

EMERGENCY PLAN



LTC HOME LONG TERM CARE / ADULT DAY SERVICES

Region of Peel LTC EMERGENCY PLAN

INTRODUCTION

Introduction

List of Abbreviations

Lockdown, Shelter in Place, Hold and Secure

Civil Disorder: Unusual Occurrences, Protests and Strikes

BUSINESS CONTINUITY

Business Continuity Plan/Planning Activities

Staffing Plan

Transport Support Resources

Emergency 3-Day Menu

Food and Fluid During an Emergency

Medication During an Emergency

EMERGENCY CODES

Code **Blue**: Medical Emergency

Code **White**: Violent/Aggressive Situation

Code **Silver**: Active Attacker with Weapon

Code **Purple**: Hostage Situation

Code **Yellow**: Missing Resident/ADS Client + Sheridan Villa Info

Code **Black**: Bomb Threat/Suspicious Package

Code **Red**: Fire/Explosion

Code **Green**: Evacuation - Full Building

Code **Grey**: Systems Failure

Power Failure

Loss of Water Supply

Loss of Natural Gas

Loss of Telephone System

Loss of Public Address (PA) System

Loss of Computer Network

Loss of Elevator Service

Loss of Security System

Refrigerator/Freezer Failure

Roof Collapse

Code **Brown**: Hazardous Material Spill

Carbon Monoxide

Natural Gas Leak

Code **Orange**: Radiological/Biological/Chemical Attack

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Severe Storms
Hot Weather
Smog Advisory
Earthquakes
Leaks/Flooding

Peel LTC Pandemic Plans (*Under review)

Crisis Communication Plans

Consultation Tracking

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***Note: Full Emergency Plan Binders are Printed and available at each Peel Long Term Care Home. Please contact Administrator for full details.**

INTRODUCTION

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 an organizational as well as an individual responsibility. The Region of Peel Long Term Care has established the following emergency plans for staff to follow so that the effects of those emergencies can be minimized. The safety and security of staff, residents, clients and visitors is of primary importance.

The purpose of this emergency plan is to provide our employees at Peel Long Term Care Homes with the protocols and procedures for handling emergencies and disasters that may occur. Once you are familiar with this information, you will be better able to protect yourself and others.

In order to be better prepared before an emergency, you are responsible for:

- Reading and understanding the emergency protocols and procedures thoroughly
- Discussing these protocols and procedures at team meetings, and planning for any site-specific requirements
- Reporting any unsafe conditions or unusual activity to your supervisor
- Participating in all drills and training as required

During an emergency, our most important responsibility is to stay calm and to look out for each other during and after the event. Reducing barriers that impact physical and psychological well-being is a priority at the Region. We are all leaders in the work that we do, and we should all be leaders when it comes to safety.

The Plan 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.

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Types of Emergencies That Are Most Likely to Affect Peel Long Term Care Centres:

Many hazards threaten Peel Region every day. These hazards have the capacity to cause social disturbances, human casualties and physical destruction.

Regional Emergency Management (REM) using the Hazard Identification and Risk Assessment (**HIRA**) matrix and referenced in Region of Peel Emergency Plan identifies the most likely health-related emergencies requiring a response as:

1. Epidemic disease outbreak (e.g. Pandemic Influenza, SARS, etc.)
2. Major transportation accidents
3. Terrorism
4. Severe Weather (e.g. tornados, high winds, ice storm, drought, flood, heat wave)
5. Power grid/generator failure/communication failure (i.e. blackout)

Assumptions

1. The possibility exists that an emergency may occur at any time without warning.
2. In the event that an emergency exceeds the LTC centre's capabilities, external services and resources may be required.
3. The resources identified as being available through the Peel Region Emergency Plan will be available.

INCIDENT MANAGEMENT SYSTEM (IMS)

The IMS is the operational framework for emergency management in the LTC centres. When an emergency incident occurs, IMS is activated and the Plan 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 Commander (IC) is in charge of the entire IMS structure. This person is assisted by a group of specialists known as the Command Staff: 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 course is available through Regional Emergency Management. Health Emergency Management (HEM) can provide IMS training to staff (without provincial certificate).

