



Long-Term Care

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County of Simcoe

Long Term Care Emergency Response Plan

2024



TABLE OF CONTENTS

INTRODUCTION	5
Definition of Emergency:	5
EMERGENCY PLAN OVERVIEW.....	6
Purpose	6
Scope	6
Annual Review & Plan Updates.....	6
Assumptions.....	7
TYPES OF EMERGENCIES MOST LIKELY TO AFFECT COUNTY OF SIMCOE.....	7
EMERGENCY PLANNING AND PREPAREDNESS.....	7
Hazard Identifications and Risk Assessment.....	7
Resources, Supplies and Equipment.....	8
Continuity of Operations Plans	8
PRE-INCIDENT TRAINING AND PLANNING.....	8
Training.....	8
TEST/MOCK EXERCISES	9
AUTHORITY TO ACTIVATE RESPONSE.....	10
INCIDENT MANAGEMENT SYSTEM (IMS).....	10
Emergency Operations Centre (EOC) Activation	11
Linkages to Corporate Emergency Response.....	11
HES Divisional Operations Centre (HES DOC)	11
Role of Community Emergency Management Coordinator (CEMC)	12
Incident Lead (IC) or Command – Most Senior Person on Site or Nurse in Charge.....	12
Unit/Area Lead – RPN or Designate.....	12
Staff Responder – All Other Staff.....	12
Safety Officer – Manager of Facilities.....	12
COMMUNICATIONS DURING A DISASTER.....	13
Media Communication	13
RECOVERY PLAN	13
Pre-Incident Recovery Planning	14
During the Emergency Incident Recovery Planning:.....	14



Post-Emergency Incident Recovery 14

MANDATORY MINISTRY REPORTING OF EMERGENCY INCIDENTS 14

LOCKDOWN, SHELTER-IN-PLACE, HOLD AND SECURE 16

 Lockdown 16

 Shelter-in-Place 17

 Hold and Secure 17

LOSS OF STAFF CONTIGENCY PLAN 19

 General 19

 Staffing Plan: 19

 Emergency Fan-Out / Call-In for Resources 19

 Back Up Phone System 20

 Communication: 20

TRANSPORTATION 21

FOOD AND FLUID DURING AN EMERGENCY 21

MEDICATION DURING AN EMERGENCY 22

EMERGENCY CODES 23

 CODE BLUE: MEDICAL EMERGENCY REQUIRING URGENT ASSISTANCE 23

 Indicator: 23

 CODE WHITE: VIOLENT PERSON 23

 Indicator: 23

 CODE SILVER: ACTIVE ATTACKER WITH WEAPON / ARMED INTRUSION 23

 Indicator: 23

 CODE PURPLE: HOSTAGE SITUATION 24

 CODE YELLOW: MISSING PERSON 24

 CODE BLACK: BOMB THREAT / SUSPICIOUS PACKAGE 24

 CODE RED: FIRE OR EXPLOSION 24

 CODE GREEN: EVACUATION 24

 CODE GREY: SYSTEM FAILURE 24

 CODE BROWN: CHEMICAL SPILL / LEAK 24

 CODE ORANGE: COMMUNITY INCIDENT, WEATHER ALERTS 25

 EMERGENCY PROCEDURES IF INCIDENT IS INTERNAL 42

ROLES AND RESPONSIBILITIES DURING EMERGENCY CODES 46



LTC CRISIS COMMUNICATION PLAN.....	49
APPROVED STAFFING LEVELS	49
RECIPROCAL AGREEMENTS	49
Review County of Simcoe Home Reciprocal Agreement.....	50
Update Partnership Reciprocal Agreements With Home in Your Area	50
When Partnerships are Requested:.....	50
SUPPLIES AND LOGISTICS	50
Pharmacy and Medical Supplies	50
Emergency Supplies	51
Emergency Supplies - Nursing	51
Emergency Kits	51
Potable Water Supplies.....	52
FOOD	52
RECORD OF CONSULTATION.....	52
EMERGENCY RESPONSE PLAN REVISIONS	53
EMERGENCY RESPONSE PLAN APPENDICES.....	54

INTRODUCTION

Definition of Emergency:

An “**emergency**” means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

Emergencies can occur anytime, without warning. They can result in serious harm to people, property, and assets. Being prepared to handle emergencies is both an organizational and individual responsibility. The County of Simcoe Long-Term Care Home and Seniors Services (LTCSS), a department within the Health and Emergency Services (HES) Division, have an emergency management plan to ensure the health and safety of our Residents, clients, staff, volunteers, and visitors at all times.

The Emergency Response Plan (ERP) complies with requirements under the *Fixing Long Term Care Act* (FLTCA), Ontario Regulation 246/22. Other legislation requirements and standards the ERP complies with includes:

- Health Protection and Promotion Act, 1990
- Emergency Management and Civil Protection Act, 1990
- Occupational Health and Safety Act, 1990
- Fire Protection and Prevention Act, 1997

The County of Simcoe Long-Term Care Home has established the following Emergency Response Plan (ERP) for staff to follow to minimize the effects of emergencies.

The ERP specifies procedures for handling unexpected situations to reduce possible consequences during an emergency. It also outlines the structure and key components that should be put into place to organize a home’s response and overall management of the emergency. It establishes procedures to manage resources, both physical and human, facilities, and communications to respond to the emergency.

During an emergency, our most important responsibility is to stay calm and to look out for each other during and after the event. We are all leaders in the work we do and are responsible to be aware and understand emergency policies and procedures, identify and report unusual or

unsafe conditions and activities in the workplace, and reduce barriers that impact physical and psychological well-being.

The emergency response plan is a compendium to the County of Simcoe Corporate Emergency Response Plan and is updated and supported by the Corporate Emergency Management Department.

EMERGENCY PLAN OVERVIEW

Purpose

The purpose of this ERP is to support and prepare a consistent and effective response to emergencies for the County of Simcoe Long-Term Care buildings. In addition, the plan provides our LTCSS employees with the protocols and procedures for managing emergencies and/or disasters that may occur to ensure the safety of others and themselves.

Scope

The ERP is in effect for the following Long-Term Care Services:

- Georgian Manor
- Simcoe Manor
- Sunset Manor
- Trillium Manor

The ERP is issued under the authority of the General Manager of Health & Emergency Services in collaboration with the Manager, Emergency Planning on behalf of The Corporation of the County of Simcoe. Any additions, deletions, or revisions to the plan will be communicated to and disseminated through the General Manager of Health & Emergency Services.

Emergencies in Long-Term Care (LTC) are supported by the Corporate Municipal Emergency Control Group, as required.

Annual Review & Plan Updates

Ongoing ERP maintenance is conducted to ensure it remains a useful tool for LTC staff and management. Annual reviews are scheduled and facilitated by the Manager, Emergency Planning, and by designated staff, with representatives from all departments across locations.

Changes to the ERP outside of the annual review may occur as a result of training exercise, emergency incidents, or changes to legislation. Change requests are sent to the Manager, Emergency Planning for evaluation and consideration of impact to LTC. Proposed changes require approval by Senior Leadership Team.

Assumptions

- The possibility exists that an emergency may occur at any time without warning.
- In the event an emergency exceeds the LTC's capabilities, external services and resources may be required.
- The resources identified as being available through the ERP will be available.
- Resident and staff contact information is accurate and up to date.
- Evacuation boxes at each LTC location includes a master list of all residents/client and room number and emergency lanyards for each resident/client with relevant personal and medical information.

TYPES OF EMERGENCIES MOST LIKELY TO AFFECT COUNTY OF SIMCOE

Many hazards threaten the County of Simcoe, and these hazards have the capacity to cause social disturbances, human casualties, and physical destruction. Corporate Emergency Management Group (CEMG) uses the Hazard Identification and Risk Assessment (HIRA) matrix to identify the most likely health-related emergencies requiring a response as:

1. Epidemic disease outbreak
2. Severe Weather (e.g. tornados, high winds, ice storm, drought, flood, heat wave, air quality)
3. Code grey – loss of service such as IT, elevator, cyberattack
4. Human interactions

EMERGENCY PLANNING AND PREPAREDNESS

In preparation for potential emergencies, LTC ensures emergency plans are up to date as required. Additionally, each Long-Term Care Home Administrator must attest to compliance with emergency planning requirements within the *Fixing Long-Term Care Act, 2021* and maintain verification of certification in the fire safety plan, acceptable to the local Fire Marshal.

Hazard Identifications and Risk Assessment

The Hazard Identification and Risk Assessment (HIRA) process identifies and assesses potential hazards and risks within the Homes or in the surrounding vicinity and/or community that could give rise to an emergency, impacting the Homes. The identified risks are reviewed to establish prevention programs, mitigation strategies, contingencies, or response plans. Any potential hazard is identified to ensure the Homes can provide a safe and clean environment with proper accommodation, nutrition, care, and services at all times.

Resources, Supplies and Equipment

The Homes ensure required resources, supplies, and equipment are available for potential emergency response. LTC has plans and processes in place to ensure Residents/clients have continued access to appropriate food, fluids, and medications during an emergency, as appropriate.

Continuity of Operations Plans

In an emergency, essential services must continue to be provided to ensure the health and safety of the residents. LTC maintains Continuity of Continuity Plans (COOPs) and is responsible for ensuring plans are up-to-date and disseminated to the appropriate staff. COOPs identify services for which delivery may be expanded, maintained, reduced, or ceased resulting from emergencies. In some cases, staff may be increased, reduced, or redeployed to support the continuity of LTC operations as appropriate. Further details related to staffing during outbreaks, epidemics and pandemics are available in the Contingency Staffing Plan.

PRE-INCIDENT TRAINING AND PLANNING

Training and education for LTC employees is provided on an on-going basis addressing preparedness and response activities. Pre-planning activities such as the development of the ERP, education and training of staff and volunteers, establishing emergency supplies, and maintenance of the ERP are activities designed to ensure staff know the approved emergency protocols.

The General Manager HES and the Home Administrators work to maintain partnerships with the Ministry of Long-Term Care, other Long-Term Care Homes, and other agencies that may support incidents.

