

EMERGENCY PREPAREDNESS PLAN

PARTICULARS	D I R E C T I V E S :	RESP.	FREQ.
<p>LEGISLATION</p>	<p>The Home shall ensure that all provisions outlined in the <i>Fixing Long Term Care Act, 2021, s. 90 and Ontario Regulation 246/22, s. 268 and 269</i>, are fully met</p> <p>Compliance with legislated requirements listed in this Emergency Preparedness Plans are reviewed, evaluated by the multi disciplinary care team and findings fully documented, including date, name of participants and plan of action/target date to improve the overall fire safety/disaster program.</p> <p>Findings/improvement plans are shared with Professional Advisory (PAC) & Joint Health & Safety (JHS) committee members</p>	<p>Admin</p>	<p>annually or as required</p>
<p>FIRE CODE</p>	<p>The Home carries out at least one evacuation drill every 12 months for an approved scenario representing the lowest staffing level complement in the facility in order to confirm there is sufficient supervisory/direct care staff to carry out the duties as required in the Fire Safety Plan. To be supervised by the FD representative</p> <p>The Home shall ensure that the Fire Drill Scenario Form is completed (online) on an annual basis and submitted to the Fire Department prior to the scheduled supervised evacuation drill.</p>	<p>Admin</p>	<p>annually</p>
<p>PLANNED EVACUATION</p> <p>FLTCA,2021 O. Reg. 264/22 (10)(b)(c)(d)</p>	<p>The Home has an established schedule that:</p> <p>(b) tests all other emergency plans at least every three (3) years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers, partner facilities and resources that will be involved in responding to the emergency</p> <p>(c) conducts planned evacuation at least every three (3) years (Planned Evacuation; Hostage Taking; Bomb Threat; Suspected Poisoning; Chemical/Hazardous Spills)</p> <p>(d) keeps a written record of the testing of the emergency plans and planned evacuation, and the changes made to improve the plans</p>	<p>Admin</p>	<p>every 3 years</p>

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
HUMAN RESOURCES	The Home shall identify and maintain the minimum staffing needs and prioritize critical and non-essential services based on residents health status, functional limitations, disabilities, and essential facility operations.	Admin Dept Head	annually and as needed
FIRE/SAFETY/ DISASTER MANUAL	Fire Safety/Disaster policies and procedures are developed and/or updated as per legislated requirements, in collaboration with senior management team, emergency planning committee, including members from the applicable community agencies affected by this change	Corp. Committee	ongoing
	<p>The Home shall ensure that policies and procedures are fully implemented, regularly evaluated and updated by the Emergency Planning Committee, Senior Management and Corporate committee (minimum annually).</p> <p>The revised policies are shared with the Resident Council & Family Council.</p> <p>CQI program related to fire safety, disaster or Infection Prevention & Control (IPAC) program are fully implemented at all levels</p>	Admin Dept Head	ongoing as per schedule
FIRE SAFETY PLAN	<p>The Fire Safety Plan shall be developed and approved by FD, reviewed at least annually, including every time a problem with related system/procedure has been identified.</p> <p>Any changes to the Fire Safety Plan must be submitted to the Fire Chief (FD) for final approval/stamp</p>	Admin	annually or as needed
FIRE MONITORING	A service agreement with an external fire monitoring company shall be in place and the company name and contact information available on Emergency Contact List	Admin.	ongoing
FIRE EMERGENCY BOX	<p>The Emergency Box located at the main entrance to the building shall contain the following:</p> <ul style="list-style-type: none"> * Keys to unlock the front entrance door; * Floor plans * Fire Safety Plan 	Admin.	ongoing

