

When an incident occurs, appropriate steps should be followed to deal with the incident.

- Implementation of the Emergency Response Procedures – Codes.
- Notify the Executive Director immediately.
- Executive Director must follow the Adverse Event Management Policy and Serious Adverse Event Algorithm; and
- Communication utilizing the Emergency Fan out Procedure when applicable.

### Response procedures – codes

The "Emergency Response Procedures – Codes" provides a general approach to procedures on how to deal with various incidents or guidelines on how to respond to incidents. Consideration must be given to the incident scenario, contributing factors, resources available, magnitude, etc. to provide a proper respond to the incident.

The Emergency Response Guide is a simplified version of the procedures to be utilized as a tool for consultation and staff training.

# Medical Emergency – Code Blue

## Standard

**Code Blue** will be used to alert individuals in the home of a medical emergency and provide a systematic approach for responding to it.

**NOTE:** A medical emergency is defined as a medical condition requiring immediate treatment, for example a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, respiratory distress, syncope and/or any other situation where clinical assistance is needed.

## Procedure

### 1. Upon discovering the emergency:

- a. Pull the nearest call bell and alert nearby staff by shouting **Code Blue**.
- b. Stay with the individual.
- c. If no response to the call bell or the call for help, page “CODE BLUE”, floor number, room number, then return to the resident and begin assessment and/or resuscitation.

### 2. Upon receiving the page for “Code Blue”:

- a. The RN/RPN of the floor above and/or below or his/her designate will bring the emergency equipment, which contains suction, oxygen, and ambubag to the area called.
- b. The Nurse Manager/ADOC, the DOC and/or the Executive Director will go immediately to the area of Code Blue and direct it until ambulance personnel arrives. At all other times, the Charge Nurse will attend the code and assume responsibility.

### 3. The Nurse Manager/ADOC on duty will direct the code and ensure appropriate resuscitation endeavors:

- a. The Nurse Manager/ADOC will direct 911 to be called where appropriate and the person will give name, address, floor, and room location.
- b. A PSW will be assigned to put elevator on ‘service’ and wait for ambulance on main floor (after reception hours)

# Fire – Code Red

## Standard

Emergency **Code Red** will be used:

- a. To alert all occupants when a fire is discovered.
- b. When conducting FIRE DRILLS
- c. When there is a suspicious event that may lead to a fire (e.g. smoke, smelling something burning).

## Procedure

### A. If you discover a Fire/Smoke

Call out “CODE RED”, and fire location; R.E.A.C.T.:

- R:** Remove Residents from immediate area.
- E:** Ensure windows and doors are closed.
- A:** Activate Alarm.
- C:** Call the Fire Department.
- T:** Try to extinguish fire (if possible).

**REMEMBER:** Pulling the alarm is the quickest way to get help. The First responsibility is the safety of the residents

### B. If you hear the alarm

1. Check pull station locations to see if activation is on your Resident home area.
2. Clear corridors.
3. Staff not in their area must return to their assigned home areas after the code location is announced. **DO NOT USE ELEVATORS. DO NOT ENTER FIRE ZONE DIRECTLY FROM STAIRWELL.**
4. Initiate room-to-room search. Assign a staff member to each hall. All rooms to be checked as follows:
5. Close windows
6. Check closets
7. Check bathrooms
8. Close doors
9. Note location of Residents
10. Proceed with pre-planned fire procedures for your area.

## Evacuation Procedures – Code Green

### Standard

**Code Green** will be used to evacuate Residents from immediate danger in the event of an impending emergency disaster.

All employees are responsible for understanding the use of Code Green in the event of a disaster/emergency situation.

### Procedure

1. Code Green means “Horizontal Evacuation”.
2. Code Green – to be used to completely evacuate Residents from disaster area to a designated safe area on the same floor.
3. All Residents to be horizontally evacuated to a safe area beyond the fire barrier doors.
4. Code Green Stat means “Vertical Evacuation”
5. Code Green Stat is used to completely evacuate Residents from the disaster area in a vertically downward direction.
6. The decision to initiate Code Green/Code Green Stat is the responsibility of the person in charge at the disaster scene or the Fire Department if present.
7. Horizontal/Vertical evacuation will be announced on the communication system as “Code Green” or “Code Green Stat” followed by location(s) to be evacuated. For example, “Code Green, 2 North”.

# Missing Person – Code Yellow

## Standard

**Code Yellow** will be used each time a Resident is discovered missing.

An immediate and thorough search of the home and the immediate environment will be conducted upon the suspicion/notification that a Resident is missing.

