# Goal

We are committed to protecting the health and well-being of all occupants of our Home. As such we have put in place a comprehensive emergency plan for disasters including fire, missing residents, bomb threat, communicable diseases, and other risks to the Home, including the need for evacuation.

This plan provides for the information provided in the legislated requirements for licensed long-term care homes set out under the Fixing Long-Term Care Act (2021) and Ontario Regulation 246/22 and other applicable legislation, regulations, and directives.

The emergency plan is composed of individual code plans and a Pandemic Plan, each representing an emergency/disaster situation. Each plan provides for instructions and guidelines for effective response to an emergency situation/disaster/pandemic. Residents, staff, volunteers, and students receive regular education on all components of the Emergency Plan to ensure a coordinated response with the Home and emergency personnel to an actual or impending threat that may affect the lives and property of residents and staff.

This document describes the Emergency Operations Program and Plan (EOP). Our Home’s EOP uses an “all-hazards” approach for emergency planning and response. This includes several elements:

* An integrated approach to emergency preparedness planning with a focus on essential capabilities/capacities for effective response to a wide range of emergencies and disasters
* An Emergency Operations Plan based on a risk assessment that addresses the array of hazards that this Home may face
* Policies and procedures with strategies that reflect our population’s unique needs and vulnerabilities
* Collaboration with local, regional, provincial, and federal response partners
* Coordination with other health facilities
* A detailed communication plan
* Continuity of operations strategies for response and recovery
* Training that applies to all members of program administration and staff in all departments and non-staff members who perform work at the site including clinical providers, technicians, contractors, students, volunteers, and ancillary staff
* Annual testing of the plan with the goal of identifying areas improvement and further planning

Our Emergency Operation Plan states our organization’s understanding of how we will manage and conduct actions under emergency conditions. It is customized to our Home and incorporates the response strategies of our community. It is updated as needed, reviewed at least annually, and approved by our organization’s leadership.

The purpose of our EOP is to describe our all‐hazards approach to emergency management, and by so doing, support the following incident objectives:

* Maintain a safe and secure environment for residents, staff, and visitors
* Sustain our organization’s functional integrity, including our essential services and business functions (continuity of operations)
* Coordinate with the community’s emergency response system

# RISK ASSESSMENT

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery. During this process we have considered both internal and external hazards that could result in:

* Health/care-related emergencies
* Equipment and power failures
* Interruptions in communication
* Loss of a portion or all of a Home
* Interruptions in the normal supply of essentials resources

Additionally, we have consulted with the local response authorities to ensure we are aware of all hazards specific to our community.

Generally, our vulnerabilities are ranked by the following priorities:

* 1. Life safety threat (injury/illness, death, short- and long-term health risk)
	2. Disruption of Home operations
	3. Business system failure
	4. Loss of customer/community trust and/or goodwill
	5. Property and/or environment damage
	6. Liability and/or legal/regulatory exposure

# Risk Mitigation

Mitigation is defined as activities taken to reduce the impacts from hazards. Mitigation planning establishes short and long‐term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

Mitigation strategies we consider include, but are not limited to, the following:

* Segregation of the hazard from that which is to be protected.
* Provision of protective systems or equipment.
* Establishing hazard warning and communications procedures.
* Redundancy or duplication of critical systems, equipment, information, operations, or materials.

## Emergency CODES

Our Emergency & Fire Safety Plan Manual is kept in the Retirement Home Nurses station. It outlines plans for the following CODES:

**Code Red** – Fire

**Code Grey** – Loss of Essential Services

**Code Yellow** – Missing Resident

**Code Blue** – Medical Emergency

**Code White** – Violent Outbursts

**Code Orange** – Community Disasters

**Code Black** – Bomb Threat

**Code Brown** - Hazardous Spill

**Code Green** – Evacuation

**Code Silver** – Person with a Weapon

**Code Purple** – Hostage taken

If you have any questions regarding our CODES, please contact Management by calling Ehatare’s main line during business hours 416-284-0828

## Top 5 Risks

Our process has determined that the top five risks facing our Home include those listed below:

1. Fire
2. Missing Resident
3. Communicable Disease
4. Loss of essential services
5. Severe Weather

# CENSUS

A Census for both Retirement and Nursing Home is always kept up to date.