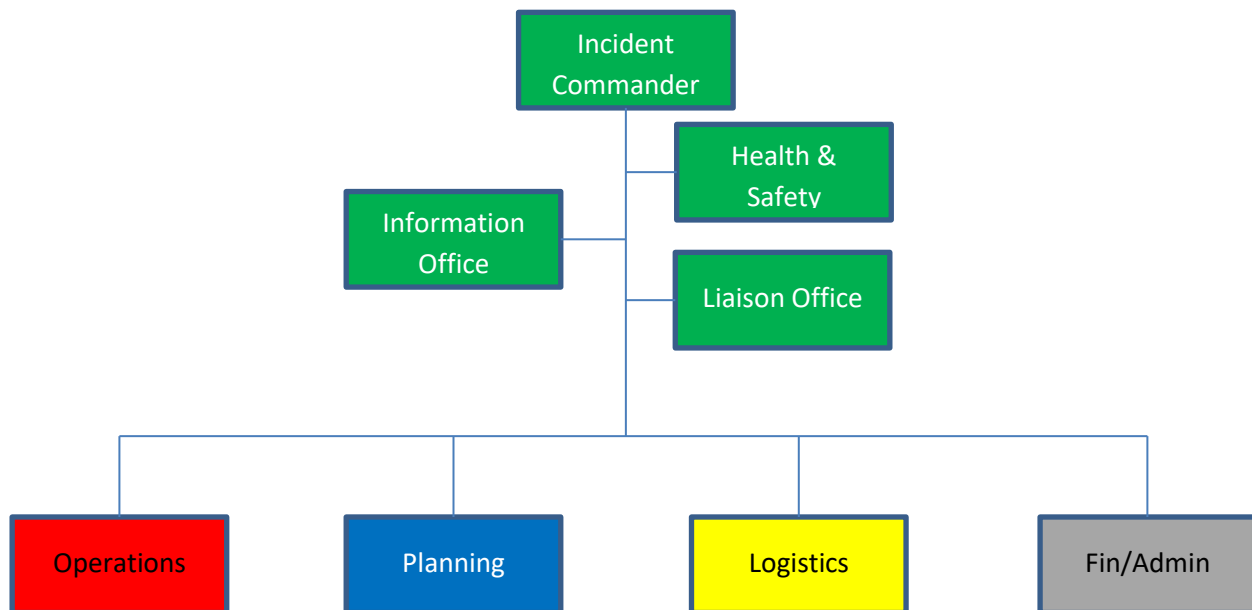
The five sections of the General Staff of the IMS are as follows: (**See Figure 1.1**)

1. Command Section: *overall command authority for all emergency operations*

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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*

Figure 1.1 IMS Structure:



Emergency Operations Centre (EOC) Activation

EOC activation will be determined by LTC Leadership, 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 Regional Emergency Response

Where an incident is limited in scope to one home and can be effectively responded to using the home's resources only, the response will be activated independently using the Plan to help as a guide to the response.

In situations where the incident overwhelms a home's response capacity, impacts more than one long term care home, or causes activation of the Long Term Care Divisional or the Regional IMS structure, the home's Emergency Operations Centre will assume a

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supporting role to the higher level emergency response groups (LEOC/REOC) activated in the Region. 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.

LEOC (LTC Divisional Emergency Operations Centre)

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

While the specific responsibilities are largely dependent on the needs of the event, LEOC can coordinate some or all of 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 LEOC 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 Regional Emergency Management (REM)

During an emergency the REM Duty Officer can be reached 24/7 at extension x4700. The role of REM during an emergency can vary depending on the nature of the emergency. Emergencies should be reported to REM for internal tracking purposes, but REM can also support the emergency response by providing some of the following functions, as required by the emergency:

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- 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

PRE INCIDENT PLANNING AND TRAINING

Pre-planning activities such as the development of the Emergency Plan, education and training of staff and volunteers, establishing emergency supplies, and maintenance of the Plan are activities designed to ensure staff know the approved emergency protocols.

The Director of Long Term Care and Home Administrators will work to maintain partnerships with the Ministry of Long Term Care, the Home and Community Care Support Agency, other Long Term Care homes, and other agencies that may support incidents.