The FLTCA and the accreditation body require scheduled testing of emergency plans and evacuations of the Homes.

Refer to Appendix E: **Long-Term Care Emergency Preparedness and Response Training and Exercise Plan** for further details about emergency training and exercises.

Training

All staff are instructed on the ERP as part of their orientation training and of their specific duties for the ERP including fire procedures, evacuation procedures, emergency codes and are responsible for understanding their responsibilities during an emergency. The specific duties for staff during an emergency are available in their work area. The Manager of Facilities provides oversight of Code Drills to ensure all codes are tested and reported to the Administrator.

Practice drills are conducted at least once per year on the ERP including fire procedures, evacuation procedures and codes.

TEST/MOCK EXERCISES

Section 268 of O. Reg. 246/22, under the *Fixing the Long-Term Care Homes Act, 2021*, sets forth several requirements for licensees in conducting emergency exercises. Section 7(a) requires annual testing of emergency plans related to missing residents, fires, medical emergencies, violent outbursts, and loss of essential services. Section 7(b) requires testing of all other emergency plans once every 3 years and a requirement that the home conduct a planned evacuation once every three years.

Training exercises may take the form of Tabletop Exercises, walk through Drills, or Scaled “Physical” Exercises. Students, volunteers, or others may be used as mock residents. Community agencies and partner facilities are recommended to be used to assist in a planned evacuation. Real events may be considered training exercises.

Exercises are to occur at each Senior Services location, supported by the landlord, and oversight is provided by the Manager, Emergency Planning, and the Emergency Response Plan Steering Committee. Refer to Appendix F for the calendar for mock/test code exercises.

Manager, Emergency Planning will maintain a schedule for each home’s training exercises and recommend the most appropriate type of exercise.

Manager, Emergency Planning is available to facilitate/participate with exercises as requested and will lead the facilitation of full-scale emergency exercises, including community emergencies and 3-year evacuations.

Significant results from all exercises should be brought for discussion with the LTC Leadership team. Tests and mock exercises are evaluated using the Emergency Code Debrief Record. Completed exercise reports are provided to the LTC, Administrative Assistant for uploading online and ensuring the annual Code Drill tracking document is updated.

<p>Annually</p> <ul style="list-style-type: none"> • Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics • Fires (with one RHA evacuation) • Situations involving a missing resident, • Loss of one or more essential services, • Medical emergencies, • Natural disasters or extreme weather events • Boil water advisories, and • Floods 	<p>Every three years:</p> <ul style="list-style-type: none"> • Community disasters (tornado, flooding) • Violent outbursts • Bomb threats • Chemical spills • Gas leaks • Evacuation
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AUTHORITY TO ACTIVATE RESPONSE

The ERP, in whole or in part, will be implemented immediately on receipt of information of imminent harm to people or property. The ERP may be implemented at the discretion of one of the following:

- Home Administrator,
- On-Call Administrator/Director of Resident Care,
- On duty Nurse in Charge,
- General Manager, HES, or designate.
- Notification from external alerts e.g. tornado, external disaster, extreme temperatures
- Activation of the fire alarm

The person implementing the ERP shall maintain responsibility for all stakeholders and all property owned or operated by The Corporation of the County of Simcoe until relieved by a more senior person within the LTC.

The person implementing the ERP shall work in collaboration with Emergency Services (Fire, Police, and Paramedics) to ensure all appropriate measures are taken to ensure the safety of people and property.

INCIDENT MANAGEMENT SYSTEM (IMS)

The IMS is the operational framework for emergency management in the LTC. When an emergency incident occurs, IMS is activated, and the ERP is used as needed. IMS identifies key personnel, their duties, and responsibilities in the initial moments that an emergency occurs. Each of the five sections has specific responsibilities. IMS allows for a more coordinated and effective response and better accounting of personnel and resources. The Incident Lead (IC) oversees the entire IMS structure. This person is assisted by a group of specialists known as the Command Staff, including but limited to: Safety Officer, Liaison Officer, and Information Officer. These individuals and the Leads of each of the sections form the backbone of the IMS structure. Provincial IMS training courses are available through the Emergency Management Department.

The five sections of the General Staff of the IMS are as follows:

1. Command Section: *Overall command authority for all emergency operations.*
2. Planning Section: *Develops the Incident Action Plan (IAP) and collects, evaluates, organizes, and disseminates data.*
3. Operations Section: *Implements the IAP: coordinates all activities to mitigate the situation.*
4. Logistics Section: *Procurement, storage of supplies, supports operations.*
5. Finance and Administration Section: *Human resource and financial management.*

Emergency Operations Centre (EOC) Activation

EOC activation will be determined by SS lead, led by the IC. The size, staffing and equipping of the EOC will depend upon the magnitude and complexity of the incident. All staff positions in the IMS should be prepared to report to and operate the EOC during full-scale plan activation.

Linkages to Corporate Emergency Response

Where an incident is limited in scope to one location and can be effectively responded to using LTC resources only, the response will be activated independently using the ERP to help guide the response.

In situations where the incident overwhelms a location's response capacity, impacts more than SS location, or causes activation of the HES Divisional or the County IMS structure, Senior Services will integrate their EOC with the Long-Term Care EOC to collaborate in providing a supporting role to the higher-level emergency response groups activated in the County. Examples of such incidents may be pandemics, floods, or earthquake.

The Ministry of Health and Long-Term Care Emergency Response Plan provides information on provincial resources that may be accessed during a significant emergency.

HES Divisional Operations Centre (HES DOC)

The HES DOC represents an area, either physical or virtual, for the coordinated assembly of subject matter experts from various internal Departments and Programs of HES/SS which can also include representatives from other departments as necessary to support the incident response.

While the specific responsibilities are largely dependent on the needs of the event, HES DOC can coordinate some or all the following actions:

- Supporting the operational needs of the home.
- Establishing and maintaining situational awareness related to the specific incident as well as other potential consequences and situations that may affect the response.
- Establishing and maintaining operational and supporting linkages with key stakeholders directly involved or supporting the response to the event.
- Coordinating and providing public messaging to media and Residents.
- Developing recovery and contingency plans in conjunction with the Incident Site.
- Implementing any business continuity measures resulting from the incident.
- Ensuring sufficient reserves of resources (both personnel and equipment) are available to the Incident Site for the duration of the event; and,
- Ordering, obtaining, tracking, and compensating additional resources to support the response to the event.

Where the HES DOC is not required but a degree of coordination is appropriate specific functions such as operations, planning, etc. can be established and staffed as needed.

Role of Community Emergency Management Coordinator (CEMC)

The CEMC can be reached 24/7. The role of CEMC during an emergency can vary depending on the nature of the emergency. Emergencies should be reported to CEMC for internal tracking purposes, but CEMC can also support the emergency response by providing some of the following functions, as required by the emergency:

- Situational awareness if the emergency is outside of facility.
- Coordinate regional response, if required.
- Liaise with other regional departments and external stakeholders as necessary.
- Provide subject matter expertise on emergency management processes and procedures.

Incident Lead (IC) or Command – Most Senior Person on Site or Nurse in Charge

Responsible for:

- Coordinator and direction of response to emergency.
- Responsible to ensure safety of residents, staff, and visitors.
- Communication with Emergency Services/Responders.
- Communicating with or delegating communication to families.
- Ensuring Codes are announced.
- Liaise with County Emergency Management (EM), General Manager (GM) HES to activate additional resources as required.

Unit/Area Lead – RPN or Designate

Responsible for:

- Ensuring the safety of the residents, staff, visitors on the unit
- Updating incident lead on the unit status
- Following or taking action as directed by Incident Lead
- Oversight of staff activities on the unit
- Monitoring resident response to emergency and providing support, treatment as required.
- Coordinating movement of resident off units for safety as required and tracking locations.
- Removal of critical supplies from the units if safe to do so.

Staff Responder – All Other Staff

Responsible for:

- Respond to emergency as outlined in the codes.
- Follow direction of unit/incident lead
- Provide support to residents/clients.
- Notify unit/area lead of any resident/client needs or safety concerns.

Safety Officer – Manager of Facilities

Responsible for:

- Overall safety and security of the physical premises
- Safety and maintenance of critical systems (HVAC, communication systems)

- Ensure all drills are conducted as required by the FLTCHA.
- Reporting and communication of ERP response to Incident Lead
- During an emergency, responsible for the safety of the site, staff, residents, clients, and visitors within the site
- Code specific roles (see emergency codes)

COMMUNICATIONS DURING A DISASTER

During an emergency, communication may be one or more of the following:

- Key personnel internally,
- Alarm system if you have to prepare to evacuate or begin to evacuate.
- By voice command, including Public Address (PA) system, or simple verbal directions.
- Broad communication via email approved by the Home Management Team.
- Other methods such as email or alerts on digital platforms.
- Cell phones.
- Analogue emergency phones.
- Messenger / Runner

The Emergency Notification Protocol for LTC is as follows:

1. First call always will be 9-1-1 in an emergency situation.
2. RPN SS or designate to notify the Home Administrator or through on-call process the on-call Administrator & Manager of Facilities
3. Administrator to notify General Manager, HES, and CEMC.
4. CEMC will activate County resources if required.

Media Communication

Staff do not communicate directly with media at any time. Media inquiries should be directed to the Administrator or designate.

Confidentiality is to be maintained by all employees in accordance with County of Simcoe policies.

Do not take photos and/or post to social media during an emergency. Do not use social media as a guide unless from official sources.

RECOVERY PLAN

The recovery plan establishes the responsibilities and resources necessary for the re-instatement of normal business operations. It is expected the staff, residents, and infrastructure are supported and encouraged to return to normal functioning as quickly and practically as possible. The transition from emergency response to recovery should be seamless. Recovery planning occurs before the emergency incident happens, during the emergency, and after the emergency.

Pre-Incident Recovery Planning

1. Services have been prioritized within Senior Services based on whether they are essential or non-essential.
2. Goods or services that must be delivered have been established.
3. Collaboration with principal vendors regarding their BCP has occurred.
4. Acceptable delivery levels and maximum period the service can be disrupted without severe impact upon the organization has been established.
5. Employee Assistance Program (EAP) is available to employees for crisis and supportive counselling as required.
6. Internal and external dependencies have been identified. External dependencies include host sites, utilities, transportation, and insurance providers. Internal dependencies include employee availability, organizational assets, and resources.