The census will provide the current ambulation status and specific assistance required by all residents in the Retirement and Nursing Home.

A current copy of both is to be posted in the Retirement Home Nursing Station on a clip board on the wall behind the front office door.

A copy of the Nursing Home Resident Census is posted in the Nursing Home Nursing Station on a clip board.

The Emergency Service Personnel will ask for this list when assuming responsibility during an emergency code.

# CONTINUITY OF OPERATIONS

## Authorities and Leadership

Our Home’s Staff Organization Chart outlines the general chain‐of‐command and principal roles of Home administrators and senior management staff during normal operations. Everyday decision‐making at the organizational level is typically conducted with deliberate, time‐consuming methods such as scheduled committee meetings & executive deliberations, and board meetings. This approach may not be feasible in an emergency and so, as a concept of operations, this Home utilizes a modified version of the Incident Command System.

The Executive Director has authority for the day-to-day operations of this Home and emergency response. In their absence, we have identified the following person(s) who is qualified and authorized to act as the legally responsible representative for our Home.

Alternate legally authorized representative:  Director of Care & Charged Nurse

Other qualified person(s) trained to assume Incident Command Lead position or key leadership roles during emergency response: Registered Nurse and/or Registered Practical Nurse

Other qualified person(s) trained to assume key leadership roles during emergency response:

1. Environmental Service Manager
2. Assistant Director of Care
3. IPAC Lead
4. Activity Director

## ACTIVATION OF THE EMERGENCY OPERATION PLAN

Whenever an emergency has the potential to impact the safety and well‐being of residents, staff or visitors and/or significantly disrupt our ability to provide resident care, the EOP will be activated by a senior staff on duty who will act as the Incident Commander (IC). The IC has the authority to make staff assignments and initiate specific procedures as warranted by the threat or onset of an emergency. Any of trained and qualified staff can step into this role if necessary, but it will default to one of the individuals or positions listed above if they are present at the time of the activation.

The selection of who will be Incident Commander may not follow the hierarchy of our organizational chart. In some situations, the skills of a senior staff member may be critically needed in Operations, and so they would not be able to assume over-all command. For example, in the case of an incident that results in injuries on an evening shift, the nursing supervisor may be the senior staff present but will be needed to oversee the operation of resident care. The incident leadership in this case would fall to the next qualified staff on the organizational chart. Succession planning for key leadership roles in an emergency moves from the top down on this chart.

## Advance Notice vs. No Notice Incidents

In some cases, our Home may receive advance notice or warning of an eminent event such as severe weather. We will respond by taking protective actions to ensure the safety and wellbeing of our residents, staff and visitors. We may also elect to activate our EOP to support our preparatory actions.

In other cases, we may have no notice prior to an emergency. The element of surprise can significantly add to the stress of dealing with a sudden onset emergency but practicing emergency response via drills and exercises has significantly improved our performance during the emergency.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident will immediately notify their supervisor or the senior manager on site.

# EMERGENCY STAFFING STRATEGIES

## Employee Preparedness

It is the policy of this Home to ensure that we have adequate staffing during emergencies. Our employees are expected to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties if requested to do so. Supervisors, co‐workers, and residents share an expectation that medical services will proceed uninterrupted and that any medical needs generated by the incident impact will be addressed.

Preparedness planning in this Home is recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have a current “family disaster plan” so that they can fulfil their work obligations knowing that their families are well prepared and safe.

## Staff Recall

This Home’s staff will be called in using the Homes fan-out list, and/or availability may be prearranged. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency as determined by the Incident Commander.

## Emergency Employee Call‐ins

All staff in regular and temporary or contracted positions (appropriate with their role) should contact their immediate supervisor or manager if they are unable to report to duty as scheduled due to an emergency.

All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

Employees will report to duty and encouraged to bring the following:

* Staff identification
* Medications/personal items
* Flashlight with extra batteries
* Critical personal phone numbers
* Battery‐operated cell phone charger

## Staff Responsibility

Team A and B employees will be deployed and rotated, as deemed appropriate by the Incident Commander, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine but necessary duties that they are cross trained to perform. Team A and B employees will report as scheduled until an “All Clear” is called and normal operations are resumed.

## Staff Support

Reasonable sleeping and showering areas will be assigned to off‐duty staff who are asked to stay or unable to return home. Food will be provided from a limited menu to on-duty staff. Food for residents will be the priority.

