Muskoka Landing Care Centre
CARE CENTRE

**Muskoka Landing Care Centre
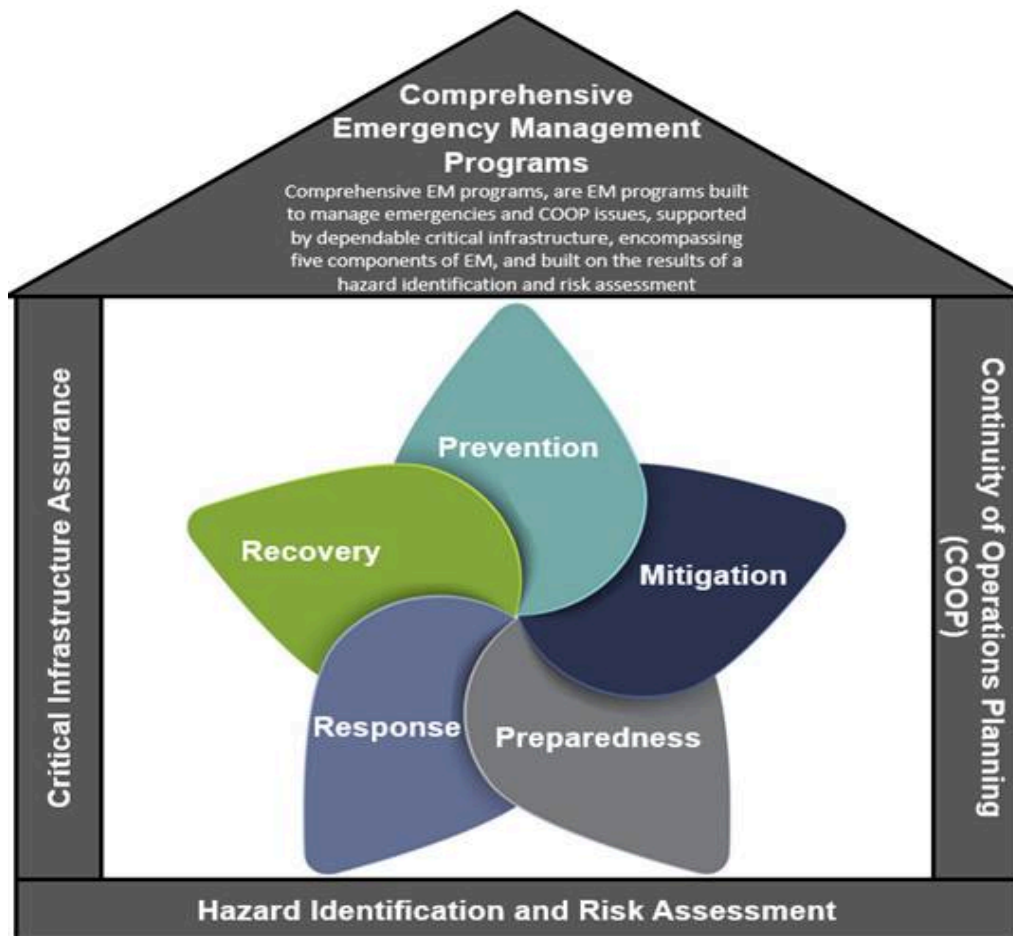Emergency Plan**

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![Muskoka Landing CARE CENTRE logo]

1.   Emergency Planning

Purpose:

To be prepared for emergencies within the (LTC) Long Term Care home and within the surrounding area of the LTC home. A full review of and evaluation of the Emergency Management Plan is to be conducted annually. A review of the Emergency Management Plan is to include updating contact information for Community Partners and all person(s) or companies involved in responding to any part of the Emergency Management Plan.

Five Key Components of the Emergency Management Plan

(Government of Ontario, Emergency Management Framework for Ontario, 2021)

1. Prevention: Actions taken to stop an emergency or disaster from occurring. These actions would include implementing controls to eliminate threats, risks and hazards. The prioritization of these controls would consist of elimination, substitution engineered controls, administrative controls and personal protective equipment.

2. Mitigation: Actions taken to reduce the adverse impacts of an emergency or disaster that cannot be reasonably prevented. This would be achieved via a community risk assessment, preventative maintenance program, capital renewal, contingency planning and the quality program which includes rigorous auditing.

3. Preparedness: Actions done in advance to ensure the home is ready to manage a disaster should it arise. This would be achieved via training for staff, residents and families at orientation, admission and annual sessions; regular and routine testing and facilitating of emergency codes drills and mock evacuations as well as utilizing the continuous quality improvement cycle of evaluating the existing plan and updating as necessary based on stakeholder observations and feedback.

4. Response: Measures taken immediately before, during, or immediately after an emergency for the purpose of managing the consequences. This would be achieved via activating the emergency response framework, triaging and caring for those impacted, mitigating loss and ensuring business and service continuity at acceptable levels.

5. Recovery: The process of restoring the home to a pre-disaster or higher level of functioning. This would include supporting those who have been impacted by the emergency and activation of the emergency response system, cleaning up the environment, ensuring business and service continuity

Procedure:

The Administrator or designate will:
- Ensure the emergency plan for the LTC home is in writing. If there is a conflict or an inconsistency between provision of the fire code under the Fire Protection and Prevention Act, 1997 and a provision of the emergency plan, the fire code prevails to the extent of the conflict or inconsistency;
- Ensure emergency plan is reviewed and evaluated on an annual basis;
- Ensure the emergency plan is reviewed and communicated with staff of the home on a regular basis;

- On an annual basis, at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to:
  - o Loss of essential services
  - o Natural disasters
  - o Community emergencies
  - o Fires
  - o Situations involving a missing resident
  - o Medical emergencies
  - o Violent outbursts
  - o Bomb threats
  - o Contagious disease outbreaks;
- Ensure a planned evacuation of the LTC home is completed at least once every three years. In addition, a written record of the planned evacuation along with any changes made to improve the Evacuation Plan is required;
- Ensure after each code is practiced or experienced, document the event and complete the Emergency Debrief Form. These forms will act as the written record of the test/event and can be used to note any necessary changes required to be made to improve the plan. This will also include signatures of staff who participated in the test/event;
  - o Ensure the debrief process includes opportunities for representatives of the parties involved (residents, families, community partners) to provide feedback and recommendations;
- Keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency;
- Ensure they engage regularly and consult with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;
- Review and identify hazards or risks that may give rise to an emergency affecting the LTC home, whether the hazards are risks arising within the LTC home or in the surrounding community and strategies to address those hazards and risks;
- Ensure there is a process in place for recovery and restoration from the activation of the emergency plan;
- Coordinate support for those parties impacted by the activation of the emergency plan.

All Staff will:

- Participate, review, and assist in the development of the Emergency Plans and Code Procedures
- Inform changes in contact information for emergency – contact during fan out procedure
- Attend and participate in emergency training and exercises

- Follow the directions given by the Administrator/Emergency Response Administrator or designate during the emergency and recovery phase.
- Adhere to safe work practices in an emergency
- Report to their supervisor any known hazardous situation that may result in the course of an emergency
- Communicating effectiveness of Emergency Plan at the end of the all clear
- Participate in formal debriefing as required

Dietary Services will:

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

Environmental Services will:

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

Regional Management Team will:

- Provide support and guidance to Administrators while dealing with an emergency
- Serve as the conduit between the Home and Jarlette Health Services Support Office
- Oversee the Emergency Management Program for the Homes ensuring training and exercises for Emergency Management Plan are up to date and in accordance with this Emergency Management Plan Corporate Office
- Various functions at the Jarlette Health Services Support Office such as Risk Management, Communications, Finance, Business Performance and Analysis, Maintenance, Asset Management, Operations, Resident Services, etc. will provide support and guidance to Administrators while dealing with an emergency
- Annual review, approval, and distribution of this Emergency Management Plan, its appendixes and supporting materials

Community Partners will:

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

2. Administrator Emergency Pre-Planning Checklist

Purpose:

The Administrator will maintain the responsibility to coordinate and direct all responses to all emergency situations.