During the Emergency Incident Recovery Planning:

1. Human needs, infrastructure and finance are monitored.
2. Data is recorded for accountability and future reimbursement.
3. Resources are monitored and managed. Resources that are needed to recover and how to get them have been identified.
4. Emergency Information is developed and released. Information is given to the families and public in a timely fashion. If available during the Emergency event, the General Manager HES or designate is responsible for media briefs.

Post-Emergency Incident Recovery

1. Assess the impact, both short and long term.
2. Return of or relocation of LTC evacuees.
3. Connect employees with support and counselling services through EAP.
4. Provide care to residents as a result of stress related to the emergency.
5. Review compensation and financial management (includes donations).
6. Post recovery analysis.
7. Withdrawal of services (i.e. withdrawal of extra help given during the incident).
8. Assess intangible losses such as “loss of reputation” or public confidence.

MANDATORY MINISTRY REPORTING OF EMERGENCY INCIDENTS

MLTC Critical Incident System Reports: Section 107 of O. Reg. 79/10 under the Long-Term Care Homes Act, 2007, outlines responsibilities for reporting critical incidents to the Ministry of Long-Term Care.

The Director of the Ministry of Long-Term care is to be notified **immediately**, followed by completion of a Critical Incident System report for:

1. An emergency, including fire, unplanned evacuation, or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.

3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act*.
6. Contamination of the drinking water supply.

The Director of the Ministry of Long-Term Care is to be notified within one business day, followed by completion of a Critical Incident System report for:

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security, or well-being of one or more residents for a period greater than six hours, including,
 - i. a breakdown or failure of the security system,
 - ii. a breakdown of major equipment or a system in the home,
 - iii. a loss of essential services, or
 - iv. flooding.
3. A missing or unaccounted for controlled substance.
4. Subject to subsection (3.1), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition. See O. Reg. 79/10 section 107, (3.1).
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

LOCKDOWN, SHELTER-IN-PLACE, HOLD AND SECURE

Lockdown

Indicator:

This type of response action is used when the physical threat is already in the facility and measures need to be enacted to prevent the threat from accessing areas where potential victims are or may be, or to protect individuals from entering areas where the threat may be present.

Example: Active attacker inside the facility

Direction to Lockdown is usually initiated by emergency first responders at or near the site of the emergency.

Procedures for All Staff:

If it is safe to do so:

- Call 9-1-1** and provide any information you can, such as location of attacker, number of employees etc.
- Listen to instruction from emergency first responders.
- Remain in the lockdown response until police or security staff release you.
- If a fire alarm should sound during a full lockdown situation, do not automatically evacuate unless you smell smoke.
- Instructions may be given using the buildings PA system.
- DO NOT** open the door for anyone- emergency responders, facility/property managers or building security will have keys and announce their entry.

Wherever possible:

- Move to a safe area.
- Close and secure all doors and windows.
- Barricade doors with furniture or other available objects.
- Turn off lights.
- Keep away from exterior doors and windows.
- Silence cell phones
- Remain silent.
- Lay on the floor if gunshots are heard.

Procedures for Administrator or designate:

- Contact CEMC and provide any details you can of the situation.
 - o You may be provided with additional information including direction.

Shelter-in-Place

Indicator:

This type of response is normally referred to when an environmental threat is present outside, and it is not possible or advisable to evacuate the facility. This is usually in response to air contaminates outside the building and keeping persons from unnecessarily putting themselves in medical danger.

Example: gas leak or chemical spill outside of the facility

Procedures for All Staff:

- Follow instructions from emergency responders.
- Encourage people to remain inside the building until the threat has passed.
- Notify the Administrator, or designate, and the Nurse in Charge.

Wherever possible:

- Close and secure exterior doors
- Close windows
- Turn off HVAC system.
- Proceed inside the building if it is safe to do so and if not already inside

Procedures for Administrator:

- Contact CEMC and provide any details you can of the situation.
 - o You may be provided with additional information including direction.

Hold and Secure

Indicator:

This type of response is used when a serious environmental/physical threat is present outside of the Home or in the neighbourhood and prevention measures need to be enacted to protect individual(s) within the Home.

Example – an armed individual in the surrounding areas

Note: Direction to hold and secure is usually initiated by emergency first responders at or near the site of the emergency.

Procedures for All Staff:

- Follow instructions from emergency responders.
- Encourage people to remain inside the building until the threat has passed.
- Notify the Administrator, or designate, and the Nurse in Charge



Wherever possible:

- Proceed inside the building (if not already inside)
- Close and secure/lock exterior doors
- Close windows and blinds
- Keep away from exterior doors and windows.

Procedures for Administrator or designate:

- Contact CEMC and provide any details you can of the situation.
 - You may be provided with additional information including direction.

LOSS OF STAFF CONTINGENCY PLAN

General

This plan provides a general guideline for actions that are required to ensure the well-being and safety of the residents, clients, visitors, and staff who are present in the Home. The ERP would be implemented if 20 or more of a LTC Home staff could not show up to work or staffing levels are 75% below baseline numbers.

Staffing Plan:

- Twelve-hour shifts would be implemented (7:00am to 7:00pm & 7:00pm to 7:00pm)
- 50% of the management team will be on each shift. They will meet at the beginning of each shift to address the situation and redeploy staff as necessary.
- Minimum staffing levels are identified in the plan.
- Redeployment of non-unionized staff is identified in the plan.
- Volunteers/family members will be asked for assistance and redeployed where appropriate.
- Agencies that have current working relationships with the centre will be called and PSW's, RPN's, and RN's will be booked as needed.
- Where possible, casual RN's will be called by the scheduler to determine availability.
- The Medical Director and Attending Physician(s) will be advised of the situation and asked to identify residents who would not be safe with basic care.
- Residents/clients who can be cared for outside of the centre will be identified and their families will be asked if they wish to take the resident to their home for the duration of the disruption.
- The Administrator or designate will review the staffing levels and based on this review will consider cancelling programs until staffing levels return to normal.
- In the event of cancellation of programs, existing staff will be redeployed to the long-term care operations.

Emergency Fan-Out / Call-In for Resources

In an emergency, staff on-site may require additional assistance in dealing with arising issues. To minimize the amount of time that the Nurse in Charge spends calling in staff, there only needs to be one phone call to the Administrator who will communicate to all staff through County notification system. As required, the Director Seniors Services or designate can ask for support to initiate County notification system by contacting the CEMS.

The Incident Lead (Administrator/Designate) has the full responsibility for making the decision to initiate the fan-out list, the number of staff to be called, and the instructions to be given to them. The Incident Lead can delegate the actual act of initiating the notification protocol to another member of the team; for instance, the Director, Resident Care may notify the Incident Lead of

the emergency who will direct initiation of the fan-out. See Appendix C –County Notification System - Quick Reference Guide. In the event the notification system is not available, then a manual fan-out list will be utilized.

Back Up Phone System

Emergency backup phone lines are in place at every nurse station. These phone lines are not connected to the phone system. Should the situation arise that the phone systems at the location fails, there is a way for incoming and outgoing phone calls to be made. This would be primarily for emergency and scheduling purposes.

This information will need to be communicated to staff, families/SDM, and other outside critical parties that need to maintain contact e.g. physicians.

Some staff will be asked to come in to assist in dealing with an emergency and other staff may be required to stay at home but be on standby in case additional staff resources are needed. If called as part of an Emergency Fan-out/Call-in, it is expected that staff respond to the facility as quickly as possible to assist in resolving the emergency.

This procedure supersedes the seniority shift replacement protocol used in normal circumstances.

Communication:

Effective communication to and amongst all stakeholders is essential. The following actions will be implemented:

- The Administrator will be responsible to ensure the communication plan is implemented.
- The Home Leadership Team will meet at the beginning of each shift to assess the effectiveness of the plan and make improvements as necessary.
- Minutes will be kept of these meetings and posted as a communication tool at each nursing station and in the administration office.
- Families of Residents will be called and advised of the loss of staff once the staffing plan has been fully implemented.
- Volunteers will be called once the staffing plan has been fully implemented.
- The Administrator is responsible for communication to the General Manager, HES. A status report will be provided on a daily basis.
- All media calls will be referred to the General Manager, HES.
- All members of the Home Leadership Team will leave their cell phones on when in the building.
- The RN/RPN on the nursing floor will hold meetings with all staff/volunteers on the floor at the beginning of each shift and at mid-shift. Changes in resident status, deployment of staff etc. will be discussed at these meetings.
- The EAP provider will be consulted regarding support to staff.

TRANSPORTATION

1. In an emergency evacuation, an assessment of the transportation requirements will be conducted to include:
 - a. Internal Resource Capacity (all internal resources)
 - b. Specific transportation requirements
 - c. External vehicles required.
2. The Administrator in consultation with the General Manager will identify to the County CEMC (Community Emergency Management Coordinator) that additional transportation requirements are required.
3. The County CEMC in consultation with other community partners will coordinate additional transportation needs.

If Residents need to be transported in vehicles away from the site:

Senior Services will utilize various methods of transportation including but not limited to the following:

- Paramedic Services
- LINX buses
- Manor buses/vans

Classify Residents in a category for transport:

Category 1: Those who may be cared for by next of kin living within a 30-minute drive could be contacted for short term care.

Category 2: Those who are bed-ridden or stretcher bound.

Category 3: Those who can walk with assistance.

Category 4: Those who are confined to wheelchairs.

At least one staff member accompanies residents during transport.

FOOD AND FLUID DURING AN EMERGENCY

During an emergency the County of Simcoe has developed plans with partners to ensure a regular and healthy diet is always provided to our Residents and clients.

- Our LTCSS will maintain at a minimum a 24-hour supply of perishable and three-day supply of non-perishable foods.
- An emergency 3-day menu guideline that includes regular, therapeutic and texture modified diets is available at each LTCSS.
- Plans are in place to ensure food and fluid provision during an emergency, even if power is lost to facility. The nature of the emergency will determine the extent the emergency 3-day menu is implemented.