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PARTICULARS	D I R E C T I V E S:	RESP.	FREQ.
<p>MAINTENANCE INSPECTION PROGRAMS</p>	<p><u>Daily:</u></p> <ul style="list-style-type: none"> * All exit doors clear * Walks and steps clear * Hallways clear * Fire equipment unobstructed <p><u>Monthly:</u></p> <ul style="list-style-type: none"> * Voice Communication System * All Portable Fire Extinguishers * Kitchen Range Hood Extinguisher * Control and Annunciator Panels * Sprinkler System * Emergency Lighting * Generator * Exit Lighting * Flammable Liquid Storage * Fire Separation Doors * Mechanical/Electrical Room * Trash Collection Rooms * Generator * Laundry Dryers 	<p>Admin Manit.</p>	<p>as per schedule</p>
<p>BUILDING SECURITY/ MAINTENANCE</p>	<p>The building security maintenance and inspection program shall be in place to include external service providers:</p> <ul style="list-style-type: none"> * external inspection of fire protection systems.; * external inspection - kitchen exhaust system; * external inspection of HVAC equipment; <p style="text-align: center;"><u>In-House Maintenance:</u></p> <ul style="list-style-type: none"> * all fire exits kept free of obstructions, ice, snow; * Flammable liquids are stored in approved safety cans/storage cabinets * Combustible liquids are stored in approved safety cans/storage cabinets * Gasoline powered equipment is NEVER stored in the building * No parking signs are posted by the main entrance and emergency exits and remain unobstructed at all times * inspection of security system * inspections of fire safety equipment; * inspection of water/air temperatures; * Parking Areas - access to Fire Hydrant * Emergency Box 	<p>Admin. maint. contract contract maint. contract maint. maint. maint maint</p>	<p>as per schedule</p>

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PARTICULARS	D I R E C T I V E S:	RESP.	FREQ.
EMERGENCY CONTACT LIST	<p>The Emergency Contact list includes all emergency contacts and is regularly updated and forms part of the Emergency Preparedness Plan</p> <p>The emergency telephone list includes but not limited to:</p> <ul style="list-style-type: none"> - Owner/designate - Administrator - Director Of Nursing - Maintenance Staff - Fire Department - Police - Ministry of LTC - Home Care Community Support Services (HCCSS) - Niagara Health System - Pharmacy - Poison Centre - Medical Director - Attending Physician - Hospitals - Local - Public Health Unit - Transit - Local - Ambulance - Local - Facilities with Emergency Shelter agreements - Coroner’s Office - Local Long Term Care facilities (including nursing homes, home for the aged, and charitable homes) - Retirement Homes - Local - Hotels - Local - Municipal Emergency Planning Departments - City Hall - Sysco Food Suppliers - Medline Canada - Nursing Supplies - Designated SDM/POAs for the residents - All facility staff contact list - Plumbing Service Provider - HVAC Service Provider - Electrical Service provider 	Admin	ongoing updates

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
EMERGENCY CODES	<p>The Home uses the following emergency codes</p> <ol style="list-style-type: none"> 1. Fire CODE RED 2. Violent Outbursts- Res./Person CODE WHITE 3. Missing Resident CODE YELLOW 4. Bomb Extortion Threat/ Suspicious Object CODE BLACK 5. Medical Emergency CODE BLUE/ STAT RN 6. Suspected Poisoning STAT RN 7. Labour Interruption 8. External Air Exclusion CODE GRAY 9. Fire Protection System / Alternate Measures CODE GRAY 10. Boil Water Advisory 11. Hazardous Chemical Spills CODE BROWN 12. Natural Disaster - Extreme Weather External Threats CODE ORANGE 13. Pandemic Planning/Outbreak of Communicable Disease/Epidemic/Pandemic 14. Evacuation CODE GREEN 15. Intruder/Hostage Taking CODE PURPLE 16. Person With Weapon CODE SILVER 17. <u>Loss Of Essential Services</u> CODE GRAY <ul style="list-style-type: none"> - Loss of Power - Loss of Heat - Loss of Hot Water - Loss of Elevator Services - Loss of Water/Alternate Water - Nurses Call /PA System Malfunction 18. <u>Infrastructure Loss/Failure</u> CODE GRAY <ul style="list-style-type: none"> - Internet Disruption - Telephone Communication Disruption - Flooding - Gas Leak - Cooling System Failure - In-Facility Hazardous Spills - Damage to building/resident living areas 19. Alternate Menu 	Admin	<p>Orientation</p> <p>annually one drill per shift/ month</p> <p>Fire Dept to observe one evacuatio n drill annually</p>