Procedure:

The Administrator will complete the Responsibilities Checklist annually during the annual review of the Emergency Preparedness Program.

Responsibilities Checklist

- Plan an Emergency Preparedness Program for home and plan major tests every 3 years.
- Review and exercise the required portions of the program annually.
- Review program annually with home management team/department managers.
- Evaluate all emergency trials, i.e. fire drills, evacuations minor/major annually.
- Plan "SCRUM" - as per table top exercise.
- Work with community disaster planning services/ Regional authorities.
- Determine the area of refuge and evacuation centres and ensure current agreements are in place.
- Contact the community emergency supply department.
- Determine transportation options.
- Determine exit/entrance (traffic flow).
- Update Disaster Box(es) monthly including resident "face sheets"; emergency contact list.
- Plan disaster drills; contact of residents, family, and neighbours re: disaster drill.
- Assist in preparation of departmental planning outlining key personnel roles.
- Make available to the Fire Department the full volume of MSDS sheets to alert them to any potential hazardous, combustible, or flammable chemicals that may be on site.
- Ensure mandatory staff education is completed annually.

3.   Community Hazard and Risk Assessment

Purpose:

As per O. Reg 246/22 s. 268 (3) (b) the LTC home will identify hazards and risks that may give rise to an emergency affecting the LTC home, whether the hazards and risks arise within the LTC home or in the surrounding vicinity or community, and develop strategies to address those hazards and risks.

Procedure:

The Administrator or designate will:

- Ensure that the LTC home will complete the [Tab 1 - Community Hazard and Risk Assessment Tool](#) annually.

- Ensure the risks identified in the Community Hazard and Risk Assessment Tool are ranked according to risk.

- Ensure that all risks identified as being a level of risk from 4 to 6, trigger further review and strategy development. Hazards and risks identified for which the emergency manual contains a policy the LTC home will note the policy in the strategy column of the tool. For all those identified that a policy does not exist for the LTC home will be responsible to develop a strategy to address the hazard or risk.

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4.   Community Hazard and Risk Assessment Tool

LTC home:			

Step 1: Hazard Identification

The list below is a starting point for identifying hazards. Check all that apply and place a ranking to it.

Natural Hazards	Level of Risk	Strategy to Address Hazard
Agricultural and Food Emergency:		
Farm Animal Disease		
Food Emergency		
Plant Disease and Pest Infestation		
Drinking Water Emergency		
Drought/Low Water		
Earthquake		
Erosion		
Extreme Temperatures :		
Heat Wave		
Cold Wave		
Flood:		
Riverside Flood		
Storm Surge		
Urban Flood		
Fog		
Technological Hazards	**Level of Risk**	**Strategy to Address Hazard**
Forest/Wildland Fire		
Freezing Rain		
Geomagnetic Storm		
Hail		
Human Health Emergency:		
Epidemic		
Pandemic		
Hurricane		
Land Subsidence		
Landslide		
Lightning		

Natural Space Object Crash		
Snowstorm/Blizzard		
Tornado		
Windstorm		
Building/Structural Collapse		
Critical Infrastructure Failure		
Dam Failure		
Energy Emergency (Supply)		
Explosion/Fire		
Hazardous Materials Incident/Spills:		
Fixed Site Incident		
Transportation Incident		
Nuclear Facility Emergency		
Oil/Natural Gas Emergency		
Radiological Emergency		
Transportation Emergency:		
Air Emergency		
Marine Emergency		
Rail Emergency		
Road Emergency		
Human-Caused Hazards	**Level of Risk**	**Strategy to Address Hazard**
Civil Disorder		
Cyber Attack		
Sabotage		
Terrorism/CBRNE		
War and International Emergency		
Step 2: Risk Assessment		
1 - 6 (Six being the most Probable)		
Level of Risk	**Category**	**Percent Chance Description**
1	Rare	Less than a 1% chance of occurrence in any year. Hazards with return periods >100 years.

2	Very Unlikely	Between a 1- 2% chance of occurrence in any year.	Occurs every 50 – 100 years and includes any hazards that have not occurred but are reported to be more likely to occur in the near future.
3	Unlikely	Between a 2 – 10% chance of occurrence in any year.	Occurs every 20 – 50 of years
4	Probable	Between a 10 – 50% chance of occurrence in any year.	Occurs every 5 – 20 of years
5	Likely	Between a 50 – 100% chance of occurrence in any year.	Occurs >5 years.
6	Almost Probable	100% chance of occurrence in any year.	The hazard occurs annually.

5. Emergency Management Plan - Maintenance, Testing and Revisions

Purpose:

A full review of and evaluation of the Emergency plan is to be conducted annually. A review of the Emergency Plan is to include updating contact information for Community Partners and all person(s) or companies involved in responding to any part of the Emergency Plan.

Procedure:

The Administrator or designate will:

- On an annual basis, at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to:
  - O. Reg 246/22 s.268 (10) (a):
    - Loss of essential services
    - Fires
    - Natural disasters
    - Situations involving a missing resident
    - Medical emergencies
    - Violent outbursts
    - Bomb threats
    - Communicable disease outbreaks

- Ensure a planned evacuation of the LTC home is completed at least once every three years, O. Reg 246/22 s. 268 (10) (c). In addition, a written record of the planned evacuation along with any changes made to improve the Evacuation Plan is required, O. Reg 246/22 s. 268 (10) (d).

- After each code is practiced or experienced, document the event and complete the Emergency Debrief Form. These forms will act as the written record of the test/event and can be used to note any necessary changes required to improve the plan. This will also include signatures of staff who participated in the test/event.

- Ensure the debrief and evaluation process includes opportunities for representatives of the parties involved (residents, families, community partners) to provide feedback and recommendations which will be taken into account and enacted where possible.

6. Contingency Plans

Purpose:

To ensure emergency plans are not developed in isolation and to ensure coordination of emergency plans within the city or township where the home is located and community partners, the home's emergency plans will be developed in consultation with local emergency service providers and utilities.

Procedure:

Emergency Procedures for Major Utilities Service Disruption

- The Utility company maintains an emergency plan covering action necessary to restore service during major electrical or water supply disruption within the city or township.

- Contact the Hydro/Water Utility and record the following contact information:

    - After Hours Emergency Water;
    - After Hours Emergency Hydro.

Electric Load Shedding Plan

- An emergency plan covering action necessary during a major reduction in the supply of electric power to the area is maintained by the Hydro utility.

- Contact the Hydro Utility and record the following contact information:

    - After Hours Emergency Hydro.

Flood Plan

- The Flood Plan is maintained by the Environmental Services Department of each municipality or township and provides for the coordinated employment of emergency services during a flood threat or flood emergency.

- Contact the municipality/township and record the following information:

- **In Case of External Flood Threat contact:**
    - Environmental Services;
    - After Hours Emergency Operations;
    - After Hours Emergency Sewers;

○ After Hours Emergency Water.

Spill Contingency Plan

- Coordinated plans and/or operating instructions outlining responsibilities for minimizing the hazards to Municipal/Township Services and to the public in the event of a spill of hazardous material are maintained by the Fire Department and the Environment Services Department. The Hydro utility also maintains a spills contingency plan for responding to PCB and /or transformer oil spills.

- Contact the Municipality/Township and record the following contact information:

  ○ Environmental Services – Environmental spills.