- Our LTCSS have plans in place to minimize disruption from normal routines during an emergency by ensuring that there is sufficient food supply and staffing.

MEDICATION DURING AN EMERGENCY

During an emergency, LTCSS can access emergency pharmacy assistance through the vendor Pharmacies.

A summary of the services provided by Medisystem:

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

Contact the pharmacy immediately and inform them of the transfer of residents to any temporary location. Please call the following people in this order:

Medisystems Pharmacy: (705)722-7440
After Hours Pharmacist: 1-888-630-6334

Communicate which resident(s) require replacement medications and delivery location. Pharmacy will prepare replacement medications in blister cards, vials, or multi-dose packages for the required length of time.

Medications will be prepared and delivered to the temporary location once prepared and verified. Any pharmacy supplies, equipment, and documentation records (e.g. MAR sheets) will also be delivered at that time.

In the event the home receives residents evacuated from another home or the community:

1. Request that all medications and MAR Sheets & TAR Sheets accompany the resident if possible.
2. MediSystem would require the following information to fill and dispense medications to these residents:
 - Resident's first and last name as it appears on their Health Card.
 - Health Card Number and Version Code
 - Allergy information, if known
 - List of all current medications
 - Name, address, telephone number of prescribing doctor OR
 - Name and telephone number of pharmacy supplying current medications

Pharmacy will make arrangements to dispense medications to these residents in blister cards, vials, or multi-dose packages for the required length of time.

EMERGENCY CODES

Emergency Codes are colour-coded in health care facilities to alert all staff members of potential issues arising in the LTC Home. These codes include unique indicators to describe a code and how staff, residents, and visitor should respond in a specific situation. The emergency codes will be used to communicate essential information quickly to staff while not unduly alarming Residents and visitors.

CODE BLUE: MEDICAL EMERGENCY REQUIRING URGENT ASSISTANCE

Indicator:

For incidents requiring urgent and immediate medical assistance such as, but not limited to: cardiac arrest, choking, anaphylaxis or an unresponsive person.

CODE WHITE: VIOLENT PERSON

Indicator:

Aggressive, violent, or dangerous behaviour which may put an individual, including yourself, at risk of physical harm, injury, or personal safety. A Code White may be called when:

A person is verbally and/or physically threatening towards themselves or others; and,

- the person is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting, and problem-solving techniques by staff; and/or,
- urgent assistance is required.

CODE SILVER: ACTIVE ATTACKER WITH WEAPON / ARMED INTRUSION

Indicator:

An individual is engaged in, threatening, or attempting to harm someone with a firearm or other deadly weapon.

Run – if there is an opportunity and/or accessible escape path. Help others leave with you, if possible, but do not be delayed by those who resist fleeing. Once you are in a safe place, let the Incident Lead know if there are other people in the area you escaped from.

OR

Hide – if escape is not possible, find a place to hide, making it difficult for the attacker to see, hear or find you. Move quickly and remain calm. Scatter if you are in a group, don't make an easy target.

OR

Fight – as a last resort, if confronted by the attacker, the decision to defend may be your last resort but it may afford you the chance to run or hide.

CODE PURPLE: HOSTAGE SITUATION

Indicator:

Code Purple refers to any situation in which an individual is forcibly confined, seized, or detained against their will, with the threat of violence.

CODE YELLOW: MISSING PERSON

Indicator:

A resident or client is missing or unaccounted for or has not returned to the Home or Home area as expected.

CODE BLACK: BOMB THREAT / SUSPICIOUS PACKAGE

Indicator:

A bomb threat is made in person, by phone or email. However unlikely, treat all threats as real. A suspicious package is something unaccounted for or an unusual item.

CODE RED: FIRE OR EXPLOSION

Indicator:

A fire or explosion in the building and/or the sounding of the fire alarm.

Note: refer to the Home's Fire Safety Plan for planned Fire Drill procedures.

CODE GREEN: EVACUATION

Indicator:

When there is a situation that endangers the employees, residents, clients, or visitors, an evacuation may be initiated to vacate the facility either partially or totally. These procedures pertain to a full building evacuation (vacate the entire facility to the outside) and focus on continuous care and safety to residents and employees. The evacuation may be considered either precautionary or emergency.

CODE GREY: SYSTEM FAILURE

Indicator:

The disruption or loss of functionality/critical service of a building system.

Systems Included:

- Power
- Elevators
- Fire Alarm
- Nurse call system
- Kitchen equipment
- Roof Collapse
- Water
- Heating/Cooling
- Network/WIFI/Telephone
- Security/Access Control
- Laundry equipment

CODE BROWN: CHEMICAL SPILL / LEAK

Indicator:

The presence of an unusual or irregular liquid or airborne substance spill or leak with the potential for immediate danger to life / health / property. If the substance cannot be determined, assume it to be the most dangerous substance stored/used in the facility.

Code Brown can include events including but not limited to the following:

- Hazardous material spill / leak
- Carbon Monoxide
- Natural Gas Leak

CODE ORANGE: COMMUNITY INCIDENT, WEATHER ALERTS

Indicator

Unexpected, unusual, unseasonal, or severe weather or an incident that has the potential to be life threatening. The procedures in this code will provide safe and effective responses to external disasters or events that impact the community. This may involve temporarily housing members of the external community or prepare the residents for an external disaster such as but not limited to:

- Severe weather
- Community utility failure
- Earthquakes / tornado
- External air exclusion – biological, radiological, etc.

Emergency Management Services or the LTC leadership will advise of weather watches, advisories, and warnings and/or community events. This will allow time for preparation to safeguard against personal injury, loss of property and property damage, where applicable.

EPIDEMIC PANDEMIC, ENDEMIC

Epidemic:

An epidemic disease is one “affecting many persons at the same time and spreading from person to person in a locality where the disease is not permanently prevalent.” The World Health Organization (WHO) further specifies epidemic as occurring at the level of a region or community.

An epidemic is further defined by the CDC as a sudden increase in the number of cases of an infectious disease within a community or geographic area during a specific period.

Pandemic:

Compared to an epidemic disease, a pandemic disease is an epidemic that has spread over a large area, that is, it’s “prevalent throughout an entire country, continent, or the whole world.” Pandemic is also used as a noun, meaning “a pandemic disease.” The WHO more specifically defines a pandemic as “a worldwide spread of a new disease.” For example, in March 2020, the WHO officially declared the COVID-19 outbreak a pandemic due to the global spread and severity of the disease.

Endemic:

Endemic is an adjective that means natural to, native to, confined to, or widespread within a place or population of people. Endemic is perhaps most used to describe a disease that is

prevalent in or restricted to a particular location, region, or population. For example, malaria is said to be endemic to tropical regions.

CODE BLUE: MEDICAL EMERGENCY REQUIRING URGENT ASSISTANCE

Initiating Code BLUE

Procedures for Staff

When discovering a person suffering from one or more of the above conditions:

- Yell out “Code **BLUE**, call “**9-911** ” and pull nearest call bell.
- Stay with the Resident/person and initiate CPR (if trained and within Resident plan of care).
- **Send someone, if available, for the Automated External Defibrillator (AED) and Code Blue Kit**
- If no immediate response to
- call bell, go to hallway, yell again "Code **BLUE**, room #/location, **call 9-911** ”



Procedures for RNs/RPNs:

- Confirm Code Status for Resident or client.
- Upon arrival, with the Code **BLUE** Kit, to Resident Home Area, RPN or Charge RN will take charge of the situation, initiate the appropriate clinical response(s), and delegate to other staff members any functions to be carried out. Actions include:
 - **Retrieval of AED and Code Blue Kit, if not already on scene**
 - **Call 9-911**, explain the emergency and the location including floor # and room location.
 - **Apply AED and follow prompts.**
 - **Provide BVM ventilations as per the BLS Health Care Provider CPR training.**
 - **Begin CPR if indicated**
 - Assign a staff member to meet Emergency Responders at the front entrance.
 - Assign a staff member to prepare transfer documents for EMS.
 - Provide detailed report to Emergency Responders.
 - Notify caregiver/SDM and Physician.
 - Complete a Risk Management Report in PCC, including the type of care, treatment and medication delivered.

Cleaning of **CODE BLUE**

Procedures for Nurse in Charge / Director, Resident Care:

- Once the situation is stabilized, Nurse in Charge or designate to announce, "Code **BLUE** - All Clear", repeat 3x.
- Notify the Supervisor, Senior Services/DRC to complete the MLTC Critical Incident System report (If applicable).
- Ensure the Code **BLUE** Kit is disinfected and replenished.
- If applicable, update the Plan of Care in PCC for the client.
- Hold a debrief and complete an Emergency Code Debrief Report.

Note:

An N95 mask, disposable isolation gown, and face shield are required. Close door if applicable. Assign a staff member to ensure all staff don and doff PPE appropriately. This staff member remains outside the room to assist the team when needed.

Responsible:

For availability and proper stock in the Blue Carts/Kits: **The designated DRC for the Home.**

CODE WHITE: VIOLENT PERSON

RESIDENT/CLIENT IS EXHIBITING VIOLENT BEHAVIOUR:

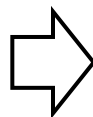
Start of Incident: Staff Member

- Use training to de-escalate the situation.
- Alert others that assistance is needed by.
- calling out '**CODE WHITE** – location', repeat 3x.
- Staff in the immediate area must respond and the RN in charge
- Apply interventions as appropriate.
- Notify the Nurse in Charge (Incident Lead).



During Incident: Nurse in Charge (Incident Lead)

- Announce 'Code White – location' using paging system. Repeat 3x.
- Respond to the scene and assess.
- Ensure safety of others. Ask or assist those who should not be in the immediate area to leave.
- Ensure dangerous objects are removed from the area. Continue to de-escalate and formulate a coordinated plan of action.
- Ensure formally trained techniques, such as GPA (gentle persuasive approaches) are utilized.
- Contact physician if required.
- Call 9-911 if situation cannot be controlled.
- Announce 'Code White – All Clear', repeat 3x, when the situation is under control.