Orientation and Education Sessions

The Region of Peel's LTC Centres engage in a variety of activities designed to teach, test and exercise the Emergency Plan knowledge of the staff and volunteers.

Emergency Plan orientation (including threats and hazards) and basic fire safety instruction is provided as follows:

1. Before commencement of duties for all staff and reviewed again annually or more often as needed. In the case of emergencies or exceptional and unforeseen circumstances only, it is acceptable for staff to receive the training within one week of the date the staff member begins performing their job.
2. All volunteers receive an orientation booklet that provides information on the centre's Emergency procedures.
3. All employees are expected to be aware of the Plan, identify where it can be found, and understand their individual and collective roles and responsibilities during an emergency situation.
4. All staff participate in e-learning modules on emergency codes and a mandatory education session regarding fire and emergency response on an annual basis.
5. Fire drills are conducted once per month (on each of 3 shifts) and require staff participation.
6. Significant changes to the Plan are shared with staff at annual mandatory In-Service or Team Meetings and reinforced in subsequent training.

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7. Service providers are informed in writing of their expectations in emergency response.
8. The Resident and Family Guide provided to residents and their families upon admission outlines the safety and security expectations and considerations required of residents and their families during a real or mock emergency event.

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 home and managed by the Centre Leadership Team (CLT) either collectively or individually, depending on the type of code. Refer to the Table of Contents where owners of the codes are listed.

Health Emergency Management (HEM) will maintain a schedule for each home's training exercises and recommend the most appropriate type of exercise.

HEM is available to facilitate/participate with exercises as requested and they 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 CLT. Tests and mock exercises are evaluated using the **Emergency Code Exercise Report**. Send completed exercise reports to HEM and upload online, as per instructions.

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PLAN ACTIVATION FOR REAL INCIDENTS

The LTC Home's Emergency Plan will be used, in part or entirety, at the discretion of the Incident Commander (IC) after receiving notification of an emergency incident. Only the IC has the authority to activate or deactivate the emergency response. Emergency Plans may also be activated in anticipation and preparation for a health-related emergency, or event. In most cases, the home's Administrator will be the Incident Commander. Others including members of the Centre's Leadership Team or the on-duty Nurse in Charge may often act as the Incident Commander during the immediate response and until the Administrator is on site and can assume this lead role.

Incident Evaluation and Follow-Up

Within 30 days, after each significant emergency incident, a debrief session, led by the IC, will be held to examine the response. This critical evaluation, that will help improve future responses, is formalized using an **Emergency Code Debrief Report**. All relevant staff, residents and other entities involved should participate in the debrief session.

The Incident Commander will send completed debrief reports to Health Emergency Management (HEM) and upload online, as per instructions.

Any corrective actions will be tracked by HEM throughout the year as debrief reports are provided.

RECOVERY PLANNING

The recovery plan establishes the responsibilities and resources necessary for the reinstatement of normal business operations. It is expected that 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 the LTC centre based on whether they are essential or non-essential.
2. Goods or services that must be delivered have been established.
3. Collaboration with principle vendors regarding their Business Continuity Plans (BCP) has occurred.

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4. Acceptable delivery levels and maximum period of time the service can be disrupted without severe impact upon the organization has been established.
5. Employee and Family Assistance Program (EFAP) is available to employees for crisis and supportive counselling as required.
6. Internal and external dependencies have been identified. External dependencies include such things as host sites, utilities, transportation and insurance providers. Internal dependencies include employee availability (see Emergency fan out list), 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 public in a timely fashion (see IMS role of Public Information Officer). If available during the Emergency event, the Director of Long Term Care 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 centre evacuees.
3. Connect employees with support and counselling services through EFAP.
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.

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EMERGENCY PLAN MAINTENANCE

The Long Term Care Director with each home's Administrator are accountable for having current Emergency Plans.

On-going Emergency Plan maintenance will be conducted to ensure the plan remains a useful tool for LTC management and staff.

Annual Review

Annual reviews are scheduled and facilitated by HEM and completed by designated staff per the Administrator and Centre Leadership Team.

Emergency Plan Updates

Changes to the Plan outside of the annual review may occur as a result of training exercises, emergency incidents, changes to the infrastructure or policy and procedure.