- This Emergency Preparedness Plan has been developed in consultation with the following organizations:
  ○ Local Transit Commissions or Providers;
  ○ Local Police Services;
  ○ Natural gas utility;
  ○ Alzheimer's Society;
  ○ Hydro/Electricity/Water utilities;
  ○ Local municipal/township Environmental Services Departments;
  ○ Local Fire Department/Services.

Fuel Supply Contingency Plan

- A Fuel Supply Contingency Plan is maintained by the Municipal Energy Steering Committee which is coordinated by the City/Township Engineer. This contingency plan is designed to be implemented by the City/Township in the event a shortage develops in the supply of refined petroleum fuel demand in concert with Provincial and Federal Government action.

Medication and Pharmacy Contingency Plan:

- Pharmacy will work closely with the home to provide the following in a timely manner:
  ○ Replacement and dispensing of all required medications
  ○ Delivery of required medication to alternative locations
  ○ Delivery and printing of MAR Sheets and/or prescriber's medication review
  ○ Provide ongoing refills to the alternate location for the duration of the evacuation.

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

Food and Fluid Contingency Plan:

- The emergency food and fluid provider will work closely with the home to provide the following in a timely manner:
  ○ Adequate meals, snacks and beverages aligned with the require therapeutic textures
  ○ Adequate food preparation equipment and spaces
  ○ Provide ongoing support as required.

7.   Emergency Preparedness - Disaster Box

Purpose:

Disaster Box(es) shall be prepared by the home and will contain articles needed in the event of an emergency response requiring evacuation. The Disaster Box(es) will be boldly labeled, easily transportable, and stored at 2 separate locations.

Procedure:

The Administrator or designate is responsible for ensuring the contents of the Disaster box(es) are current, complete and easily accessible to all staff in an emergency by completing a monthly audit of all contents.

The Disaster Box(es) will contain:

- Floor Plans with evacuation routes noted;

- Facility Grounds Map with grid sections identified;

- "Evacuation Checklist – Emergency Response Captain/Fire Warden" on a clipboard with pen attached;

- Staff rosters

- Fan out lists

- Resident Roster including next of kin;

   - Resident "face sheets" with photographs; ADL care plan and special needs

- Transfer & Discharge Records on a clipboard with pen attached;

- "Evacuation Checklist – Triage Officer" on a clipboard with pen attached;

- Emergency Response Log Sheets on a clipboard with pen attached;

- White tags or adhesive labels for name tags for employees, residents, volunteers, and other agencies, along with markers;

- Casualty triage tags (colour coded) with the Home name to classify victims according to the severity of their injuries;

- Pens, felt markers;

- Flashlight(s)/separate batteries;

- 2-way radios; if available;

- Portable radio with batteries;

- Portable telephones (if available);

- Safety pins for tags;

- Adhesive backed directional arrows;

- Clipboards with pens attached;

- Emergency fan out list/employee call back list;

- Current staff list and schedules;

- Emergency Contact List;

- Command Centre sign;

- 1 orange vest for the Emergency Response Administrator; 1 orange vest labeled TRIAGE OFFICER front and back and 1 neon vest for the Emergency Response Captain (Fire Warden);

- "Caution tape" to block off access (e.g. triage area, etc.);

- Personal Protective Equipment – 1 bag of 20 gowns; full box of non sterile vinyl gloves; 1 box of surgical masks; N95 masks; pairs of goggles or face shields

- Alcohol based hand sanitizer

AND

Appropriate Medical Supplies including but not limited to:

- First Aid Kit (for triage)

- Ambu Bag

- 2 clean plastic airways

- 12 CPR protective masks

- 6 clean washcloths to provide padding or extra pressure to bleeding wounds

- 6 small, clean hand towels

- blood pressure cuff and stethoscope

8. Emergency Communication and Lines of Authority

Purpose:

To ensure emergency plans include a systemized process for establishing communication hierarchy and ensure all appropriate parties (residents, families, team members and community partners) are kept apprised of the status of emergency.

Procedure:

Chain of Command
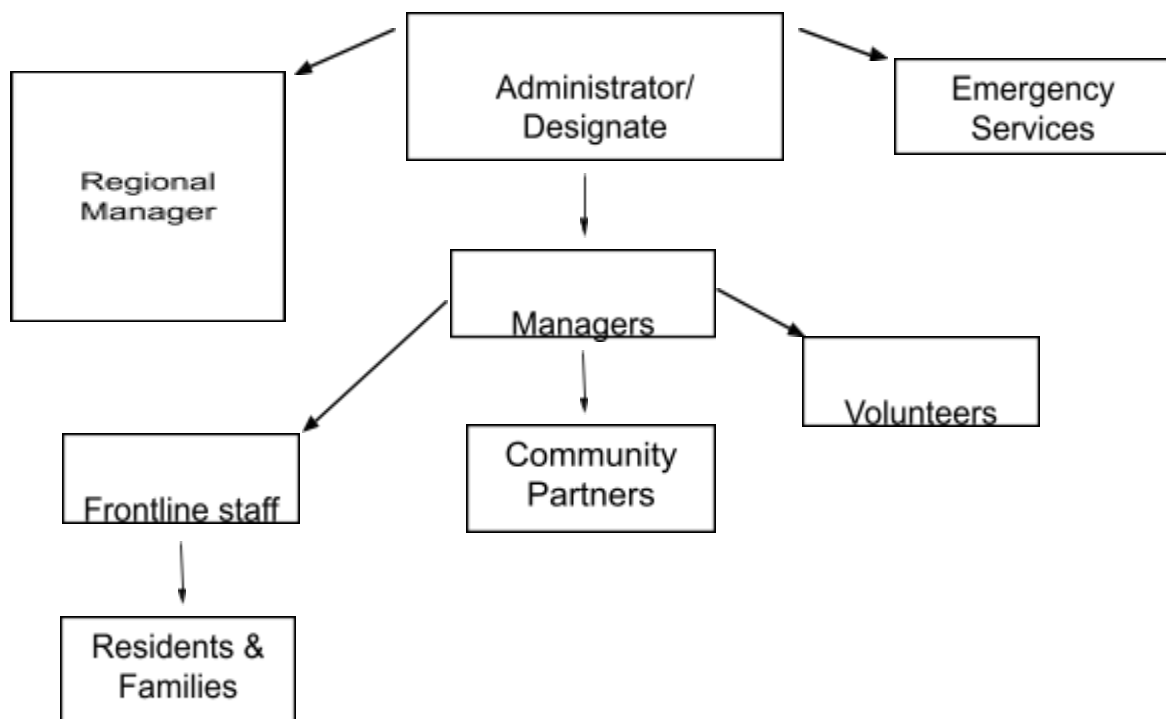
The Administrator or designate will:

- Ensure the most senior administrative staff or Nurse Manager/Charge Nurse on site is the Emergency Response Administrator and is in charge of the home until relieved by a more senior person. The Emergency Response Captain/Fire Warden will be assigned to a Nurse Manager/Charge Nurse.

- Assume the duties of Emergency Response Administrator;

- Contact the Regional Manager once the plan is initiated.

- Assign duties of a small communication team. These individuals can be set up to answer phones and act as a relay and liaison for the Administrator/Emergency Response Administrator or designate, and will consist of sympathetic, articulate persons who have an understanding of the location's Command Centre responsibilities to correctly route calls.