After Incident: Follow-up

- Support and reassure others, including offer of EAP.
- Notify the Administrator
- Notify the Substitute Decision Maker.
- Notify the physician.
- Conduct a violence risk reassessment and complete a new Violence Assessment Tool.
- Update the resident's Plan of Care in PCC as needed.
- Complete a Risk Management Report in PCC.
- Implement follow-up actions (e.g. changes to treatment).
- Hold a debrief session and complete an Emergency Code Report.
- Complete a MLTC Critical Incident System report (if applicable).
- If injury to a non-resident, or there is damage to property report to Manager of Facilities/Administrator.

NON-RESIDENT IS EXHIBITING VIOLENT BEHAVIOUR:

- Start of Incident: Staff Member**
- Use training to de-escalate the situation.
 - If necessary, leave the immediate area.
 - Alert others that assistance is needed by calling out 'Code White - *location*'. Repeat 3x.
 - Staff near the area must respond quickly (includes Night Security Guards where they exist).
 - Notify the Nurse in Charge (Incident Lead)



- During Incident: Charge Nurse / Incident Lead**
- The Charge Nurse is supported by night security guards where they exist.
- Announce 'Code White – *location*' 3x using the paging system.
 - Designated staff to respond to location and assess/assist as required. At minimum Charge Nurse,
 - Ensure safety of others by asking or assisting them to leave the immediate area.
 - Ensure dangerous objects are removed from the area.
 - Try to de-escalate using formally trained communication techniques. Do not use physical intervention (touching)
 - If situation cannot be controlled, remove yourself from harm's way. Leave the scene and call 9-911
 - Announce 'Code White – All Clear' 3x when the situation is under control.



- After Incident: Follow-up**
- Support and reassure others, including offer of EAP.
 - Hold a debrief session and complete an Emergency Code Debrief Report.
 - Report if required for affected staff.
 - If injury to a non-resident, or there is damage to property report to Manager, Maintenance and Facilities/Administrator

Notes: If means of intervention are unsuccessful, someone has been critically injured, or there continues to be a perceived or real threat that lives are in danger, call 9-1-1.

Where a weapon is involved, call **CODE SILVER** and refer to the Emergency Procedures.

If someone has been taken hostage, call **CODE PURPLE** and refer to the Emergency Procedures.

CODE SILVER: ATTACKER WITH A WEAPON / ARMED INTRUSION

PROCEDURES FOR ALL STAFF:

- Remain calm.
- Any staff member can initiate a Code Silver.
- If you see an individual with a weapon, **get somewhere safe and immediately call 9-911**. Follow run, hide, or fight protocols if possible.
- Notify the Nurse in Charge or designate if it is safe to do so. They become the Incident Lead, if on-site, and will work with the Police.
- Police are the primary responders and will assume control in any Code Silver response. Follow the instructions of Police, Incident Lead, and management.
- Prevent anyone new from entering the building (unless Police).

When police arrive remain calm and follow instructions. Put down any items in your hands that could be mistaken for a weapon and avoid making quick movements.

PROCEDURES FOR NURSE IN CHARGE/SUPERVISOR, SENIORS SERVICES (INCIDENT LEAD):

- Remain calm.
- Announce "**CODE SILVER**, *location, repeat 3x*, everyone stays where you are and wait for further direction". Delegate this activity if necessary.
- Ensure the safety of others in the immediate area.
- Notify the Administrator.
- Ensure that any victims receive medical treatment if this can be done without putting anyone else in danger.
- Follow the instructions of Police.
- If instructed by Police, ensure staff implement lockdown procedures and remain in lockdown until instructed.
- When the threat is resolved, and only after Police confirm 'All Clear', announce "**CODE SILVER** – All Clear".

CODE PURPLE: HOSTAGE SITUATION

Procedures for All Staff:

- Any staff member initiating a Code Purple must immediately **call 9-911** and report a hostage situation.
- Notify the Nurse in Charge. One of these will become the Incident Lead.
- Stay calm.
- Do not attempt any action if there are signs of danger or violence. Staff are not to place themselves at risk.
- Avoid being in the same area as the hostage taker and anyone who is unfamiliar to you.
- Prevent others from approaching the area, if safe to do so.
- If you are in the same area as the hostage taker, respond if spoken to and do what the hostage taker asks of you. In this case, try to establish rapport. If you are taken hostage, follow guidelines on the next page.
- Wait for Police to arrive. Follow their instructions and those of the Incident Lead.



Procedures for the Nurse in Charge/ Supervisor, Seniors Services (Incident Lead):

- Announce “Code **PURPLE**, *location*, everyone stays where you are and wait for further direction”. Repeat 3x.
- Establish a Command Centre.
- Ensure the safety of others in the immediate area.
- Notify the Administrator.
- Notify CEMC.
- Follow the instructions of Police.
- If an evacuation is ordered, initiate Code Green – Evacuation.
- When the threat is resolved, and police have confirmed ‘All Clear’, announce “Code **PURPLE** – All Clear”. Repeat 3x.
- Hold a debrief session and complete an Emergency Code Report.
- Administrator/designate to complete a MLTC Critical Incident System report if a resident is involved.
- Administrator/designate communicates with appropriate stakeholders (e.g. Residents, families, staff, unions, etc.).

CODE YELLOW: MISSING PERSON

Level 1

- Internal Search
- Resident is missing
- Search the areas resident may be, check LOA binder
- Call Code Yellow and search the building

Level 2

- External Search - On-Site
- Assign staff a search area, and conduct a thorough search of facility grounds.
- Notify the substitute decision maker or family member.
- Notify DRC / Leadership Team

Level 3

- External Search - Community
- Call 9-1-1
- Leadership team to notify HES GM and others, as appropriate

CODE BLACK: BOMB THREAT / SUSPICIOUS PACKAGE

- Call 9-911 and** report a bomb threat or suspicious package. Follow direction from emergency responders.
- Announce “Code **BLACK**”. Repeat 3x.
- Notify the Administrator.
- Contact County CEMC.
- Search the building for suspicious packages.
- If a suspicious package is found, do not touch it.

Threat By Phone	Threat by Email	Suspicious Package
<ul style="list-style-type: none"> <input type="checkbox"/> Be calm and courteous to the caller - do not interrupt the caller - keep the caller on the line as long as possible. <input type="checkbox"/> Try to alert staff in the area while you are talking with the caller – write a note or sign instructing them of the bomb threat and have them call the Nurse in Charge (or designate). <input type="checkbox"/> Obtain as much information using the Bomb Threat Checklist. <input type="checkbox"/> After the call, notify and provide the Report to the Nurse in Charge. 	<ul style="list-style-type: none"> <input type="checkbox"/> Notify the Nurse in Charge immediately to initiate the procedures below. 	<p style="text-align: center;">DO NOT TOUCH!</p> <p>If package is touched:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wash your hands with soap and water. <input type="checkbox"/> Remove contaminated clothing and place in a sealed container (e.g. plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible. <input type="checkbox"/> List all people who may have been in contact or proximity to the suspicious package/device and provide this list to the appropriate authorities. <input type="checkbox"/> If necessary, seek medical assistance as soon as possible. <input type="checkbox"/> Clear the immediate area where the package was discovered.

CODE RED: FIRE OR EXPLOSION

IMMEDIATE RESPONSE FOR ALL STAFF WHEN FIRE IS DISCOVERED:

**** NOTE:** Refer to the Home specific Fire Safety Plan for the detailed Plan and staff responsibilities.

If you discover a fire, you are the Fire Coordinator until relieved by a senior staff member.

- **Remain calm.** Make the immediate work area safe.
- Alert others in your immediate area. Pull the nearest fire alarm station.
- Call a Code Red announcing the location.
- **REACT**
 - **R**emove persons in immediate danger if possible.
 - **E**nsure the door(s) is/are closed to confine the fire and smoke.
 - **A**ctivate the fire alarm system using the nearest pull station.
 - **C**all the fire department (**9-911**) and announce the location using the PA system. Calmly and clearly announce 'Code Red (location),' repeat three times.
 - **T**ry to fight fire if safe to do so.
 - Treat all fires as a serious occurrence.
- Fire area evacuation will be in three progressive stages, in the following sequence:
 - Horizontal – From the affected wing, through corridor fire doors
 - Vertical-To Street level (but never below street level)
 - Total evacuation (See Code Green) - Outside the building.

When you hear the fire alarm, remember:

- Check your work area to make sure there is no fire in your immediate area.
- Check every room and use the tag or circular disc to identify vacant or occupiers.
- All staff return to their work area, even if on breaks or not on duty.
- Elevators are not used at any time during the fire situation.
- Follow your department specific duties.
- Listen to the PA announcement for the location.
- Remain calm.
- Close all windows and doors.
- Turn off oxygen cylinders until given all clear
- Make sure exits are clear.
- Account for staff, residents, volunteers.
- When the situation is resolved Announce "**Code RED All Clear**" and repeat 3 times.

- After all clear, account for all staff, residents, and volunteers
- Monitor stairwells.

CODE GREEN: EVACUATION

NURSE IN CHARGE (INCIDENT LEAD):

- Call **9-1-1** for emergency assistance. A full evacuation is initiated by the Director Senior Services /Designate OR direction from Police, Fire Department or Community Emergency Management Coordinator if initiated by others.
- Notify the HES General Manager.
- Notify CEMC.
- Announce “Code **GREEN** – Prepare to Evacuate”. Repeat three times; and announce the procedure for evacuation.
- Announce the “Code Green – Evacuate” to staff giving details of the area to be evacuated and the routes to be used.
- Initiate Emergency Call-In procedures using County notification system.
- If time permits and it is safe to do so, delegate staff to transport evacuation supplies out of the building.
- Liaise with Emergency Services and provide access and information.
- Oversee the evacuation and trouble-shoot issues that may hinder evacuation procedures.
- Notify residents’ POA/SDM to determine if they will be able to pick resident up from centre or alternate location. Note: this may occur following relocation depending on the urgency of the evacuation.
- When the building is completely evacuated or when advised by emergency responders, announce “Code **GREEN** – All Clear”.
- Lead re-entry to the home once it is safe to do so.