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
<p>STAFF ORIENTATION, EDUCATION, TRAINING</p>	<p>All staff members are oriented to Fire Safety and Disaster Procedures prior to commencement of employment.</p> <p>Staff training is the responsibility of the department head under the direction of the Programs Director, Staff Ed. and/or Administrator.</p> <p>Staff education is provided on site as well as online through Surge Learning prior to commencement of employment and annually or more frequently thereafter</p> <p>Records of emergency/disaster education and training are maintained on each employee's file</p> <p>Each employee is responsible to become familiar with the Fire Safety and Disaster Plan Procedures</p> <p>Emergency Code Testing is mandatory on orientation and annually with drills - one drill per month</p> <p><u>Performance evaluation</u> - includes evaluation of employee participation in scheduled fire/disaster exercises, educational component, including employee compliance with the established policies & guidelines.</p>	<p>Admin Dept Head</p>	<p>ongoing</p>
<p>PLANNED EVACUATION</p>	<p>Fire Department observes one evacuation drill annually, including the planned evacuation exercise to be held every 3 years</p>	<p>Admin</p>	<p>annually</p>
<p>DEPARTMENT SPECIFIC FIRE INSTRUCTION</p>	<p>The Home ensures that specific fire instructions are in place and reflect the current procedures for each department to include the Senior Managers, Nursing (Charge Nurse, RN/RPN, PSW); Recreation/Leisure; Dietary, Housekeeping, Laundry, Maintenance</p> <p>Staff education on department specific fire instructions are mandatory on orientation and regularly thereafter.</p> <p>Department specific instructions are posted in designated areas and easily accessible to department staff</p>	<p>Admin Dept Head</p>	<p>annually and as needed</p>

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
<p>MANAGERS EDUCATION FIRE EQUIPMENT</p>	<p>The Administrator ensures that all supervisory and management staff are trained and familiar with:</p> <ol style="list-style-type: none"> a. How to reset the fire alarm system b. The location of the fire alarm AC disconnect, sprinkler controls, location of keys to provide access to all areas in the building and all locations which contain fire protection equipment. c. Setting the elevator into Emergency mode. d. The Emergency Preparedness Plan 	<p>Admin</p>	<p>as per schedule</p>
<p>STAFF EDUCATION FIRE EQUIPMENT</p>	<p>The Home ensures that staff education on the use of fire equipment prior to employment and as scheduled thereafter to include but not limited to the location of each:</p> <ol style="list-style-type: none"> 1. Fire pull station 2. Fire extinguishers 3. Fire Blankets 	<p>Admin Dept Head</p>	<p>as per schedule</p>
<p>FIRE/DISASTER DRILLS EXERCISE</p>	<p>The Home ensures that exercises are completed as scheduled to increase staff awareness of their responsibilities once the emergency plans are initiated and to determine and identify specific areas requiring additional staff training and orientation</p> <p>All the Fire Drills/Disaster exercises are recorded and the records readily available for review</p>	<p>Admin Dept Head</p>	<p>as per schedule</p>
<p>ALTERNATE MENU FOODS/FLUIDS</p>	<p>The Home ensures that there is a plan in place to make food and fluids available to the residents of the Home in all cases of emergency situation.</p> <p>Adequate back-up supplies of disposable dishes, utensils, cups, trays, etc. are available at all times in the Home</p>	<p>Nutrition Manager</p>	<p>ongoing</p>

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PARTICULARS	D I R E C T I V E S:	RESP.	FREQ.
MEDICATIONS	The Home ensures that in an emergency situations, the residents have timely access to all medication/drugs that have been prescribed for them.	DON/ Charge Nurse	every situation
NURSES CALL SYSTEM	The Dinner Bells are used in all cases where a nurses call system is malfunctioning. 15 Minutes rounds are initiated until the system is fully repaired and functional	Charge Nurse	every incident
EMERGENCY PLANNING COMMITTEE	The Emergency Planning Committee meets semi-annually to review the Fire Safety Plan; Internal Fire/Safety Inspection reports; Fire Protection System inspections by qualified service provider; Incident/Injury Reports related to Fire, Disaster (internal/external); Staff Education/Training; Internal Audits; Documentation on Fire Drills, Disaster Drills, including corrective actions taken by the Home to achieve compliance	Admin Dept Head	semi- annually
JOINT HEALTH & SAFETY COMMITTEE	The Home ensures that Emergency Preparedness Plan is posted on the Health & Safety Board and any revisions discussed at the Health reviewed and inspection findings discussed at Joint Health & Safety (JHS) and Professional Advisory (PAC) committee meetings and that recommendations are forwarded to Senior Management/QI and Corporate committee for final review, input and approval.	Admin/ Chair	quarterly
EMERGENCY TOOLS	The following tools/equipment are readily available in designated areas of the Home to use when the emergency plans are initiated: <ul style="list-style-type: none"> * Emergency Contact List * Orange West * Clipboards (for evacuation log) * Evacuation Log Sheets * First Aid Kit * Flashlights * Fire Zone Maps * Evacuation Checklist * Shelter Agreements - Contact List 	Admin Dept Head	ongoing