## Procedure

### Initial Search

1. In the event a Resident is suspected to be missing from a home the staff member will notify the person in charge immediately.
2. The person in charge/designate will check the sign out book and health record to see if the Resident is signed out of the home. If applicable, the Resident wanderer's observation checklist will be checked to determine the time and location the Resident was last recorded as being seen.
3. Registered staff will check with Recreation staff to account for all Residents engaged in social/ programming activities and report findings to the Charge Nurse.
4. After a thorough check of the Resident Home Area, Registered Staff will notify the Charge Nurse immediately of a suspected missing Resident.
5. The person in charge/designate will page three times "CODE YELLOW, NAME OF MISSING RESIDENT, ROOM NUMBER", e.g., "Code Yellow, Mrs. Smith, Room 213" followed by a brief description of what the missing Resident is wearing.
6. Registered staff will initiate Missing Resident Search Checklist [EPM-F-10-05] to record the time, sequence, and details of the search. The Code Yellow Identity Chart [EPM-F-10-10] is completed and kept in the Resident's chart when the Resident is assessed as a high-risk wanderer.

Note: if not using Code Yellow Identify Chart, complete specify identify chart supplied by local police department or Alzheimer Society.

7. Registered staff will instruct staff to conduct a thorough search of all areas identified on the Missing Resident Search Checklist. Home-specific areas not listed should be added to this checklist.

### Second Search – when the Resident is not found:

Immediately on completion of the first search and before an exterior search is carried out, the Charge Nurse/designate will notify the Police. Staff will begin a second search, following the procedures outlined in Steps 1 through 7 above, and continue utilizing the Missing Resident Search Checklist [EPM-F-10-05]. Refer to the Emergency Plan Manual [EPM-F-10] for additional procedures for Code Yellow.





## Code of Violence – Code White

### Standard

**Code White** will be used to obtain immediate assistance in a situation related to violent/aggressive behaviours.

### Procedure

1. Call out “Code White”. Unit staff to respond immediately to area of concern.
2. Remove residents/visitors from immediate area.
3. Page “Code White”, floor number and location (e.g. “7th Floor, Room 220”)
4. Return to Resident and ensure environment is safe. Using principles noted in the aggressive behavior policy, attempt to diffuse the situation.
5. Charge Nurses must always respond to Code White.
6. Once situation is assessed then:
  - a. If able to diffuse violent behaviours, stay with Resident, provide reassurance and assess contributing factors. Document on MDPN’s interventions and outcomes.
  - b. If unable to diffuse violent behaviours, call 911 for emergency response. Notify physician, family, DOC/ Executive Director. Complete Unusual Occurrence report and document strategies on MDPN’s.

## Bomb Threat – Code Black

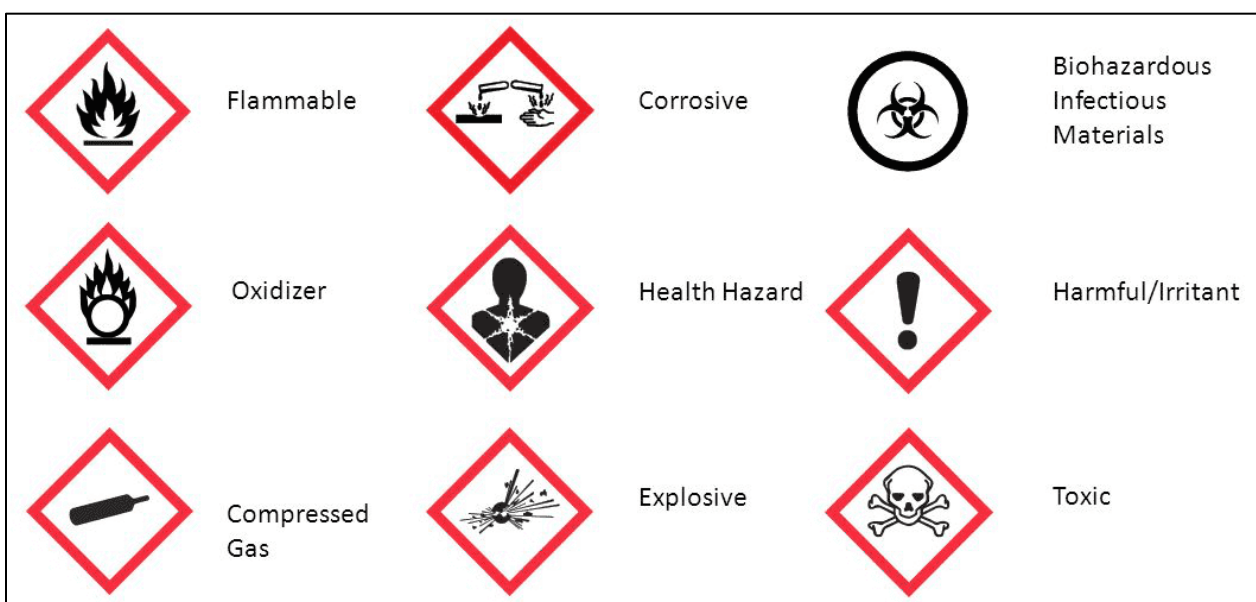
Appendix EMP2-O20.01 Code Black Procedure