Once Outside:

- Ensure all staff and visitors are accounted for once outside.
- Communicate the location of the assembly area.
- Direct the identification/tagging and logging of residents using the Evacuation Logging Record.
- Separate injured from non-injured, if required.
- Designate staff to monitor residents/clients, prevent wandering and administer essential medications or treatment.

RPNs: Once code green is called

- Follow instructions from the Incident Lead, Emergency Responders, or members of the Home Leadership Team.
- Collect the Emergency Evacuation Kit (1 per floor) and organize the assembly of critical evacuation supplies.
- Secure narcotics/medication.
- Provide direction and ensure staff are implementing evacuation procedures.
- If time permits and it is safe to do so, transport medication carts and resident documentation out of the building – *this is not critical as the meds can be replaced promptly by the Pharmacy and documentation is accessible through Electronic Health Record platform.*
- Prepare residents for transfer (coat, belongings, etc.).
- Maintain the Evacuation Logging Record to account for each resident and include the mode of transportation they will use (ambulance, bus, LINX, relative)

ALL STAFF: Once code green is called

- Upon hearing a code green evacuation announcement and/or 2nd stage fire alarm (fast), quickly report to the closest Nursing Station for instructions from RN/RPN on unit if safe to do so.
- Follow instructions given to you by RN/RPN.
- Turn off equipment in your work area and if necessary, shut off safety valves (if time permits and it is safe).
- Evacuate residents / clients and visitors to the assigned external Evacuation Area.
 - Dress Residents/clients appropriately (as time allows, use blankets if needed to keep warm)
 - The order in which residents / clients should be evacuated:
 - Ambulatory
 - In wheelchairs
 - Non-Ambulatory
 - Resistive
- Flip the fire flag/door marker on each door to identify if the room is vacant or occupied. If a room cannot be evacuated let first responders know as soon as possible.
- Close all doors, especially Fire Doors, as rooms/areas are vacated.
- Advise RNs/RPNs of areas that were not evacuated.
- Evacuate ambulatory Residents in a group if possible.
- Evacuate Residents who are dependent on oxygen with their equipment.
- Assemble residents close to the Fire Exits away from the emergency zone.

-
- Visitors and other occupants capable of evacuating should be instructed to leave the evacuation area on their own or with some assistance.
 - Use all the help necessary to safely evacuate residents/clients.
 - Provide identification tags to residents prior to them exiting the building.
 - Guide those evacuating to the designated evacuation area outside.
 - Communicate any hazards or issues to the RN/RPN.

EMERGENCY KITS

An emergency kit is located at each Nursing Station. Each kit will have:

- Code GREEN Evacuation Procedures, and supplementary information.
- Obtain current resident/client list.
- Evacuation Logging Record form (Appendix xx)
- Code Green Relocation Form (Appendix X)
- Flashlight/batteries
- Pens, paper, clipboard

CODE GREY: SYSTEM FAILURE

PROCEDURES FOR ALL STAFF:

- Stay calm.
- Notify the Manager of Facilities/Nurse in Charge/designate.
- Await further direction and instructions.
- Call **9-911** if there is an immediate risk to life safety.

For all Code Grey Incidents:

1. Continued Resident safety and care and staff safety is a priority.
 2. Immediately notify your supervisor and senior manager on-site.
 3. The on-site senior manager is required to notify the Administrator, Manager, Maintenance & Facilities and Environmental Services Supervisor.
 4. The Administrator or senior manager will notify other Managers as needed, depending on the service which has failed.
 5. The Administrator or senior manager will also notify and activate support as needed, depending on the service which has failed:
 - ✓ General Manager, Health, and Emergency Services
 - ✓ Director, Procurement, Fleet & Property
 - ✓ Community Emergency Management Coordinator
 - ✓ For critical IT/ or phone system loss after hours IT Support:
 6. The Maintenance Manager and/or Environmental Services Supervisor will take immediate steps to have the disrupted system repaired and mitigate harm or damage by making repairs on-site and/or notifying the appropriate repair service or utilities provider.
 7. Shut off all non-essential electrical equipment to avoid power surges and to reduce electrical ignition sources.
 8. If it is safe to do so, remain on your floor and wait for instructions from the Charge Nurse
- If there is a door on your floor that is normally on mag lock, monitor it so all residents do not have access.

CODE BROWN: HAZARDOUS MATERIALS SPILL/LEAK

PROCEDURES FOR ALL STAFF:

All staff are responsible for immediately reporting a chemical spill to either a supervisor or Nurse in Charge.

- Immediately evacuate all persons from the affected area(s).
- Determine the name of the spilled or leaking chemical from the label on the container.
- If anyone is, or appears to be, injured or ill as a result of the spill, call **9-911**. Ensure that emergency responders are informed of the name of the chemical or material involved.
- Provide any medical treatment specified in the Safety Data Sheet (SDS).
- Notify the Nurse in Charge.
- Prevent all non-emergency persons from entering the spill area.
- Do not attempt to clean up the spill.
- Follow the instructions of the Nurse in Charge or RPN in LTC.

PROCEDURES FOR THE NURSE IN CHARGE (INCIDENT LEAD):

- Announce “Code **BROWN** – hazardous spill at *location*“. Repeat 3 times.
- Determine the name of the spilled or leaking chemical.
- Review product labels and SDS sheets to determine if the product is a hazardous material by noting explosive, flammable, poisonous, corrosive, an oxidizer, infectious, or reactive. If so, special clean-up procedures must be followed. If it is not any of these a normal clean-up can occur.
- If is a cytotoxic hazardous agent, refer to Policy LTCSS – HS 100a and b (LTC and SrS)
- If anyone is, or appears to be, injured or ill because of the spill, call **9-911**. Ensure that emergency responders are informed of the name of the chemical or material involved.
- Provide any medical treatment specified in the Safety Data Sheet.
- If spill is in the Seniors Services space, advise the Supervisor, Seniors Services and Director of Seniors Services.
- Contact the Supervisor Environmental Services or maintenance for clean-up if needed and ensure they follow procedures.
- If the spill enters a drain, catch basin or water course, notify the Local Spills Coordinator and the local Public Works Department. They may also be contacted if in-house personnel cannot safely deal with the hazard.

- Coordinate with emergency responders and the Administrator to determine the need to evacuate the building or part of the building from the information in the SDS. Refer to Code Green - Evacuation Procedures.
- If the material is flammable, eliminate ignition sources.
- Prevent all non-emergency persons from entering the spill area. Place cones/barriers around the area.
- If a County of Simcoe employee or contractor working for the County has received medical attention for a critical injury, call CEMC.
- Notify the Director, Senior Services or designate.
- Notify the Health & Safety Associate.

Special Clean-Up Procedures for Hazardous Materials:

- Don appropriate Personal Protective Equipment.
- Stop any on-going leak.
- Use spill kits to contain and clean up the spill. Portable spill kits and a larger spill kit are maintained by Environmental Services Department and/or the department the large spill kit is located.
- Protect drains in the immediate area by covering them with rubber sewer drain covers or surrounding them with spill socks.
- Scrape up the bulk of the material and putting it in an appropriate container (either plastic bin or garbage bag).
- Soak up the remainder of the material using an absorbent substance (e.g. sawdust, Oilsorb, absorbent pads). This material must be compatible with the spilled material. Place in garbage bags.
- Clean the spill/leak area with an appropriate cleaning solution per the SDS.
- Contact the hazardous waste removal contractor to have the waste removed. Check with Local Spill Coordinator for appropriate contractor.
- Spill kits containing the necessary protective equipment and supplies is available in the area where the chemical is stored.

CODE ORANGE: COMMUNITY INCIDENT/ WEATHER RELATED EVENT

PROCEDURES FOR NURSING STAFF:

- Residents require extra fluids (water, diluted juice, popsicles, and ice). Encourage decaffeinated beverages.
- Ensure that all residents receive the appropriate amount of fluids every two hours to meet their calculated need.
- Monitor high risk residents at least hourly for any signs and symptoms of heat exhaustion or heat stroke, offer fluids and report any signs and symptoms immediately. Monitor intake and output.
- Position residents in cool environments (air-conditioned areas).
- Ensure all windows are closed and blinds drawn in resident rooms that are exposed to direct sunlight.
- Advise families, residents, and visitors of the dangers of visiting with residents outdoors. If residents/families choose to visit outdoors, residents should be encouraged to wear a hat and use sunscreen. Registered staff assess residents on their return to the home area.
- Advise resident to limit themselves to sedentary/passive activities.
- Re-organize bath routines to either early morning or later in the evening.
- Ensure residents are dressed in non-restricting lightweight cotton clothing where possible.

PROCEDURES FOR DIETARY STAFF:

- Incorporate colder menu items on the menu on heat alert days.
- Ensure that water is provided with meals and in between meals and snacks.
- Present fluids in a variety of ways e.g. hot or cold liquids, frozen fruit juices or supplements or desserts.

PROCEDURES FOR RECREATION STAFF:

- Provide additional fluids when conducting programs, therapy services, etc.
- Provide extra fluids to residents at high risk as identified by the heat risk assessment.
- Cancel outings and outdoor activities when external temperatures reach 30°C.
- Keep residents/clients in air-conditioned areas if possible.

PROCEDURES FOR SUPERVISOR ENVIRONMENTAL SERVICES:

- Monitor weather advisories.
- Monitor and record internal temperature at designated areas throughout the 24-hour period.
- Notify all departments of the heat alert if the internal temperature is 29C or above in any part of the home.
- Reduce energy use at the Home by closing blinds and drawing curtains, closing doors to the outside, suing stairs, turning lights off when not required, turning off non-essential equipment.
- Limit outdoor work activities.