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PARTICULARS	D I R E C T I V E S:	RESP.	FREQ.
SHELTER AGREEMENT (admitting)	<p>The Home has in place a Shelter Agreement with other LTC or retirement homes within the community to accept crisis admission to Hampton for a specified number of residents in all cases of declared fire or a disaster situation requiring evacuation and immediate placement of residents from their facility.</p> <p>The signed Agreement must be reviewed annually and updated as needed</p>	Admin	every 3 years
SHELTER AGREEMENTS PLACEMENT (discharging)	<p>The Home has in place a Shelter Agreement with other LTC or retirement homes to accept a specified number of residents from Hampton in all cases of declared fire or disaster situation requiring evacuation and immediate discharge of residents from Hampton</p> <p>The signed Agreement is reviewed annually and updated as needed</p>	Admin	every 3 years
COMMUNICATION PLAN	<p>The Home has established effective communications guidelines to ensure information is provided to the Residents/SDM, staff, volunteers, students, care givers, the Residents' Council and the Family Council, including communications at the beginning of emergency, when there is a significant status change during the emergency, and when the emergency is over;</p> <p>Staff and students shall be contacted electronically via Book Jane software program which contains all employees names and contact information</p> <p>The families and significant others will be contacted via automated message system - Cliniconex (PCC)</p>	Admin Dept Head	ongoing
RECOVERY FROM EMERGENCY	<p>The emergency plan address recovery from the emergency, including:</p> <ol style="list-style-type: none"> a. debriefing Residents/SDM, staff, volunteers and students after the emergency; b. establish how to resume normal operations in the Home; c. establishing how to support those in the Home who experienced distress during the emergency 	Admin Dept Head	every emergency

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
LINE OF AUTHORITY	<p><u>Internal Authority:</u></p> <ul style="list-style-type: none"> * Charge Nurse or most senior manager in the Home has the overall authority until the arrival of Administrator and/or licensee * Registered Staff are responsible for their home area (RHA) <p><u>The Fire Department responsibility:</u></p> <ul style="list-style-type: none"> * fire fighting * search and rescue * complete authority with the building and fire grounds <p>The Fire Department officials will assume full authority upon arrival</p> <p><u>The Ambulance:</u></p> <ul style="list-style-type: none"> * triage * primary medical aide * communications with health agencies and other ambulance services * transportation <p><u>The Police:</u></p> <ul style="list-style-type: none"> * traffic control * building and property security * communication with other agencies/persons 	Admin Dept Head	as needed
EVACUATION	<p>STAGE 1 - CALL 911</p> <ul style="list-style-type: none"> * remove residents from the room of origin, close/tag * take the resident beyond the fire doors * send out notification to all staff to attend the facility <p>STAGE 2</p> <ul style="list-style-type: none"> * remove residents from rooms beside and across the hall from the room of origin * take the resident beyond the fire doors <p>STAGE 3</p> <ul style="list-style-type: none"> * remove all residents from the immediate fire area * take residents to Holding Area beyond the fire doors * check all rooms, close doors and tag the door 	Admin Dept Head	every situation