## Use of Volunteers

It is the policy of our Home is to maximize our staff availability and utilize approved staffing registries if we are unable to cover our staffing needs during an emergency. If this strategy fails to meet our needs, our Home may request additional staff through agencies or community partners. Through the emergency management protocols of our local area, we may integrate provincial and/or federally designated health care professionals to address surge needs during an emergency. We may also utilize emergent volunteers for non‐resident care if necessary. Before utilizing any volunteers however, we follow the steps outlined below if at all possible:

Set up systems for:

* Receiving volunteers
* Processing and registering volunteers
* Issuing assignments and providing briefing on tasks and responsibilities
* Credentialing as indicated by task assignments (if feasible)
* Badging for site access and function as indicated
* On‐site training (as appropriate) and equipping as indicated for both safety and job efficacy
* Assign key staff to supervise the volunteers closely
* Reassignment as tasks are completed
* Demobilizing and out‐processing (return badges, receive feedback from volunteers, address medical and psychological issues and arrange after‐care, obtain contact information for any surveillance or medical follow‐up, and thank volunteers for their service)

## RESOURCE MANAGEMENT

Resource management is critical to maintaining safe and effective care of residents and staff. Emergencies can easily lead to unusual resource challenges like the disruptions to supply deliveries.

Our Home has a robust supply of emergency equipment and materials. We have a system for shelf‐life management that includes rotation through usual stock, and established agreements with a variety of vendors for our re‐supply and recovery needs.

## RELOCATION SITES AND ALTERNATIVE CARE SITES UNDER 1135 WAIVERS

### Relocation Sites

As part of our all-hazard preparedness, Ehatare coordinates with our local response authorities and other health facilities to arrange for care at alternate locations should evacuation become necessary. These arrangements also address the receipt of residents, when feasible, from other facilities unable to continue their operations. DEMOBILIZATION AND TRANSITION TO RECOVERY

Demobilization involves the release of resources used to respond to the incident. As the response phase transitions to the recovery phase, increasing numbers of resources will be demobilized, until the transition is complete. A goal of our EOP is respond to emergencies in a way that allows for a return to normal operations as soon as possible.

## COORDINATION WITH LOCAL RESPONSE AUTHORITIES

We recognize that most emergencies experienced by our Home will involve other response partners. Our Home has established relationships with the local response authorities and is familiar with local community’s plans relevant to our coordinated role in emergency response.

In the case of a Home -specific incident requiring evacuation and/or a widespread event involving multiple sites of impact, we will contact the Ministry of Long-Term Care, Public Health, Regional Emergency Response Team. This will ensure we are coordinating with our community response partners for resource requesting, situational awareness, and information sharing within the medical and health coordination network and the local emergency operations center.

## TRAINING AND TESTING

Education and training, including drills and exercises, are utilized in this Home to achieve proficiency during emergency response and ensure the effectiveness of our EOP. In compliance with legislation and regulations, our Home conducts initial training on the EOP during the orientation of new staff, and annually to all staff, individuals providing services under contract, and volunteers consistent with their role in the response.

Fire drills are done three times per month and a disaster drill is held annually under varied conditions for each individual shift of Home personnel, or after an incident has taken place. Debriefs are used to review the events as they occurred and develop new or additional processes to improve response to emergency situations. A written report of drills and exercises is maintained, and corrective actions are taken as indicated. The actual evacuation of residents to safe areas during a drill is optional.

Additionally, our Home engages staff by doing Tabletop Exercises to test specific aspects of our EOP and identify areas for improvement. These exercises have objectives and a scenario designed to meet those objectives.

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| **EVACUATION AND RESIDENT/STAFF TRACKING** |

It is the policy of this Home to pre‐plan for all anticipated hazards with a goal to minimize the stress and danger to our residents, staff and visitors. Recent research indicates there are increased risks of mortality and morbidity related to the evacuation of people who are elderly and/or suffer from chronic health conditions. For this reason, sheltering in place will always be our first response choice if it is feasible. When sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the Incident Commander will activate this Evacuation Policy.

The following terms are important to understanding how we evacuate our Home.