Change requests are sent to HEM for evaluation and impact to all homes. HEM makes changes to documents with support by the PIE team. Revised documents are provided to members of the CLT for review and approval. Some may be reviewed by the appropriate Peer Group.

Substantial changes will be presented for approval to the Departmental Leadership Team (DLT) as required.

Tracking Changes

HEM records changes on the **"Tracking of Revisions to the Emergency Plan"** template. They will, in collaboration with the PIE team, insert and/or remove obsolete information from the plan's physical and electronic documents.

Communicating Changes

The PIE team will communicate approved changes to the CLTs and the Business Offices. Revised documents will be shared by email with a summary of the changes. The Business Office will replace documents in the Emergency Plan binders.

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COMMUNICATIONS DURING AN EMERGENCY

Immediate and direct communications to those involved in an emergency are essential. Refer to the Crisis Communication Plan and Media Protocol.

During an emergency, you will receive communication from one or more of the following:

- Emergency Personnel
- Centre Leadership Team
- Your Supervisor or other Supervisors in your area
- Long-Term Care Emergency Operations Centre (LEOC)

Follow the direction of Emergency Personnel (Police, Fire, Paramedics) during an event.

Communication may be any combination of the following:

- Alarm system if you have to prepare to evacuate or begin to evacuate.
- By voice command, including Public Address (PA) system, megaphone or simple verbal directions.
- Broad communication via email approved by the Leadership Team.
- Other methods such as email or alerts on digital platforms.
- Cell phones.
- Red (analogue) emergency phones.
- Runner/courier.

Social Media

- Your safety is the highest priority.
- Do not take photos and/or post to social media during an emergency.
- Follow the directions provided by Emergency Personnel, or instructions through the communications methods listed above.
- Do not use social media as a guide unless from official sources.

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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.

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LIST OF ABBREVIATIONS

Acronym	Description
ADS	Adult Day Service
AHU	Air Handling Unit
AQI	Air Quality Index
BAS	Building Automation System
BCP	Business Continuity Plan
BLR	Boiler
BSO	Behavioural Support Ontario
CAO	Chief Administrative Office
CEMC	Community Emergency Management Coordinator
CIS	Critical Incident System
CLT	Centre Leadership Team
CO	Carbon Monoxide
CQI	Continuous Quality Improvement
CSS	Community Support Services (ADS)
DOC	Director of Care
EFAP	Employee and Family Assistance Program
eMAR	Electronic Medication Administration Record
EMS	Emergency Medical Services
EOC	Emergency Operations Centre
FACT	Filter and Coating Technology Inc.
FMC	Fire Monitoring of Canada
HIRA	Hazard Identification and Risk Assessment
HEM	Health Emergency Management
HVAC	Heating, Ventilation, Air Conditioning
IC	Incident Commander
IMS	Incident Management System
LHIN	Local Health Integration Network
LTC	Long Term Care
LTC CG	Long Term Care Control Group
MAR	Medication Administration Record
MLTC	Ministry of Long Term Care
MOE	Ministry of Environment
MSDS	Material Safety Data Sheets
NF	Nursing Forms
NOK	Next of Kin
OHS	Occupational Health and Safety
PA	Public Address
PCC	Point Click Care
PHCG	Peel Health Control Group
PIE	Practice, Innovation and Education
POC	Point of Care
PSN	Program Support Nurse
PSW	Personal Support Worker
RAI	Resident Assessment Instrument
REM	Regional Emergency Management
RHA	Resident Home Area
RN	Registered Nurse
RPN	Registered Practical Nurse
RTU	Roof Top Units
SARS	Severe Acute Respiratory Syndrome
SAO	Service Area Office of MOHLTC
SOC	Supervisor of Care

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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

*NOTE- The term Lockdown is generally associated with threats to schools however in certain circumstances it may be applied to Regional facilities.

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

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- 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:

- Contact Regional Emergency Management at 905-791-7800, x.4700 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 an 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 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

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Procedures for Administrator:

- Contact Regional Emergency Management at 905-791-7800x. 4700 and provide any details you can of the situation
 - 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 facility or in the neighbourhood and prevention measures need to be enacted to protect individual(s) within the facility.