EMERGENCY PROCEDURES IF INCIDENT IS INTERNAL

Follow special Shelter in Place procedures:

- Relocate staff, residents, and visitors away from the affected area to an adjacent fire zone and advise all building occupants to Shelter in Place.
- Seal off the affected area. Close windows and doors. Seal gaps under doorways, around windows and other building openings (tape, plastic).
- Turn off air conditioning, vents, fans, and heating equipment.
- Restrict anyone other than emergency personnel to enter the building until further notice.
- Record the names of everyone in the area who may have been in contact with the agent. This list shall be given to the Nurse in Charge to ensure everyone receives appropriate follow-up treatment.
- Quarantine those who may have been in contact with the agent, so as not to affect residents remaining in the building.
- Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.
- Remain until authorities indicate it is safe to come out.

Note: Persons without proper training and equipment shall not attempt to rescue victims who have been overcome by the biological/chemical agent. You will only become another victim.

EMERGENCY PROCEDURE IF THE INCIDENT OUTSIDE

- Remain indoors and Shelter in Place.
- Close doors and windows.

- Shut down all heating, air conditioning and ventilation systems.
- Restrict anyone other than emergency personnel from entering/exiting the building until further notice.
- Remain inside until authorities indicate it is safe to come out.

PANDEMIC, EPIDEMIC, ENDEMIC

In the event of an epidemic or pandemic, preparedness and response is crucial, including following infection control measures and directives from Public Health and appropriate regulatory authorities. The following guideline on epidemic and pandemic preparedness and response will assist in heightened monitoring and surveillance, as well as developing a plan to address pandemic and epidemics:

Developing an Epidemic and Pandemic Preparedness and Response Plan

Retirement residences must develop a plan to address epidemics and pandemics as part of their emergency plan, and specific requirements may be outlined by Public Health, the RHRA, or another authority for a specific virus as applicable. These plans should include but are not limited to the following components:

- Planning
- Chain of Command / Command Center
- Resident Needs
- Essential Services
- Antivirals and Vaccine
- Supply Chains
- Personal Protective Equipment
- Human Resources
- Communications
- Traffic Flow, Control, Security
- Surveillance
- Education / Training
- Visitors and Signage
- Issues Related to High Mortality
- Relocation of Residents and Staff

Epidemic and Pandemic Preparedness

Refer to the Senior Services Emergency preparedness policy and outbreak management policies. The local Public Health Unit will have a plan to deal with epidemics and pandemics, and the residence should refer to this as necessary. Pandemic preparedness planning should include the following assumptions (MOHLTC, 2005):

- A pandemic will affect the entire health care system and the community; therefore, retirement residences may not have the same level of support they typically receive from other sectors in the health care system or other community services.
- The number of workers available to provide services may be reduced by up to one-third. The residence should have a staffing contingency plan to prepare for this.
- Usual sources of supplies may be disrupted or unavailable. The residence should have a supplies strategy, such as back-up PPE suppliers/sources to access as needed.

- A vaccine may not be available for at least 4-5 months after the pandemic strain is identified. Once available, the vaccine may be in short supply and high demand.
- The only specific drug treatment option for influenza during a pandemic will be antiviral drugs which must be started within 48 hours of the onset of symptoms and will be in short supply and high demand. The residence will have to rely on routine practices and additional precautions as the main defense.
- Care protocols may change, and practice may have to be adapted.
- The residence will need effective ways to communicate with residents' family and friends to meet their needs for information.

Pandemic Response

Refer to the Senior Services Emergency preparedness policy and outbreak management policies.

The following is the planned pandemic response based on the pandemic phase that has been declared, but note that interventions may be implemented for the specific virus strain (MOHLTC, 2005):

A. No epidemic or pandemic activity in the Country, Province, or Community

If an epidemic or pandemic has been declared elsewhere in the world, the residence can continue to use standard surveillance procedures as outlined in the Management of outbreak policies, which includes:

- i. Allowing visitors to self-screen
- ii. Staff looking for signs and symptoms in residents while providing services.
- iii. Staff reporting signs and symptoms to their department manager.
- iv. Residents and staff identified with symptoms will be added to the residence's line listing that will be updated daily and sent to the local Public Health Unit
- v. Any suspected outbreak will be reported to the local Public Health Unit and the RHRA

Epidemic or Pandemic Activity in the Country or Province, but not in the Community

When there is epidemic or pandemic activity in the country or province, the residence will initiate active surveillance including:

- i. Having a staff member or volunteer screen visitors (e.g. posting of signage with current signs/symptoms to look for and info about visiting when sick)
- ii. Actively seeking out signs and symptoms of residents and staff by:
 - a. Conducting rounds
 - b. Reviewing report and staff communication books
 - c. Reviewing physician communication books
 - d. Reviewing progress notes on identified residents' files.
 - e. Review available lab reports.
- iii. The Supervisor, Senior Services will review all available sources of surveillance information and will continue to use normal reporting practices to the local Public Health Unit.

Epidemic or Pandemic Activity in the Community

If the epidemic or pandemic has spread to the local area, the Public Health Unit will notify the retirement residence and will:

- i. Activate its epidemic and pandemic plan and initiate the Epidemic and Pandemic Planning checklist.
- ii. Activate its emergency plan if appropriate (e.g., loss of essential services)
- iii. Maintain active surveillance, using line listing forms from the local Public Health Unit

Epidemic or Pandemic Activity present in Senior Service program and/or Retirement Home

When an outbreak of the epidemic or pandemic strain is suspected or confirmed in the retirement residence, the residence will do the following:

- i. Notify the local Public Health Unit
- ii. Implement control measures as described in the Outbreak Management policy.
- iii. Notify appropriate individuals (e.g., General Manager HES, residence pharmacy, volunteers, etc.)
- iv. Hold an initial outbreak management meeting.
- v. Monitor the outbreak and continue surveillance as per policy.
 - Distribute antivirals if available.
 - Distribute vaccine if available.

Outbreak has been declared over, internally.

When the outbreak has been resolved, the Senior Services team will complete the outbreak debrief / investigation and review the outbreak as per the outbreak management policies.

ROLES AND RESPONSIBILITIES DURING EMERGENCY CODES

ROLES AND RESPONSIBILITIES DURING EMERGENCY CODES	
ROLE	RESPONSIBILITIES
Nurse in Charge	<ul style="list-style-type: none"> ▪ Announce code on the PA system. ▪ Notify the Administrator / on-call LTC leadership. Manager of Facilities. ▪ Notify appropriate emergency service, e.g. 9-911, contracted vendors, Community Emergency Management Coordinator (CEMC), Home leadership, Health, and Safety Associate. ▪ Obtain status updates. ▪ Communicate with staff, emergency responders, and Home Leadership team. ▪ Delegate tasks to staff as required and appropriate. ▪ Reset systems, as required such as roam alert, mag locks, etc. ▪ Hold a debrief session and complete Emergency Code Debrief Report. ▪ Announce code all clear when the situation is resolved.
Registered Practical Nurse	<ul style="list-style-type: none"> ▪ Listen to the PA announcement for the code and location. ▪ Respond to the location and assess if required. ▪ Ensure safety of others. ▪ Communicate with residents. ▪ Complete census of residents at the beginning and end of the emergency. ▪ Provide medical attention and care as required to residents.

	<ul style="list-style-type: none"> ▪ Obtain resident information, medication, etc. as required. ▪ Assisting with notifying resident emergency contacts / SDM of the situation. ▪
Personal Support Worker	<ul style="list-style-type: none"> ▪ Listen to the PA announcement for the code & location. ▪ Check your immediate work area to make sure it is safe. ▪ Report to the closest Nursing Station for instructions, if safe to do so. ▪ Remain calm. ▪ Communicate with residents / visitors. ▪ Turn off equipment in your work area. ▪ Check resident rooms. ▪ Evacuate area, if applicable using the door marker to identify if the room is vacant or occupied. ▪ Provide updates to the RN/RPN. ▪ Close resident windows, curtains, doors as required. ▪ Monitor stairwells and exits. ▪ Relocate residents from affected area immediately if required.
Dietary	<ul style="list-style-type: none"> ▪ Listen to the PA announcement for the code & location. ▪ Check your immediate work area to make sure it is safe. ▪ Report to the closest Nursing Station for instructions, if safe to do so. ▪ Remain calm. ▪ Turn off kitchen equipment. ▪ Follow direction of incident lead.
Housekeeping, Laundry Services	<ul style="list-style-type: none"> ▪ Listen to the PA announcement for the code & location. ▪ Check your immediate work area to make sure it is safe. ▪ Report to the closest Nursing Station for instructions, if safe to do so. ▪ Remain calm. ▪ Turn off department equipment. ▪ Secure supplies, such as housekeeping carts if required.

	<ul style="list-style-type: none"> ▪ Provide assistance as directed by the incident lead / RPN of the Resident Home Area.
Maintenance	<ul style="list-style-type: none"> ▪ Complete preventative maintenance and regular scheduled maintenance on building systems, e.g. generator, HVAC, etc. ▪ Shut off equipment and supply lines as required.
Administrative Assistants	<ul style="list-style-type: none"> ▪ Ensure emergency kits are kept up to date. ▪ Assist with advising resident SDM/emergency contacts of situation as required. ▪ Provide assistance to residents, visitors, staff.
Home Leadership Team	<ul style="list-style-type: none"> ▪ Provide assistance or take direction to the incident lead. ▪ Ensure adequate stock of emergency supplies on hand for their respective department. ▪ Keep supplier telephone lists current. ▪ Keep SDS current. ▪ Take charge of their respective department. ▪ Assist with the emergency as required. ▪ Consider staff contingency plan.
Administrator	<ul style="list-style-type: none"> ▪ Provide support and direction to the incident lead or nurse in charge. ▪ Take charge as required. ▪ Confirm emergency procedures being followed. ▪ Notify the General Manager HES and advise of the situation. ▪ Notify the MLTC Service Area Office Manager as required. ▪ Complete required reports e.g. MLTC Critical Incident System Report. ▪ Conduct a debrief session and ensure the emergency code debrief report is completed. ▪ Ensure reciprocal agreements are in place.

Manager, Emergency Planning	▪
CEMC	▪
General Manager, Health & Emergency Services	▪

LTC CRISIS COMMUNICATION PLAN

LTC Staff Responsibilities:

- If media call the centre in crisis, direct requests for information or an interview – as well as media calls to Communication.
- Contact the Administrator if families are recording staff and residents/clients.
- Contact the Administrator if a resident or family says they will speak with the media.
- After hours and on weekends, call the on-call number.