9. Home Specific: Emergency Contact List

First Responder Emergency Services	
Emergency Service Provider	**Phone Number**
Ambulance, Fire, Police	
Fire Non-Emergency	
Local Police Detachment (Non-Emergency)	

Ministry and Community Partners	
Contact Type	**Phone Number**
1. Ministry of Long Term Care Area Office (Mon-Fri 0900-1700) 2. After hours contact number License #	1. Region Specific Contact Information 2. After Hours Contact
Regional Coroner	
Ministry of Labour	
Ministry of Environment	
Local Public Health Unit	
Ontario Poison Control	

Key Personnel		Contact
Role/Position	**Name**	**Phone Numbers:**
Administrator		Office Extension: Cell:
Director of Care		Office Extension: Cell:
Co-Director of Care		Office Extension: Cell:
Staff Educator		Office Extension: Cell:
Co-Director of Care		Office Extension: Cell:
Staff Educator (IPAC)		Office Extension: Cell:
Medical Director(s)		Office Extension: Cell:
Attending Physicians		Office Extension: Cell:

Environmental Services Supervisor		Office Extension: Cell:
Housekeeping Supervisor		Office Extension: Cell:
Culinary Manager		Office Extension: Cell:
Life Enrichment Coordinator		Office Extension: Cell:
Administrative Assistant		Office Extension: Cell:
Resident and Family Service Coordinator		Office Extension: Cell:
Social Worker/Social Service Worker		Office Extension: Cell:
Chaplain		Office Extension: Cell:

Jarlette Health Services		
Role/Position	**Name**	**Phone Numbers:**
President		Office Extension:
Chief Operating Office		Office Extension:
Director of Long-Term Care		Office Extension:
Director of Accounting and Administration		Office Extension:
Director of People, Engagement and Culture		Office Extension:
Director of Human Resources		Office Extension:

Hospitals	
Name	**Address and Key Contact**
	Address: Primary Contact: Phone: After Hours/Emergency Contact:
	Address: Primary Contact: Phone: After Hours/Emergency Contact:
	Address: Primary Contact: Phone: After Hours/Emergency Contact:

Transportation		
Service Type	**Organization Name**	**Key Contact & Contact Information**

Public Transit		Key Contact: Phone Number: Email:
Taxi		Key Contact: Phone Number: Email:
Patient Transfer Service		Key Contact: Phone Number: Email:

First Place of Refuge	
Organization/Location Name	**Contact Information**
Location Description & Resources (i.e. shelter, nursing care and nutrition?)	Address: Primary Contact: Phone: After Hours/Emergency Contact:

Evacuation Centres & # of Residents Accommodated	
Organization/Location Name	**Contact Information**
Location Description & Resources (i.e. shelter, nursing care and nutrition?)	Address: Primary Contact: Phone: After Hours/Emergency Contact:
Location Description & Resources (i.e. shelter, nursing care and nutrition?)	Address: Primary Contact: Phone: After Hours/Emergency Contact:
Location Description & Resources (i.e. shelter, nursing care and nutrition?)	Address: Primary Contact: Phone: After Hours/Emergency Contact:
Location Description & Resources (i.e. shelter, nursing care and nutrition?)	Address: Primary Contact: Phone: After Hours/Emergency Contact:

Service Suppliers		
Fire and Alarm Systems		
Service Type	**Organization Name**	**Key Contact & Contact Information:**
Alarm Monitoring		Key Contact: Phone Number: Email:
Fire Alarm Service		Key Contact: Phone Number: Email:

Sprinkler System		Key Contact: Phone Number: Email:
Fire System Inspections and Repairs		Key Contact: Phone Number: Email:
Sprinkler System - Company Name		Key Contact: Phone Number: Email:
Fire Extinguishers		Key Contact: Phone Number: Email:
Kitchen Fire Suppression		Key Contact: Phone Number: Email:

Elevator		
Service Type	**Organization Name**	**Key Contact & Contact Information:**
Elevator Monitoring & Service		Key Contact: Phone Number: Email:

Heating, Cooling & Air Systems		
Service Type	**Organization Name**	**Key Contact & Contact Information:**
Mechanical Health and Cooling - i.e HVAC/RTUs		Key Contact: Phone Number: Email:

Communications & IT		
Service Type	**Organization Name**	**Key Contact & Contact Information:**
Telephone		Key Contact: Phone Number: Email:
Internet		Key Contact: Phone Number: Email:
Cable/Satellite		Key Contact: Phone Number: Email:
IT Consultant		Key Contact: Phone Number: Email:

Utilities		
Service Type	**Organization Name**	**Key Contact & Contact Information**

Hydro		Key Contact: Phone Number: Email:
Gas		Key Contact: Phone Number: Email:

Backup Power		
Service Type	**Organization Name**	**Key Contact & Contact Information**
Generators Service and Support		Key Contact: Phone Number: Email:
Generator Fuel		Key Contact: Phone Number: Email:
Generator Rental		Key Contact: Phone Number: Email:

Contractors and Skilled Trades		
Service Type	**Organization Name**	**Key Contact & Contact Information**
Plumbing – Non warranty work		Key Contact: Phone Number: Email:
Plumbing – Warranty work		Key Contact: Phone Number: Email:
Electricrician – Not Warranty work		Key Contact: Phone Number: Email:
Electricrician – Warranty Work		Key Contact: Phone Number: Email:
Roofer		Key Contact: Phone Number: Email:

Resident Equipment and Emergency Systems		
Service Type	**Organization Name**	**Key Contact & Contact Information**
Building Control/BAS		Key Contact: Phone Number: Email:
Nurse Call System and Keypads		Key Contact: Phone Number: Email:

	Organization Name	Key Contact & Contact Information
Pharmacy Provider		Key Contact: Phone Number: Email:
Emergency Pharmacy		Key Contact: Phone Number: Email:
Oxygen Provider		Key Contact: Phone Number: Email:
Bath/Spa Equipment		Key Contact: Phone Number: Email:
Resident Lifts		Key Contact: Phone Number: Email:
Mobility Devices (wheelchairs, rollators)		Key Contact: Phone Number: Email:

Dietary Contractors and Supports		
Service Type	**Organization Name**	**Key Contact & Contact Information**
Kitchen Equipment		Key Contact: Phone Number: Email:
Food Provider		Key Contact: Phone Number: Email:
Bread Provider		Key Contact: Phone Number: Email:
Fruit and Vegetables		Key Contact: Phone Number: Email:
Bottled water supplier		Key Contact: Phone Number: Email:
Dietary Chemicals		Key Contact: Phone Number: Email:
Grease Trap Pumping		Key Contact: Phone Number: Email:
Kitchen Hood Cleaning		Key Contact: Phone Number: Email:

Environmental, Laundry & Housekeeping Supports

Service Type	Organization Name	Key Contact & Contact Information
Garbage/Recycling Removal		Key Contact: Phone Number: Email:
Bio-Hazardous Waste Removal		Key Contact: Phone Number: Email:
Grease Traps		Key Contact: Phone Number: Email:
Locksmith		Key Contact: Phone Number: Email:
Snow Removal		Key Contact: Phone Number: Email:
Yard Care		Key Contact: Phone Number: Email:
Irrigation/Sprinkler Maintenance		Key Contact: Phone Number: Email:
Pest Control		Key Contact: Phone Number: Email:
Linens		Key Contact: Phone Number: Email:
Laundry Equipment		Key Contact: Phone Number: Email:
Offsite Commercial Laundry		Key Contact: Phone Number: Email:
Housekeeping Chemicals		Key Contact: Phone Number: Email:

Environmental Services (Flood, Spills)		
Service Type	Organization Name	Key Contact & Contact Information
Administration Day-Only		Key Contact: Phone Number: Email:
24 Hour Emergency Sewers		Key Contact: Phone Number: Email:

24 Hour Emergency Operations		Key Contact: Phone Number: Email:
24 Hour Emergency Water		Key Contact: Phone Number: Email:
24 Hour Environmental Spills		Key Contact: Phone Number: Email:

10. Communications Plan

Purpose:

- The home will endeavour to keep all stakeholders (residents, families, team members, volunteers and Resident/Family Council) apprised of the situation and will provide updates as the situation evolves and when it concludes. The Administrator/ Emergency Response Administrator or designate will appoint select individuals to a communication team who will leverage the telecommunication resources available.