## Hazardous Chemical Spill – Code Brown

The spill or leak of any hazardous material can result in immediate danger to life or health, disruption of resident care and threaten both the property and the environment.

These procedures must be carried out immediately for:

- a. The unplanned and/or uncontrolled release of any hazardous or potentially hazardous chemical in any quantity.



- b. The spill or leak of any UNIDENTIFIED SUBSTANCE.

In the event of a spill or leak of any substance as defined above, the person(s) involved or discovering the spill/leak shall:

**S:** Safely evacuate everyone from the immediate area.

**P:** Prevent the spread of fumes by closing doors, if possible.

**I:** Initiate notification of Dietary Manager or Health & Safety Rep. Over the P/A system and state the unit and exact location of the spill as well as the chemical if known.

**L:** Leave all electrical equipment, appliances and switches alone. **Do not turn them on or off.**

**L:** Locate any information regarding the chemical spills from the M.S.D.S.

# Emergency Disaster Response Plan in Effect – Code Orange

## Standard

**Code Orange** is paged to alert employees that the home will be receiving an influx of Residents as a result of an external disaster.

## Procedure

1. The Executive Director/designate will approve the receipt of Residents from another facility or the community following an external disaster.
2. On request, the receptionist/designate will communicate “Code Orange Alert” to advise employees of a potential influx of Residents. “Code Orange” or “Code Orange Confirmed” will be communicated to declare a confirmed influx of Residents.
3. The reception plan will be implemented to handle the influx of Residents.

## Outcome

Code Orange is paged, and the reception plan is implemented upon notification of an influx of Residents after an external disaster.

## Departmental Responsibility

Departments are expected to develop a detailed plan which will expand on the duties and responsibilities of the department in the event of a disaster while being congruent with the overall Emergency- Disaster Response Plan for Extendicare.

# Loss of Essential Service/Natural Disaster – Code Grey

## Standard

**Code Grey** is any unplanned interruption or loss of a critical essential service or a natural disaster event. The Home will contact local authorities for further information on specific actions for each individual Code Grey situation. Its purpose is to provide an immediate plan of action to ensure the safety of everyone and allow the Home to continue its operations.

## Procedure

**Each home will have a home specific process in place to deal with the loss of essential services/natural disaster such as the ones listed, but not limited to.**

1. Loss of hydro
2. Loss of natural gas
3. Loss of water/Boil Water Advisories
4. Loss of telephone
5. External Air Exclusion
6. Flooding
7. Tornado/Hurricane
8. Extreme cold
9. Withdrawal Services - No staff
10. Interruption of Food Services
11. Emergency Power Hook-up

**In this section, you will find home specific templates for the Code Grey situation listed above.**

## Tools

1. Loss of hydro – (Home specific)
2. Loss of natural gas – (Home specific)
3. Loss of water – (Home specific)
4. Loss of telephone – (Home specific)
5. External Air Exclusion – (Home specific)
6. Flooding – (Home specific)
7. Tornado/Hurricane – (Home specific)
8. Extreme cold – (Home specific)
9. Withdrawal Services - No staff – (Home specific)
10. Interruption of Food Services – (Home specific)
11. Emergency Power Hook-up (Home specific)
12. Code Grey – Facilitator Drill Checklist
13. Disruption of Building Accessibility – (Home specific)

## **Additional Emergencies - Outbreaks, Epidemics, Pandemics**

Homes will be proactive in the identification and prevention of outbreaks. In the event of an outbreak, an outbreak management plan will be in place and will be implemented as expeditiously as possible to interrupt further transmission of a disease-causing agent.