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
EVACUATION	<p>STAGE 4</p> <ul style="list-style-type: none"> * count each resident and notify the Reg. Staff of any missing residents * bring extra blankets to keep the residents warm * re-send out notification to all staff to attend the facility <p>STAGE 5</p> <ul style="list-style-type: none"> * complete a list of residents to be moved to pre-designated relocation site * contact pharmacy to resend medication, if necessary * assign staff to accompany the residents * send out notifications to all families 	Admin Dept Head	as needed
ORDER OF EVACUATION	<ol style="list-style-type: none"> 1. Ambulatory Residents 2. Wheelchair Residents 3. Bed Ridden Residents 4. Uncooperative Residents - ensure their doors are closed and charge nurse notified <p style="text-align: center;">Continuity of Resident Care</p> <p><u>Resident Identification:</u></p> <ul style="list-style-type: none"> * Prepare identification badge on each resident before she/he is evacuated. It MUST include name, allergies, mobility/transfer and CPR designation <p><u>Evacuation Log:</u></p> <ul style="list-style-type: none"> * should be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, mode of transportation, family notification <p><u>Resident Charts:</u></p> <ul style="list-style-type: none"> * The pharmacy to print off the residents EMAR reports and have them sent to the evacuation site <p>Most of the actual chart can be retrieved on PCC, out of the Home, so this can be completed off site</p> <p><u>Medications:</u></p> <ul style="list-style-type: none"> * The pharmacy will provide same day service to replace all medications in a seven-day package. If needed, the pharmacy will provide all medications at the relocation site <p><u>Physician On Call:</u></p> <ul style="list-style-type: none"> * whether a physician or a coroner should be at the site 	Admin Dept Head	each situation

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PARTICULARS	DIRECTIVES:	RESP.	FREQ.
<p>TRIAGE DESIGNATED TREATMENT ZONES</p>	<p>RED - 1st priority</p> <ol style="list-style-type: none"> 1. Immediate medical attention is required 2. Resident is critical and their condition is deteriorating 3. Transportation to Hospital via Ambulance is required 4. Supervised by Reg. Staff 5. Completed ID Badge sticker placed on a resident - resident taken to designated area 6. Evacuation Log completed <p>YELLOW - 2nd priority</p> <ol style="list-style-type: none"> 1. Prompt medical attention required 2. Resident is in serious but stable condition 3. The resident can sustain a wait of approx. 30 minutes to 2 hours without hospital intervention provided stabilization on site 4. Supervised by Reg. Staff 5. Completed ID Badge sticker placed on a resident - resident taken to designated area 6. Evacuation Log completed <p>GREEN - 3rd priority</p> <ol style="list-style-type: none"> 1. Transportation to hospital can be delayed 2. Supervised by Reg. Staff 3. Completed ID Badge sticker placed on a resident - resident taken to designated area 4. Evacuation Log completed <p>WHITE - 4th priority</p> <ol style="list-style-type: none"> 1. Resident not injured, only requires transportation to safe area 2. Supervised by non reg. staff 3. Completed ID Badge sticker placed on a resident - resident taken to designated area 4. Evacuation Log completed <p>BLACK - 5th priority</p> <ol style="list-style-type: none"> 1. Resident with no vital signs and has been pronounced deceased by RN 2. No staff required to supervise - covered with blanket 3. Evacuation Log completed 	<p>Admin Dept Head</p>	<p>each situation</p>

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PARTICULARS	D I R E C T I V E S:	RESP.	FREQ.
TRIAGE NURSE	<p>The triage nurse will ensure the following:</p> <ol style="list-style-type: none"> 1. Gather supplies needed in the triage area 2. Wear a designated Cap and/or Vest 3. Direct staff to provide assistance 4. Set up 5 designated areas - colour coded - red; yellow; green; white; black 5. Assess each resident and assign a colour coded zone, according to their level of injury. 	Admin/ Committees	each situation
EVALUATION	<p>The emergency plans are evaluated and updated, and include feedback obtained from all entities involved in the emergency response. The emergency plans are evaluated as follows:</p> <ul style="list-style-type: none"> * at least annually, including the updating of emergency contact list; * within thirty (30) day of emergency being declared over , after each instance that an emergency plan was activated; 	Admin/ Committees	as scheduled
RECORDS	<p>The Home maintains a written record of all testing of emergency plans and planned evacuation, including the changes made to improve the plans</p> <p>The records are kept on file for a period of 3 years</p>	Admin Dept Head	ongoing
WEBSITE	<p>The emergency plans are available on its website, and physical copies are made available upon request.</p>	Licensee	ongoing