Procedure:

- Mediums in which the emergency communications teams may connect with the parties involved can include but are not limited to:

  - In person conversations;

  - Telephones (both cellular and landline if operating);

  - Telephone (manual calls or automated via "One-Call Now");

  - Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures);

  - Two-way radio (always keep in a charger because you may be without power at any point)

  - Fax machine (if phones are operable);

  - Internet (emails/websites) or local area networks (if computer systems are operative);

  - Technology applications – Staff Stat, One-Call Now, PCC Secure Conversations;

  - Team member newsletters may be used to share information during or after an emergency event.

- Information that the team will endeavour to convey will include:

  - Updates on the emergency situation including:

    - Severity and a scope of the situation;

    - Impact on residents, team members and families;

- Corrective actions being implemented;

- Approximate time frames of updates;

- Appeal for support if required;

  ○ Updates on resident current health status and or relevant medical information.

Jarlette Health Services Support Office

- The Director of Long-Term Care will escalate the incident within the Jarlette Health Services Support Office and will strategize immediate support as necessary.

- The Administrator and Regional Director of Operations will determine the need and frequency of emergency response calls or scrums with Support Services Office team members as appropriate to provide ongoing support, resources, and guidance throughout the emergency.

Community Partners and Regulatory Authorities

- The Administrator will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

- Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the Administrator or designate. The members of these meetings and the frequency at which they occur will be determined in collaboration with the community partner.

11. Fan Out System and Procedure

Purpose:

A fan out system for the purpose of obtaining additional staff will be designed specific to the home, incorporating the principles of proximity and availability.

Procedure:

An up to date fan out list (update at minimum quarterly) will be kept in the Disaster Box(es) (a copy may be provided to an alternate home which might call in staff in an actual emergency situation).

Once personnel needs are determined, an individual(s) will be assigned to call in staff as required by the situation.

The Emergency Fan Out list may be left with another nearby home who could call in staff in order to free up the home's telephones and staff for the Emergency.

Fan Out List Example
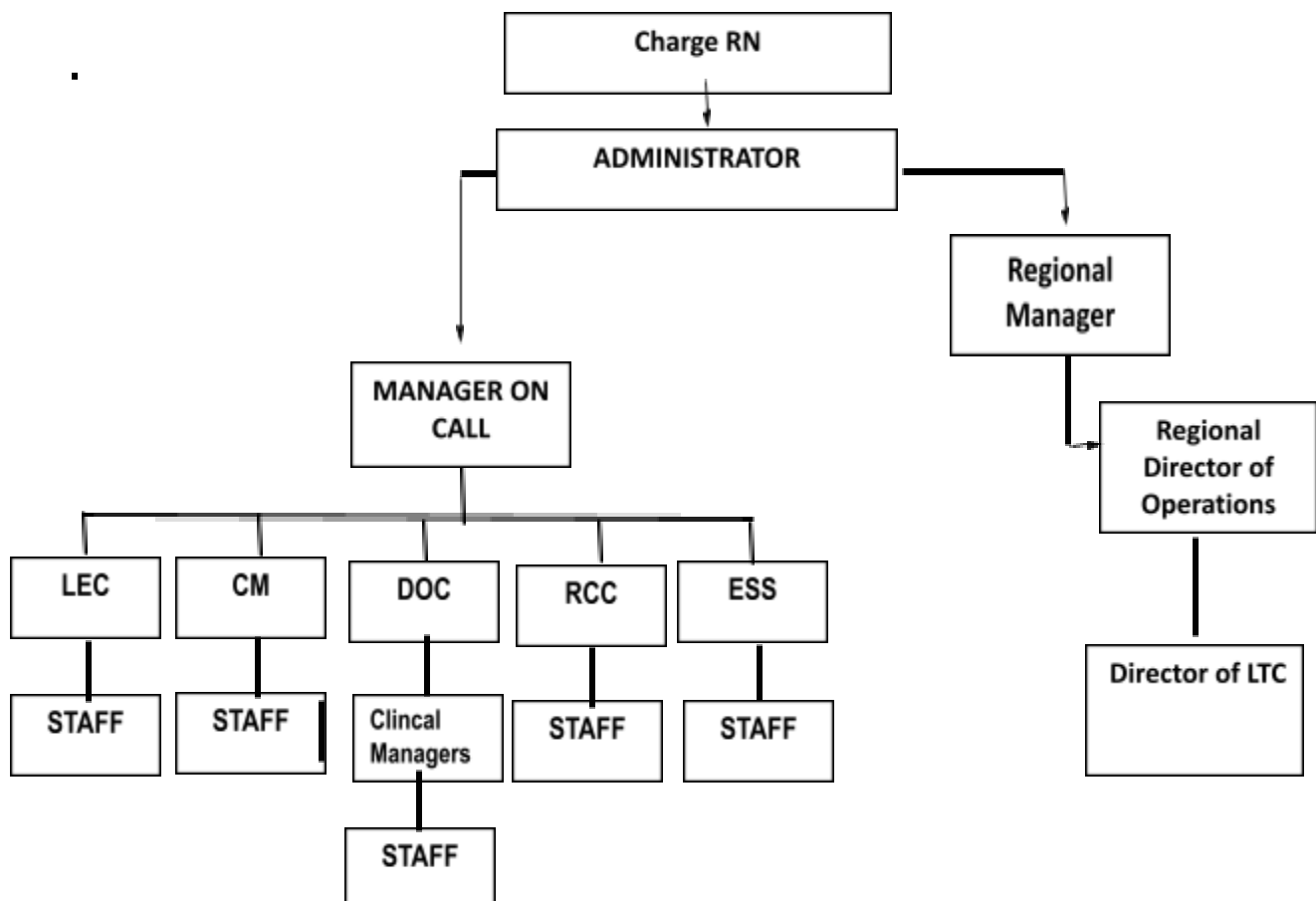
12. Emergency Codes

Purpose:

Jarlette Health Service employs a universal emergency code system as an integral element of the Emergency Preparedness Program. This system is designed to promote ease of communication and identification of the appropriate emergency plan to be executed.

Procedure:

The following are the standard codes utilized in all Jarlette Health Services homes:

Code Black	Bomb Threat
Code Blue	Medical Emergency
Code Brown	Chemical Spill
Code Green	Evacuation
Code Red	Fire or Smoke Emergency
Code Grey	Shut down/Air Emergency
Code Orange	Community Emergency & Contingency Plans
Code White	Violent/Aggressive Behaviour/Hostage Threat
Code Yellow	Lost or Missing Resident

Staff will have an opportunity to apply learned knowledge through testing of components of the emergency plan on an annual basis.

Residents and Family members will be educated regarding emergency codes on admission (during move-in), and periodically thereafter at Resident and Family Council meetings.

All emergency plans will be conspicuously posted for stakeholders within Home and on the Home specific website.

![Muskoka Landing Care Centre logo]

CODE BLACK = Bomb Threat / Search

- Code Black is used to alert all employees and residents within the home that a bomb threat has been received.
- The bomb threat procedures will be initiated immediately to ensure the safety and security of all residents, visitors, employees and volunteers.