- Outbreaks will be reported to Regional Director of Operations, Extencicare Support Office, and provincial public health agencies as required.
- All homes will have a pandemic plan in place to guide infection prevention and control practices and provide interventions in the event of an active pandemic.
- All homes will follow the provincial/regional outbreak management protocols as applicable

### **Appendix:**

#### **IPC7- P10 Outbreak Management**

#### **IPC7- O10.01 Outbreak Management Protocols**

#### **IPC7-O10.02 Pre-Pandemic Preparedness Plan**

#### **IPC7-O10.03 Active Pandemic Outbreak Plan**

#### **Pandemic Playbook**

## **Fire Safety Plan**

This Fire Safety plan is established to ensure that our Residents, clients, and employees, as well as our properties, are protected to the greatest extent possible and are cared for in the safest possible manner. The Home's environment will be 100% compliant with fire code standards

### **Appendix:**

#### **EMP3 - P30 Fire Safety**

#### **EMP3-O30.01 Implementation of the Fire Safety Plan**

#### **EMP3-O30.01 T1 Fire Safety Plan (Home Specific)**

## **Hazard Identification Risk Assessment (HIRA)**

Completing a Hazard Identification Risk Assessment will ensure that measures are in place to respond to those risks identified as most likely to occur. The expectation is that training, practice and resources are customized to react to the risks that are most likely to affect your home.

### **Appendix:**

#### **EMP1-P10-E4 Hazard Identification Risk Assessment (Home Specific)**

## **Emergency Management Contingency Plan**

A contingency plan is a process that prepares the Home to explore and prepare to respond to any eventuality or unplanned event. The contingency plan can also be used as an alternative for a planned action if expected results fail to materialize.

### **Appendix:**

#### **EMP1-O10.01 Emergency Management Contingencies**

#### **EMP1-O10.01 T1 Home Detailed Information (Home Specific)**

#### **EMP1-O10.01 T2 Facility Transfer Agreement (Home Specific)**

#### **EMP1-O10.01 T3 Emergency Accommodation Letter (Home Specific)**

#### **EMP1-O10.01 T4 Relocation Procedures Template (Home Specific)**

#### **EMP1-O10.02 T1 Internal Emergency Contacts – (Home Specific)**

## **“Food, Fluid Provision Plan”**

Emergency Management Plans will include:

- A plan for food and fluid provision in an emergency.
- A plan to ensure that in an emergency all residents have timely access to all drugs that have been prescribed for them.
- Resources, supplies, personal protective equipment, and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, and personal protective equipment have not expired.

## **Appendix.**

**EMP2-O20.09 T10 Home Specific Procedure - Interruption of Food Services**  
**CARE17-O10.02 LTC Emergency Menu Checklist**  
**CARE17-O10.02 E1 LTC Emergency Sample Menu**  
**CARE17-O10.02 E2 7 Day Emergency Menu**  
**CARE17-O10.02 E3 7 Day Emergency Menu Guidelines**  
**CARE17-O10.02 E4 Possible Emergency Scenarios**  
**CARE17-O10.02 E5 Recommended Emergency Supply List**  
**CARE17-O20.04 Menu Stream Emergency Procedure**

## **Drug Provision Plan**

In the event of a disaster, fire or other forced evacuation at the home:

Pharmacy will work closely with the home to provide the following in a timely manner:

- Replacement and dispensing of all required medications
- Delivery of required medication to alternative locations
- Delivery and Printing of MAR Sheets and/or Prescriber’s Medication Review
- Provide ongoing refills to the alternate location for the duration of the evacuation.

During any evacuation, the person assigned (as per roles and responsibilities) will remove the medication cart(s) and the E-mar back up USB.

## **Appendix:**

**CARE13-O10.01 LTC Medication Administration**  
**CARE13-O10.01 T1 LTC eMAR Backup**  
**CARE13-O10.01 T6 eMAR Backup Master Guideline**  
**MEDI-CL-P20 Care Home Disaster Plan (Pharmacy)**  
**EMP2-O20.08 T2 Evacuation Information Binder Checklist**