APPROVED STAFFING LEVELS

In accordance with Vulnerable Occupancy Legislation (Ontario Regulation 150/13), all County of Simcoe Homes maintain a minimum staffing level approved by the local Fire Department as per their annual Fire Department observed drill. The following are the approved staffing levels at each of the Homes.

Home	RN	RPN	PSW	Laundry	Other: Specify	Total
Sunset Manor	1	1	7	1	0	10
Simcoe Manor	1	1	5	1	0	8
Georgian Manor	1	1	6	1	0	9
Trillium Manor	1	1	5	1	0	8

RECIPROCAL AGREEMENTS

Every three years the County of Simcoe updates their Emergency Planning Information and negotiates reciprocal agreements with local area homes. County Council has delegated signing

authority to the General Manager of Health and Emergency Services. (Appendix x – List of Current Reciprocal Agreements)

Review County of Simcoe Home Reciprocal Agreement

The Homes Administrative Assistants review the homes reciprocal agreements to ensure that it is up to date:

- Update managers names.
- Ensure that description of potential Residents that can be accepted to the home.
- Complete form ensuring that all are up to date.
- Ensure supplies that would be made available are current.
- Review the updated Home Reciprocal agreement with the Administrator.
- Attach a map to the home and save as PDF in the folder.
- Send to Research and Project Coordinator for General Manager to sign.

Update Partnership Reciprocal Agreements With Home in Your Area

1. Email homes using the standard email and attach.
 - A blank agreement
 - County of Simcoe Home completed and signed PDF agreement.
2. Follow up with Homes as appropriate.
3. File received Reciprocal agreements in SharePoint.
4. Update home's tracking form.

When Partnerships are Requested:

1. Respond with the signed County of Simcoe Home Reciprocal Agreement form and ask for one in return.
2. Attach a blank agreement or receive their form.

SUPPLIES AND LOGISTICS

According to the FLTCHA, all County of Simcoe LTC Homes will ensure that resources, supplies, and equipment vital for the emergency response are set aside and readily available at the home.

Pharmacy and Medical Supplies

Medisystem Pharmacy Care Home Disaster Plan (CL-P20)

1. 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.

2. Contact the pharmacy immediately and inform them of the transfer of residents to any temporary facilities. Please call the following people in this order:
 - a. Medisystem Pharmacy: (705)722-7440
 - b. After Hours Pharmacist: 1-888-630-6334
3. Communicate which resident(s) require replacement medications and delivery location. Pharmacy will prepare replacement medications in blister cards, vials, or multi-dose packages for the required length of time.
4. Medications will be prepared and delivered to the temporary facilities once prepared and verified. Any pharmacy supplies, equipment, and documentation records (e.g. MAR sheets) will also be delivered at that time.

In the event the home receives residents evacuated from another home or the community:

1. Request that all medications and MAR Sheets & TAR Sheets accompany the resident if possible.
2. MediSystem would require the following information in order to fill and dispense medications to these residents:
 - Resident's first and last name as it appears on their Health Card.
 - Health Card Number and Version Code
 - Allergy information, if known
 - List of all current medications
 - Name, address, telephone number of prescribing doctor OR
 - Name and telephone number of pharmacy supplying current medications.

Pharmacy will make arrangements to dispense medications to these residents in blister cards, vials, or multi-dose packages for the required length of time.

Emergency Supplies

Each Department maintains an adequate 3-day supply of "stock items" that would be required in the event of a building evacuation or lack of ability to evacuate or ability to get supplies due to a larger community type disaster. If a code green is called and the building is to be evacuated, these items are brought to the Emergency Disaster site by designated staff.

Emergency Supplies - Nursing

If a code green or evacuation is called, and whenever possible, all medication carts are transported to the evacuation site. In the event that this is not possible, contact our contracted pharmacy vendor immediately, and they will deliver a supply of medication, and if required eMARS, for each resident to the relocation site(s) as soon as possible.

Emergency Kits

Each LTC will stock and maintain 2 emergency kits to be used in the event of any type of emergency. There is an emergency kit checklist that is audited monthly by Seat Two (2) Administrative Assistant, see Appendix P for checklist.

Potable Water Supplies

Potable water will be provided through suppliers and are listed in the Resources Annex of the County of Simcoe Corporate Emergency Response Plan.

In the event that potable water is required, the Administrator or designate will contact Emergency Management if supplies are required.

FOOD

Dietary staff prepares for a disaster by following a pre-planned 3-day menu and ensures an adequate supply of those food items required to prepare the food listed on the 3-day menu plan.

(Refer to Appendices x, x, x – Emergency Menu Order Guide, Recipes and Nutritional Spreadsheets)

RECORD OF CONSULTATION

Consultations with external partners is imperative in the review of the County of Simcoe LTC Emergency Plan. The table below lists the consultations on the development of the plan and subsequent reviews.

Date	Partner Consultation	Recommendations	Date Plan revised
2022/05/13	P. Browne, Inspector Tactics & Rescue/ Emergency Response Commander, OPP	Coordination with police during Code Yellow	2022/05/16
2022/05/18	Mgrs. Maintenance & Facilities & ESS Supervisors	Planning for annual exercises and tabletop drills	2022/05/18
2022/06/28	St. Sgt. M. Perry, ERT Team, Coordinator, OPP	Coordination with police during Code Silver, Purple	2022/06/28
2022/06/28	S. Emergency Management Coordinator, SMDHU	Procedures to restore system after a BWA	2022/07/07
2022/07/06	Jeff Gage, Fire Prevention Inspector	Evacuation procedures during a gas leak	2022/07/07

EMERGENCY RESPONSE PLAN REVISIONS

Revision	Date	Description of Revision	Updated By
v1	July 2022	ERP Guide Developed – retired policy manual	L. Garratt, R. Heffernan, C. Simpson, R. Swift
V2	July -September 2023	ERP manual revised – new format, content revised for code white,	R. Heffernan, T. Laine, S. Patenaude, T. Conrad, J. LaBrie, S. MacMillan, A. Howard
V3	August 2024	ERP manual reviewed – Revisions included formatting, spelling and grammar Updated tracking of codes ERP steering committee TOR developed Emergency code monthly calendar	G. Dufrey, R. Heffernan, J. LaBrie, A. Howard, T. Laine, S. Patenaude, T. Conrad, S. MacMillan, M. Jeffrey

EMERGENCY RESPONSE PLAN APPENDICES

Appendix #	Document Name
A	Georgian Manor Floor Plans
B	Georgian Village Floor Plans
C	Simcoe Manor Floor Plans
D	Simcoe Village Floor Plans
E	Sunset Manor Manor Floor Plans
F	Sunset Village Floor Plans
G	Trillium Manor Floor Plans
H	Code Black – Bomb Threat Questions
I	Hazardous Spill Report Form
J	Code Green Relocation Form
K	Code Red – Fire Drill Report Form
L	Emergency Code Debrief Record
M	Additional Cost Tracking Form
N	Business Continuity Plan
O	Staff Contingency Plan
P	Reciprocal Agreements tracking form
Q	Emergency Menu – Recipes
R	Mock Code Exercise Calendar
S	County Notification System Quick Reference Guide
T	Evacuation Logging Record
U	Emergency Kit Audit Checklist



APPENDIX H: CODE BLACK BOMB THREAT QUESTIONNAIRE

BOMB THREAT CHECKLIST

- Listen
- Remain calm and be courteous.
- Obtain as much information as you can.
- Do not interrupt the caller.

- Be prepared to describe the threat in as much detail as possible to the Police

Your name and location:

Date & time of call: _____

Number the call was received at:

Exact wording of the threat:

When is the bomb going to explode?

Where is the bomb located? _____



What kind of bomb is it? _____

What will cause it to explode? _____

Did the caller place the bomb? YES / NO

Why? _____

What is the caller's name? _____

What is the caller's address? _____

Are you familiar with the individual, if so, who? _____

Language Spoken: _____

Assumed gender of caller: _____

Approximate Age: _____

Voice characteristics (Check all that apply)

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Laughing | <input type="checkbox"/> Lispering | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Slow | <input type="checkbox"/> Cracking | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Raspy | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Disguised | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Excited | <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | | <input type="checkbox"/> Deep |



17. Background Noises (Check all that apply)

- Street Noises Long Distance Music
- Motor PA System Office
- Machinery Static Noises Restaurant
- Factory

18. Demeanor (Check all that apply)

- Well Spoken Irrational Taped Message
- Incoherent Foul Message was read

19. Remarks:

APPENDIX U: EMERGENCY KIT AUDIT CHECKLIST

Each time the “Emergency kit” is opened, the contents must be reassessed to ensure it is fully stocked at all times, **READY FOR EMERGENCIES**. Supplies are not to be removed unless for use in an emergency.

Contents of Kit	Checked	Checked	Checked	Checked	Checked	Checked
Item	(<input type="checkbox"/>) Jan July	(<input type="checkbox"/>) Feb August	(<input type="checkbox"/>) Mar Sept	(<input type="checkbox"/>) Apr Oct	(<input type="checkbox"/>) May Nov	(<input type="checkbox"/>) June Dec
Gloves (box)						
Hand sanitizer (one bottle)						
VESTS for Incident Management System (IMS) – with ROLES clearly identified						
Fluorescent vests (orange) – extra for staff as needed (3)						
2 Crank Flashlights						
Stethoscope and Blood Pressure cuff						
Masks (box)						
Mouth-to-mouth mask						
1 pair of Scissors						
Foil warming Blankets (one per resident)						
Basic first aid supplies (gauze and tape), nonstick dressing (telfa)						
1 box - Pens						
1 - Pad of Paper						
2 extension cords						
10 identification bands (code orange)						
List of residents, by RHA and unit						
Code Green Relocation Tracking Forms						
Emergency Kit Contents Audit Form						
Emergency Transfer Forms						
Floor Plans						
Date & Initial reviewed						

Note: Resident Lanyards for each RHA are in the nursing station medication carts in a small emergency box and is maintained by administrative staff.