SCENARIO #1
CALL- a call could be received by telephone or written message.   Discreetly write a note or flag down someone to **call the police.**

- **If a CALL is received and a bomb threat is made:**
- ********Reference TELEPHONE BOMB THREAT Checklist*******
- **Listen** - be calm and courteous
- Do **not interrupt** the caller
- Write down as much information as possible (sounds you hear, gender, any other information that my help identify the caller)
- **Prolong the conversation**
- **Obtain as much information as you can** & location of bomb.
- Try to determine if the caller has a good knowledge of the facility by description of locations
- Note the time the call was received and terminated.

SCENARIO #2
FIND BOMB **or suspicious object- <u>DO NOT TOUCH IT.</u>**

- IMMEDIATELY Call 911
- Announce/Page "Code Black with location" three (3) times
- Notify Administrator Nurse Manager on Call and ESS
- Evacuate residents in immediate location behind fire doors
- Keep others from entering area where item was found
- Wait for further direction from OPP/Fire Dept, Administrator

COMPLETE EVACUATION OF THE FACILITY.
CODE GREEN WOULD BE PUT INTO EFFECT UNDER THE ORDERS OF THE ADMINISTRATOR/NURSE MANAGER /POLICE/ FIRE DEPARTMENT.

CODE BLACK = Bomb Threat / Search

CODE BLUE = Medical Emergency

- This CODE is used to alert staff of a medical emergency involving residents, staff or visitors, and to provide a system of response to the emergency.

- Some examples of a medical emergency would be; cardiac arrest, choking, grand mal seizure, acute chest pain, respiratory distress, or any other situation that requires immediate assistance.

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  To call a CODE BLUE, pull the nearest call bell and alert staff by shouting, "CODE BLUE". If you have a walkie talkie with you, use it to notify staff. Stay with the person.

- When a staff responds to your calls, ask them to page "CODE BLUE" with the home area location and the room location three (3) times.

- Should you be alone with the person in need, go to the nearest phone, page "CODE BLUE" with the location then return to the person in need.

- The registered team member will attend to the injured person and begin assessment and/or resuscitation.

- Upon receiving the page for **"CODE BLUE"**:
  - The professional nursing team members of other units will respond immediately and bring the appropriate medical supplies and equipment including but not limited to:
    - First Aid Kit
    - Ambu Bag
    - 2 clean plastic airways
    - CPR protective mask
    - Suction machine
    - Vitals machine/cart
    - Stethoscope
    - Pulsimeter
    - Oximeter

- The Nurse Managers in the Home or home area Charge Nurse will go immediately to the area of CODE BLUE and direct the emergency scene until EMS personnel arrive.

- The Charge Nurse/DOC on duty will direct the code and ensure appropriate emergency procedures are administered.
  - The Charge Nurse/DOC directs the Emergency Medical Services (EMS) to be activated by calling 911 where appropriate. A team member will be delegated to make the call, indicating the emergency, giving the injured person's name, birth date, address of the facility, location of the emergency and following the instructions of the dispatcher.

  - A team member will be assigned to put the elevator on service and wait for EMS personnel on the main floor (after reception hours). During business hours, the Administrative Assistant or designate will place the elevator on service and direct EMS personnel to the location of the emergency.

CODE BLUE = Medical Emergency

CODE BROWN = Chemical Spill

- Code Brown is used to alert all employees within the home that a chemical spill has occurred.

- Response to a chemical spill may vary due to the type of chemical, the volume and the location of the spill.

- Identify the exact location of the spill or leak- Remove residents and staff in immediate danger.

- Page CODE BROWN and the location of the spill three (3) times.

- Identify if possible the name of the material spilled (approach with caution).

- Check the Safety Data Sheet (SDS) if material is identified or known, and take the necessary precautions for the use of PPE and clean up procedures.

![Muskoka Landing CARE CENTRE]

- Notify the Nurse Manager on call and Environmental Services Supervisor.

- **When there is any doubt about the type, extent, or nature of the risk associated with a spill, the person discovering the spill shall:**
  - **Pull the Fire Alarm or call 911;**
  - **Page CODE BROWN – three (3) times and location of the spill;**
  - **Evacuate the immediate spill area.**

- IF DIRECTED BY THE ADMINISTRATOR, DESIGNATE OR EMERGENCY RESPONSE PROFESSIONALS AN EVACUATION WOULD BE COMPLETED AS STIPULATED WITHIN CODE GREEN

CODE BROWN = Chemical Spill

CODE GREEN = Evacuation

- The objective of evacuation is to remove residents away from the source of danger to a safe area in the shortest possible time, using the Team & Chain Evacuation Procedure.

- Authority and responsibility for the evacuation decision rests with the Emergency Response Administrator, Emergency Management Ontario, or the Fire Department, if present. They will determine the extent of any evacuation, partial or complete.
- A partial evacuation will be carried out if the disaster itself can be contained in a particular area of the home. If the safety of the residents cannot be ensured, total evacuation of the home will be carried out.

HORIZONTAL Evacuation or Zone Evacuation:
- Charge Nurse will announce Evacuate Zone including Home Area or locations
- Initiate Fan Out Call Lists
- **Do not evacuate across the path of a fire, fumes, or through dense smoke. *A fire in a room with the door shut is <u>not </u>necessarily a fire path, and therefore may be crossed in front of.**
- **KEEP TO THE RIGHT as you transport in halls**
- Give loud clear instructions to residents & stay calm

Utilize vacancy tags during evacuation or pillows

- *EVACUATE TO THE CLOSEST SAFE ZONE OR AREA OF
   REFUGE*

Order of Evacuation
- Residents in immediate danger
- Ambulatory residents
- Non ambulatory residents
- Uncooperative resident- leave them & re-approach
- ***If the Emergency Response Administrator/Fire Warden or designate announces <u>TOTAL evacuation</u> or if the alarm switches to a fast pace this means… <mark>EVACUATE THE BUILDING</mark>**

IF TIME PERMITS:
- **RPNs** get Charts & Med carts
- Charge Nurse or designate get Disaster Box(es), check names off list as residents exit Building and prevent re-entry

<u>OUTSIDE:</u>
- Charge Nurse is the Triage Nurse; they will divide residents into two groups.
- Group 1- Injured Residents
- Group 2- Non-Injured Residents
  Charge nurse will delegate 2 staff per resident group
- Evacuate to the designated "safe zone".

- **Ensure the Transfer/Discharge system is initiated to support the evacuation to a safe location; i.e., within the home in a controlled emergency or an outside refuge in an acute emergency.**

CODE GREEN = Evacuation

CODE GREY = Gas Leak/Shutdown/ Air Emergency

- In the event of contamination of local air sources that affect the air quality in the LTC home procedures are in place to ensure safety of the Residents.

- A gas leak may present a dangerous situation for our residents and staff and our staff must be able to ensure the safety of our residents as well as staff during an air emergency.