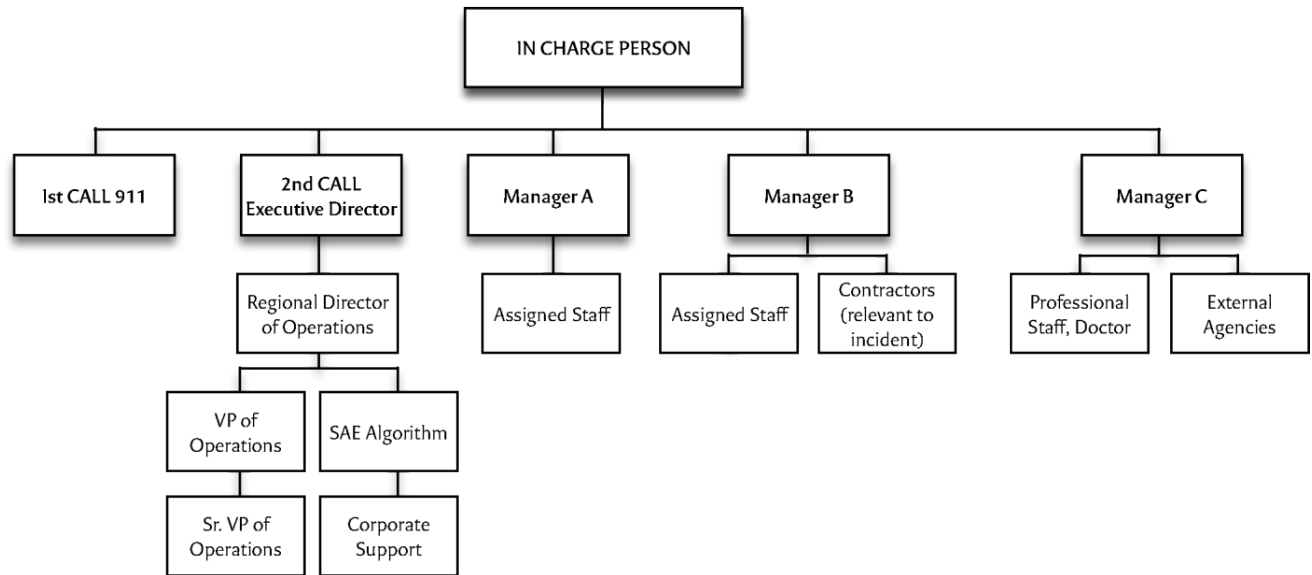
## **Emergency Fan out Procedure**

The Fan out Procedure is a call out process utilized to contact, notify, and direct staff to report, respond and/or assist the Home in the event of an emergency.

Emergency Fan out Diagram

## **Appendix:**

**EMP1-O10.03 Fan-out List Management (Home Specific)**



## Recovery and continuity

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Recovery planning is just as important as preparedness planning.

### Return to business operation

Recovery from an incident is dependent on the nature of the incident but it may consist of the following:

- Contacting local Health Authority to advise on the issue, and seek any local resources, if available.
- Identifying critical supplies, equipment, and key suppliers that support the Home to determine strategies to protect key resources or to identify alternatives. Include contact information of key suppliers in the communications directory.
- Implementing plans to maintain critical operations to ensure the continuity of those operations or to bring those systems back online.
- Indicating back up or store off-site copies of key documents, files and business records.
- Based on Agreements or appropriate arrangements for an alternate location, ensure the continuity of care provision in case the Home cannot be re-occupied or will be temporarily unavailable.
- Contacting the Corporate Risk Management Department and they will determine and advise on insurance and claim management.
- Maintaining adequate records to inventory furniture, equipment, and high-cost items
- Photographing all damage including contents, and major damages. Retaining photos in an electronic format and forward to Risk Management.
- Conducting a thorough damage assessment of the Home following the disaster/incident
- Considering plans for supporting staff, such as cash advances, salary continuation, flexible work hours, reduced work hours, crisis counseling, care packages, daycare.
- Identifying restoration companies that can assist with the cleanup of the Home and include their 24-hour contact information in the communications directory.

### Analysis of the incident and Process Improvement

After the incident is managed and the operation of the Home is recovered to business as usual, the Executive Director in conjunction with a selected team involved in the incident response and recovery will debrief to evaluate the incident and how it was managed. This selected team could include, but not limited to Community Agencies, partner facilities, resources, corporate representatives, etc. The purpose of this evaluation is to learn from the incident, identify changes and revisions to the plan and identify areas for improvement.

Actions for improvement are documented in the "Code Specific Checklist and Action Plan" and implemented according to established timelines. The action plan is also used to document improvements identified during the annual review of the Emergency Management Plan, after testing exercises or review of procedures, inspections, and/or audits.