Example- an armed individual in the surrounding area

*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 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:

- Contact Regional Emergency Management at 905-791-7800, x.4700 and provide any details you can of the situation
 - You may be provided with additional information including direction

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CIVIL DISORDER – UNUSUAL INCIDENTS, PROTESTS AND STRIKES

UNUSUAL INCIDENTS/OCCURRENCES

Indicator:

An unusual incident refers to any event or occurrence which significantly risks or poses a significant risk to residents, ADS clients, staff, or the physical plant.

Procedures for Nurse in Charge:

- Refer to appropriate section of the Emergency Manual if available - if relevant section does not exist - notify Administrator or designate.
- Ensure safety of residents and staff within the facility.

Procedures for Administrator:

Upon verifying an unusual incident / occurrence, the Administrator should:

- Notify Director of Long Term Care.
- If the incident has potential legal or insurance implications, contact the Risk Management Manager or if after-hours contact Claims Alert. If calling after hours, identify that you are calling from the Region of Peel.
- If the incident poses a risk to the safety of workers, immediately secure the scene of the incident (using caution tape, barricades, etc.) to preserve all evidence. This will allow for a thorough accident investigation to take place.
- For further assistance with incident/occurrence investigations, contact your Health and Safety Associate.
- If a Region of Peel employee or contractor working for the Region has received medical attention for a critical injury*(see definition below), call Regional Emergency Management at 905-791-7800 Ext. 4700.
- If illegal activity is involved (or suspected), contact Peel Regional Police **(9-1-1)**.
- Contact the appropriate provincial authorities depending on nature of incident.
- Contact the Ministry Compliance Emergency Line if the incident meets the criteria.
- Initiate investigation of incident.

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***Critical Injury:**

"Critically injured" means an injury of a serious nature that:

- Places life in jeopardy;
- Produces unconsciousness;
- Results in substantial loss of blood;
- Involves the fracture of a leg or arm but not finger or toe;
- Involves the amputation of a leg, arm, hand or foot, but not a finger or toe;
- Consists of burns to a major portion of the body; or
- Causes the loss of sight in an eye.

Incident / Occurrence Investigation:

An investigation must occur immediately after the occurrence. All investigations should be conducted in a calm manner and ensure a minimum of disruption to the residents and operation of the Centre.

The investigation shall include but not be limited to:

- A chronology leading up to and subsequent to the occurrence.
- Documented interviews with all staff that were involved or associated with the incident.
- Documented interviews with residents, ADS clients or visitors who may be in a position to assist with the investigation, if appropriate.
- In order to maintain accurate recall of events, all individuals associated with the investigation will be asked not to discuss the event with others prior to the conclusion of the investigation.
- Written, signed and dated statements of any staff, visitors, or residents who have been interviewed. These statements should include detailed information related to the occurrence. It is important that statements be completed as soon as possible.
- A visual inspection of the area in which the incident occurred, if safe to do so.
- A visual inspection and / or testing of any equipment which may be associated with the incident.
- A review of all policies, procedures, and administrative practices which are in place and have a bearing on the incident.

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- Verification by external professionals, if required, of the status of relevant equipment.
- Any other information which can assist the investigation.

Documentation:

Regional

- A preliminary status report will be completed by the Administrator within 24 hours of the occurrence and shall include a description of the situation as currently known, action taken to date, action to be taken and notation of any contacts external to the home. This report will be directed to the Director of Long Term Care and copied to the Commissioner. The report shall be updated as additional information becomes available. A final Risk Management Report (see CQI 14-3.2) will be submitted at the conclusion of the investigation.
- All individuals involved in the conducting of the investigation shall keep written notation of all interviews relevant to the investigation. These notations shall be given to the Administrator.

Provincial

- A completed Critical Incident System Report shall be submitted to the MLTC upon conclusion of the preliminary investigation.
- The Administrator will co-operate fully with any requests for additional information but shall advise the Director of such requests prior to forwarding any additional documentation to the provincial representative.

Other:

- Full co-operation will be provided by the Administrator in the sharing of information with other bodies who have legal jurisdiction to investigate the event (e.g. Police, Coroner, and Fire Marshall's office).
- A record of all information provided will be retained by the Administrator and updated in the regional status report.
- The Administrator will seek guidance from the Director relating to the sharing of information with external sources in accordance with relevant legislation (e.g. MFIPPA).