The Charge Nurse or Designate will:
- As a gas leak is often detected by smell, announce Code Grey on the overage page system, three (3) times.
- Staff are to report to their Nursing home area desk for direction.
- Investigate immediately all reports of odours.
- If the smell is suspect of a gas leak, it is important to clear the area of residents, visitors and staff and ensure that no open flames come in contact with the area.
- If the gas leak is suspected to be inside, all windows in the area should be opened to facilitate fresh air. If the smell is detected outside, it is important to close any windows that are in the proximity of the area.
- Call 911 to report suspected gas leak
- Contact the Administrator & ESS or designate.
- Once the gas leak is confirmed by either Emergency Services or the Gas provider Representative and an evacuation is recommended , determine with the assistance of the Fire Department whether to move to an alternate location.
- Once the gas leak is repaired and the building has been cleared by the Fire Department for occupancy, residents may be returned to the LTC home.
- When the situation is deemed safe by the Administrator or designate, announce on the overhead page three (3) times, 'Code Grey all clear'

CODE GREY = Gas Leak/Shutdown/ Air Emergency

CODE ORANGE= Community Emergency

- A code orange announcement does not define a specific emergency (can be a variety of natural disasters, community emergencies or loss of essential services); it is a prelude and preparation of staff that an emergency is in process and the appropriate response is being determined; staff are to prepare and will be notified.
- Each home will have a home specific process in place to deal with the loss of essential services, natural disasters or community emergencies.
- The Home will contact local authorities for further information on specific actions for each individual Code Orange incident.
- When the Home becomes aware of a Code Orange incident the Emergency Response Administrator or designate will announce "Code Orange - Type of Incident - Location" three (3) times

All Staff will:

- Be prepared to immediately respond to an emergency situation;
- Engage in early identification and risk mitigation strategies to either eliminate or lessen the source of damage and impact within the area of the emergency;
- Participate in the triaging and caring for those who are injured, impacted or in immediate danger;
- Support the controlled evacuation from the area impacted to a safe location;
- Support with triaging and transportation of residents and individuals impacted to secondary sources of shelter and care;
- Immediately report any areas of risk or damage to the Emergency Response Administrator or designate
- Engage in the fan out system procedure and report to duty should support be required;
- Participate prompt, efficient recovery from the disaster or emergency;

Please refer to Policytech for further procedures on the following Community Emergencies

- Snow and Ice Storms
- Flood
- Earthquake
- Mass Casualties
- Loss of Water/Boil Water Advisory
- Loss of Sewer Systems
- Loss of Dietary Services
- Loss of Hydro

- Loss of Natural Gas
- Loss of Communication Systems
- Loss of Nurse Call System
- Loss of Elevator System
- Establishing a Receiving Centre for Evacuees

CODE ORANGE= Community Emergency

CODE RED= Fire

IF YOU SEE SMOKE or FIRE: R.E.A.C.T.
R- Remove anyone in immediate danger.
E -Ensure windows and doors to the fire area are closed.
A - Pull the nearest fire alarm.
C - Make announcement CODE RED & location - repeat three (3) times. Call 911.
T - Try to extinguish the fire if it is safe to do so.

All Homes have their own unique and specific fire plans which they will reference as they have been developed in accordance with local and provincial regulations and approproved by their local fire department.

If ALARM sounds and there is no overhead page…go to the nearest Fire Panel to locate fire
When an alarm has sounded, follow these procedures…
1. Code red to be announced and location three (3) times.
2. Call 911.
3. Fire Warden reports to fire location with vest, clip board with key and walkie talkie (located on each Home Area Nurses Station). The Fire Warden remains in control until the Fire Dept. arrives.
4. ALL available staff respond to the location of the fire with extinguishers in hand and wait for direction from the Fire Warden.
5. All other nursing staff report to their assigned Home Area Nursing Station. RPN or senior staff take control to develop a plan.
6. Staff are to close all windows and doors using vacancy strips on resident doors or pillows to indicate the room is vacant.
7. Depending on the location of the fire, ensure residents in the surrounding areas are evacuated behind fire doors. Start with those residents closest to the location of the fire.

8. Ensure a resident count is completed to ensure all residents have been moved out of the fire zone.
9. Staff in home areas need to monitor doors as maglocks do not work.
10. Wait for further direction from Charge Nurse or Fire Department- Code Green- Evacuation may be announced. Follow Code GREEN Procedures.
11. Visitors stay with the resident you are visiting and wait for further direction

Activity/Physiotherapy Staff- when implementing a program off the home area, conduct resident count and communicate to the RPN or senior staff on that home area. Stay with residents and remain calm until further direction. Ensure doors and windows are closed. When implementing a program in a home area, wait for direction from RPN or senior staff.

Laundry Staff ensure all doors and windows are closed in lower level, turn off sources of heat/equipment (dryers), ensure you are accounted for and monitor exits to monitor staff count. Communicate staff count to charge nurse.

All other staff report to **your area (Dietary, Housekeeping)**- ensure all doors and windows are closed, turn off sources of heat, ensure you are accounted for, report to the location of the fire with a fire extinguisher and wait for further direction.

CODE RED= Fire

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CODE WHITE = Violent Person or Hostage Situation

- Code White is used to signal that assistance is required due to another person behaving in a potentially dangerous manner towards himself or others. There can be a potential that this behaviour may escalate causing further risk and harm to others.

SCENARIO #1
- If a resident is expressing responsive behaviours (says "No" pushes staff away, hitting, kicking out) and there is no urgency, withdraw and re-approach in 10-15 minutes. Inform a Registered Staff member.

- Registered staff will **refer to the residents plan of care.**

- **If resident behaviour continues to escalate (potential danger to self or other), staff are to call a "CODE WHITE" three (3) times with location.**
- All available management staff and one staff member from each home area will respond to the location of the resident.

- The charge nurse will assign tasks to staff who respond. Tasks include:
    - Removing other residents in the area;
    - Removing objects that could be used as weapons from the area;
    - Removing visitors from the area;
    - Establishing a safe perimeter;
    - Reviewing the resident chart for orders or family/representative to contact;
    - Contacting the physician/NP, and/or contacting the family/representative;.

- Take measures to protect your own safety and the safety of those around you (ie. have residents leave the room, position yourself close to the door);

- Registered staff can use the following to de-escalate the situation:
    - Establish and maintain eye contact;
    - Talk in a slow gently reassuring voice; try to keep the resident talking;
    - Offer the resident tea or coffee or offer a snack;
    - Do not patronize the resident or talk in a degrading manner;
    - Ask simple questions of the resident;
    - Offer them a seat or the option of going back to bed;
    - Offer to call a relative or friend and let them talk with them

- If able to diffuse violent behaviors, stay with the resident, provide reassurance and assess contributing factors. Document strategies on the Resident Care Plan and Progress Notes Follow additional procedures/techniques as outlined in GPA training or Responsive Behaviours policy. Hold a multidisciplinary care conference.
- If unable to diffuse violent behaviours, call 911 for emergency response. Notify attending physician/NP, family/representative, DOC /Administrator.

SCENARIO #2
- **If the "Violent person" is a staff, visitor or family member - Announce "CODE WHITE" three (3) times with location, call 911, Nurse Manager on call and/or the Administrator.**

Team Member Specific:

- If able to diffuse violent behaviours, the team member will be sent home immediately pending the outcome of the investigation. Contact the Regional Manager for direction.
- If unable to diffuse violent behaviours, call 911 for emergency response and follow the direction of police. Notify, DOC /Administrator. The team member will not return to work pending the outcome of the investigation.
- Complete an employee incident report.

Family/Visitor Specific:

- Attempt to diffuse the situation by responding in a calm voice.
- Request assistance from Supervisor/Manager.
- If able to diffuse violent behaviours, report all proceedings to the Supervisor/Manager and if warranted the Supervisor/Manager will report the incident to Police. Management and Staff will cooperate with the Police and continue with the procedures that are appropriate to the situation.
- If unable to diffuse violent behaviours, call 911 for emergency response and follow the direction of the police. Notify, DOC /Administrator.

CODE WHITE = Violent Person or Hostage Situation

CODE YELLOW= Lost or Missing Person

- Once you suspect a lost or missing resident thoroughly search the entire home area, check LOA book, call hairdresser, notify charge nurse
- If the resident is not quickly located, the Charge Nurse or delegate will page "Code Yellow", (name of missing resident, home area and room number) - three (3) times and initiate a full internal search.
- The Emergency Response Administrator or designate will take out the Search Kit and use the "Code Yellow - Missing Resident Procedure - Checklist" as a guide. The Checklist is to be completed as the search proceeds.
- All staff on each floor will engage in a search of the environment.
- Designate staff to search assigned areas and report back to the Command Centre within 10 minutes.
- If a full floor by floor search cannot be conducted simultaneously, begin a search in the vicinity of the point the resident was last seen. Assign the search staff to various locations and instruct all staff to report back within 10 minutes.
- Post a team member at each unlocked exit to ensure the resident does not exit while conducting the search.