* There are two types of evacuation: *emergent* which unfolds in minutes to hours, and *urgent*/*planned* which unfolds in hours to days.
* *Partial evacuation* which can be *horizontal* - moving residents, staff and visitors to a safe area on the same floor or *vertical -* moving residents, staff and visitors either up or down to a safe area within the Home. A partial evacuation can also involve moving some residents out of the Home to relocation sites while others remain to shelter in place.
* *Complete evacuation* involves moving all residents, staff and visitors to a pre‐designated area outside of the building, and if needed to relocations sites.
* *Relocation* involves moving residents to an alternate Home (also called a receiving facility) offsite.
* The *staging area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity or as part of the transport loading process.

**Transportation and Relocation Sites**

The Home will work with transportation companies to transporting residents to evacuation sites. Our Home also maintains agreements with at least 7 evacuation sites for relocation.

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| **RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & RELOCATION FACILITIES** |

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| **Transportation** Dignity Transport900 Magnetic DriveToronto, Ontario, M3J 2C4(416)398-2222 ext. 402 |
| **Relocation Facility 1** Lynde Creek Manor Retirement Community 50 Paul Burns Way,Whitby, ON L1R 2Y9General #: 905-665-9227 |
| **Relocation Facility 2** Scarborough Retirement Residence148 Markham RoadScarborough, ON M1M 2Z8General #: 416-264-3566 |
| **Relocation Facility 3** St. Peter & Paul Residence221 Milner Ave.Scarborough, ON M1S 4P4General #: 416-291-3900 |
| **Relocation Facility 4** Presentation Manor for Seniors61 Fairfax Cres.Scarborough, ON M1L 1Z7General #: 647-350-3755 |
| **Relocation Facility 5**Cedarbrook Lodge Retirement Residence520 Markham RoadScarborough, ON M1H 3A1General #: 416-431-6400 |
| **Relocation Facility 6**Retirement Suites by the Lake2121 Kingston RoadToronto, ON M1N 1T5General #: 416-267-2121 |
| **Relocation Facility 7 – Outside the Local Area** Latvian Canadian Cultural Centre4 Credit Union DriveToronto, ON M4A 2N8General # 416-759-4900 ext. 1000 |

In the event of a wide scale event resulting in evacuation of multiple sites in the area, transportation resources and relocation sites will be coordinated with the regional/local response authorities.

## Triage Residents Based on Unique Needs

Based on the unique needs of our residents including mobility status, cognitive abilities, and health conditions, our SNF community has developed evacuation logistics as part of our plan.

* Residents who have high acuity and/or unstable conditions: will be transferred by ambulance and will be transported as soon as possible to minimize transfer trauma.
* Residents who are independent in ambulation: may be evacuated first unless there are extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
* Residents who require assistance with ambulation: will be accompanied by designated staff member. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services. This may include residents with assistive devices.
* Residents who are non‐ambulatory: will be transferred by designated staff members via wheelchair vans or ambulance. This may include residents in wheelchairs or those who are bedridden.
* Residents with equipment: essential equipment will accompany residents and should be securely stored in the designated mode of transportation.

## Resident Care Information

During an evacuation, all residents will wear an emergency nametag with their full name, OHIP # and date of birth and the Home’s name and contact info.

Additional information regarding their care requirements will be sent to the intake facility, including:

* diagnosis, allergies, code status, physician’s name and contact info, and the next of kin or responsible party,
* a current medication administration record,
* a photo identification if possible.

## Medications

Each resident will be evacuated with a supply of medications if available.

## Evacuation Supplies

Water, snacks, sanitation supplies, and emergency equipment such as flashlights, walkie-talkies and first aid kits may be sent with staff accompanying residents in all non‐ambulance vehicles.

## Resident and Staff Tracking

A log reflecting the transfer of residents will be maintained (see Record of Transfer of Evacuated Residents Log) or a comparable documentation system. A log reflecting the location destination of on-duty staff will also be completed as soon as possible during the event. Designated nursing staff will be responsible for ensuring this log is completed, and to ensure all residents have been evacuated. The Incident Commander will assign staff to document the location of on-duty staff.

## Important Safety Information

1. Monitor residents during transportation for change of condition.
2. The incident causing the evacuation – flood, fire, hazardous materials release – may continue to pose dangers to residents and staff being evacuated. Some conditions may pose significant risks to evacuated residents, such as smoke. This should inform evacuation route planning.
3. Keeping emergency lights activated may increase visibility that is poor (due to rain, nighttime, or smoke).