While Searching Inside the Home
- Allocated staff should begin searching at each end of the home area and search toward the middle of the hallway then continue onto the opposite end ensuring that each room has been searched twice. Stairwells will then be searched with the staff members entering the respective stairwells at the same time ensuring that the resident will not be missed.
- In each room look:
  - On/under/beside beds; In each bathroom; Behind privacy curtains; Closets; Behind doors; Shower stalls; Bathtubs; Scan room for any area that may hide a resident from view.
- All searchers should:
  - Work in pairs through the hallway to prevent the lost person moving into an already checked area;
  - Search an assigned area noting the time that they searched the area on their floor plan;
  - Remain silent except for essential conversation and listen for a person;
  - Listen for lost person who may be crying, singing, or quietly talking;
  - Be cognizant that the person may not respond to his/her name;
  - Look for clues (ie. lost clothing).

- The Emergency Response Administrator should assign additional available staff to search the outdoor perimeter of the home, common areas, staff rooms, public washrooms, kitchens, laundry and other non-resident areas.

While searching outside the home
- These searchers are to be provided with a cell phone.
- Use the home grounds map from the search kit that has been divided up into grids.
- Search each area of the grid thoroughly and systematically.
- Avoid multiple re-crossing on the grounds as this may contaminate a scent trace needed by police canine units.

IF THE RESIDENT IS NOT FOUND within 15 minutes of being noted as missing:
- The Emergency Response Administrator or designate will Call Police - 911 and provide the following information:
  - A description of the resident; a photograph of the resident; the time the resident was last seen; the clothing worn by the resident; the resident's general medical condition; the resident's ability for self care; where the resident previously lived; previous job history; friends in community.
- If required, use the fan out list to contact additional staff for support.
- Assigned staff will continue to systematically search the exterior of the home and local community.

- If Resident is found, the Charge Nurse will call "Code Yellow all clear" - three (3) times.

CODE YELLOW= Lost or Missing Person

13. Outbreak Management System

Purpose:

To provide an outbreak management system for managing and controlling infectious disease outbreaks in the home. This system will help prevent transmission of infection by promoting early identification and providing guidance to members of the interdisciplinary team for effective management of outbreaks. This includes surveillance and trending for any increase in the number of cases above the number normally occurring in the home over a defined period of time *or as provincially mandated*.

The outbreak management system shall provide direction to members of the health care team as to their responsibilities in managing and controlling an infectious outbreak in the home such as but not limited to, Health Care-Associated infections (HAI's), ARI's, Clostridioides difficile(C-diff) and Antibiotic-Resistant Organisms (ARO's). Routine practices along with Additional precautions will be implemented depending on the infectious disease. These categories include: Contact Precautions, *Contact/Droplet Precautions* and Airborne Precautions.

Homes will prepare for outbreaks utilizing applicable checklists based on community risk factors (eg. Checklist / Operational Outbreak Plan for COVID-19 / Outbreak Checklist).

In the event of a pandemic the Outbreak management system shall provide direction to follow the policies and pandemic protocols as set out in the pandemic plan

Procedure:

- In the event of a suspect or confirmed outbreak ,an Outbreak Management plan will be in place and will be implemented as expeditiously as possible to interrupt further transmission of the disease causing agent
- The Outbreak management team will convene and will consist of interdisciplinary team members appropriate to the home which may include but not limited to provincial Public Health agencies, Regional management, and Home office staff as required
- The team will review the line listings for residents and /or staff, floor maps and any other pertinent case details in order to determine the status and provide any necessary direction to the home.
- The team will refer to the applicable provincial guidance documents as applicable (e.g. Control of Respiratory Infection Outbreaks in LTCHs, 2018).
- In Collaboration with the local public health case definitions will be determined to classify exposed persons as cases or non-cases. A case definition can be developed on the data collected from case symptoms using simple clinical criteria;

the most common are identified on the home's Infection Prevention and Control Daily Surveillance audit/log.

- The DOC/ Co DOC/ IPAC Lead/ designate will initiate the Outbreak Management Checklist: Communication Plan or Checklist / *Operational Outbreak Plan for COVID-19/ outbreak checklist.*
- The Outbreak Management team has the authority to institute changes in practice or take other actions that are required to control the infectious outbreak such as resident and staff cohorting, staff exclusion if unvaccinated, tray service, modifications to group activities, admissions/transfers, change in staffing, etc.
- Arrangements for the collection and submissions of specimens will be made following provincial/regional protocols.
- Protocols regarding isolation requirements will be confirmed and acted upon in an expedited manner.
- Needs of members of the health care team including visitors and residents and their families will be addressed and met, *as evidenced through the audit process.*
- All necessary care and plans will be initiated and followed through.
- Any requirements for vaccinations will be reviewed and followed as per directed by local Public Health and organizational requirements
- In the event of a pandemic the Outbreak management team will follow all policies and protocols laid out in the pandemic plan and policies and associated ministry directives

14. Recovery

Purpose:

A Recovery Plan will be put in place at each location to ensure a smooth return to normal operations post-Emergency.

Procedure:

The Administrator or designate will:

- Ensure Recovery Plan is in place and includes contact information for:
    - Insurance;
    - Local Contractors and Disaster Cleanup Specialists who can be available on short notice;
    - Counseling Services;
    - Local Health Authority;

- Store (24-hours and after hours) contact information where designated in the emergency contact list as well as identify critical supplies, equipment, and key suppliers that are capable of supporting the Home as well as identifying restoration companies that can assist with the cleanup of the Home;

- Consider recovery in all aspects of planning, education, training, and exercises;

- Coordinate services and implement plans to maintain critical operations to ensure the continuity of those essential operations or to bring those systems back online;

- Consider recovery when developing standard operating procedures and integrate into the Home's emergency response framework, including strategies for both physical plant and counseling, financial and wellness assistance for team members, residents and other entities as required;

- Ensure the continuity of care provision in case the Home cannot be re-occupied or will be temporarily unavailable;

- Ensure adequate inventory/asset management tracking records are maintained;

- Catalogue, inventory and photographing all damage to the physical plant and inventory;

- Involve the Joint Health & Safety Committee in development of recovery strategies;

- Evaluate and update (as required) the location's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

15.   Analysis, Evaluation and Quality Improvement

Purpose:

Emergency plans will be evaluated annually (or more often if necessary) to determine if changes need to be made. Changes may result from things like new hazards, different risk assessments, changes to building infrastructure, changing community partners, feedback from other emergency plans enacted in the area, and the like. The purpose of the debrief and evaluation is to learn from the incident, identify changes and revisions to the plan and identify areas for improvement.

Procedure:

The Administrator or designate will:

- Ensure that after an emergency is declared over that the entities involved are provided an opportunity to participate in a debrief.

    ○ Ensure the debrief is completed using the Emergency Debrief Form

- Ensure the Resident Council and Family Council are updated with outcomes of debriefs and given an opportunity to provide further feedback;

- Ensure that the emergency plan is evaluated and updated within 30 days of being declared over, or annually should the plan not be activated;

- Ensure that if the evaluation reveals a need to update the emergency plan the Home consults with appropriate emergency service entities, and Residents' and Family Councils as part of the updating process;

- Ensure that records are maintained supporting the emergency code debriefs, emergency plan updates and the names of those who participated in those processes.