**EMERGENCY POLICIES AND PROCEDURES**

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| **EMERGENCY** | **ACTION TO REDUCE RISK** | **EXTERNAL PARTNER** |
| CODE RED: FIRE | * Approved fire plan
* Approved procedure for fire event
* Three drills per month
* Biannual evacuation drill
* Fire Department inspections
* Fire prevention inspections
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local Fire DepartmentFire MarshallResident Council |
| CODE GREEN: EVACUATION | * Approved policies and procedures for horizontal, vertical and total evacuation
* Staff education, pre-employment and annually
* Assigned staff roles
* Alternate shelter arrangements
* Transportation plans in place including supplies and equipment required during evacuation
* Emergency evacuation kit
* Debrief process in place
 | Local Fire DepartmentLocal MunicipalitiesLocal Emergency Management ServicesParamedicsLocal HospitalsCommunity PartnersResident Council |
| CODE BROWN: HAZARDOUS SPILL | * Approved policies and procedures for horizontal, vertical and total evacuation
* Staff education, pre-employment and annually
* Assigned staff roles
* Alternate shelter arrangements
* Transportation plans in place including supplies and equipment required during evacuation
* Emergency evacuation kit
* Debrief process in place
 | Local MunicipalitiesLocal Emergency Management ServicesLocal Fire DepartmentCommunity Partners |
| CODE YELLOW: MISSING RESIDENT | * Approved policy and procedures
* Search procedures in place including internal and external searches
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local police departmentResident Council |
| CODE WHITE: VIOLENT PERSON | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local police departmentBehavioural Support OntarioResident Council |
| CODE SILVER: WEAPON | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local police departmentBehavioural Support OntarioResident Council |
| CODE PURPLE: HOSTAGE SITUATION | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local police departmentBehavioural Support OntarioResident Council |
| CODE ORANGE: EXTERNAL DISASTER (transit disaster, bomb/explosion, biological/chemical spill, radiological event, natural gas leak, earthquake, flood) | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
* Emergency staffing plan
* Staffing fan-out procedure
 | Local police departmentLocal fire departmentLocal Emergency Management ServicesResident Council |
| CODE BLACK: bomb threat | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local police departmentLocal fire departmentBehavioural Support OntarioResident Council |
| CODE GREY: LOSS OF INFASTRUCTURE (loss of power, loss of heat, loss of water, loss of air conditioning, loss of fire monitoring system, loss of nurse call system, internal flood) | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
* Weekly generator testing
* Emergency menu in place
* Emergency supplies in place
 | Local hydro companyLocal water supplierGenerator repair companyLocal HVAC system service repairLocal fire service monitoring companyLocal telephone/internet providerNatural gas supplier |
| CODE GREY BUTTON DOWN: (harmful outside air/contaminants) | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local police servicesLocal fire servicesLocal MunicipalityLocal Emergency Management ServicesResident Council |
| BOIL WATER ADVISORY | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
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| SEVERE WEATHER WARNING | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | Local PoliceLocal Fire DepartmentResident Council |
| MEDICAL EMERGENCIES | * Approved policy and procedures
* Staff education, pre-employment and annually
* Assigned staff roles
* Debrief process in place
 | ParamedicsMedical DirectorAttending PhysiciansRegistered StaffLocal Hospitals |
| INFECTIOUS DISEASE OUTBREAK: (internal outbreak, pandemic, epidemic, endemic) | * Approved policy and procedures for infectious outbreak, outbreak of disease with public health significance, epidemics, and pandemics
* Outbreak Management Team
* Emergency staffing plan
* Communication plan
* Isolation plan within the Home
* Staff cohorting plan
* Symptom management
* Case management
* Staff education, pre-employment and annually
* Hand hygiene program
* Infection Control Audits
* Assigned staff roles
* Debrief process in place
* Immunization policies
* PPE polices
* Visitor policies
 | Infection Control PractitionerInfection Control CommitteeProfessional Advisory CommitteeMedical DirectorAttending PhysiciansRegistered StaffLocal Public HealthMedical Officer of HealthLocal HospitalsHome and Community Support ServicesMinistry of Long-Term CareChief Medical Officer of HealthOccupational Health and Safety TeamMinistry of Labour |