PROTESTS

Indicator:

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Put this at the end: A protest or demonstration is taking place on the property. LTC is usually notified in advance and these are usually planned.

Procedures for Administrator:

- Notify the police using the business number. (see Emergency Contact List). (Note: If the protest is already taking place and violence appears imminent, call 911). Request assistance to ensure safe delivery of all necessary goods.
- Ensure that all doors are locked, however nothing should be done that will inhibit evacuation from the building.
- Remove employees and residents and ADS clients away from ground floor windows if there is a possibility that the windows could be broken.
- Notify LTC Director.
- Complete MLTC Critical Incident System report when the situation is resolved.

Procedures for Nurse in Charge (Incident Commander):

- Do not release staff at shift change unless oncoming staff have all arrived and are able to assume their regular duties.
- Advise Administrator.

Procedures for All Staff:

- If you learn that a demonstration may occur around the building perimeter or on the grounds or parking areas connected to the building notify your supervisor. If they are not available notify the Nurse in Charge.
- If a demonstration is taking place when you arrive at the building, enter the building through staff entrance. If you are prevented from entering the building, go to a safe location and call your Supervisor.
- At no time do anything that will place you in confrontation with the demonstrators.
- If you are in the building when a demonstration occurs outside, remain in the building. Move residents and ADS clients away from ground floor windows to avoid being hurt by glass if the window is broken.

If you see any demonstrators or strangers in the building notify your Supervisor. Do not attempt to remove them yourselves.

STRIKES

Refer to the Business Continuity Plan

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Business Continuity Plans

VENDOR	SUMMARY OF BCP
Healthcare equipment Vendor	<ul style="list-style-type: none"> • Both a North American and International company with a great resource of trained personnel to support business and customer issues • Global manufacturing sites to support significant disruption in supply chain • Ability to transfer key business continuity activities to US operation in Illinois • Reductions in staff would be addressed by utilizing temp non-key position staff from national and/or international staff • Have a wealth of transport and courier contacts in GTA and Canada • Direct shipments could be arranged from manufacturing facilities in Canada and Europe. • Also maintain manual systems to accommodate invoice and shipping orders
Water treatment Vendor	<ul style="list-style-type: none"> • Alternate call centre established in case of emergency • Have 2 hot sites established (Mississauga and New Jersey) to organize or direct human resources from these locations • Have designed a plan to address customer service through a rotating shift schedule of essential staff • Have multiple warehouse and plant facilities in Canada and can support increased product demand • Have their own fleet as well as public courier arrangements to address delivery time of required products
Healthcare Vendor	<ul style="list-style-type: none"> • Maintains its own fleet of vehicles to ensure control of delivery to customers during emergency situations • All staff and management are cross trained on different operational functions to continue the chain of operations • Functions such as customer service, placing orders, managing stock levels can be performed from home • Day to day inventory levels of key products are kept at 2-month typical usage supply • Inventory levels of key products such as masks, gowns, hand sanitizer, surface wipes, eye goggles, probe covers would be boosted upon confirmation of any outbreak • Facilities with a confirmed outbreak will have no minimum order levels imposed and will be first priority for access to stock • Inventory can be moved from other warehouses if outbreak is isolated to one part of the country
Nursing Equipment Vendor	<ul style="list-style-type: none"> • Have established Pandemic coordinators • Have 2 disparate data links to their disaster recovery site in downtown Toronto • All sales reps have laptops and have been trained to enter orders and trace shipments • Maintains 4 other locations in Canada that are used as warehouses and available to process orders; back up in US • Uses own trucks for distribution as well as common carriers • Strategic personnel are equipped with remote system access and have been cross trained in other job functions

Region of Peel LTC EMERGENCY PLAN

VENDOR	SUMMARY OF BCP
Medication Vendor	<ul style="list-style-type: none"> • Will use existing network of 41 pharmacies across the province to assist in meeting the needs during an emergency or disaster • Pharmacy staff are crossed trained to allow staff to be directed towards the greatest need • All licenced (Part A pharmacists) working in long-term care can be relocated to assist in medical distribution • Employs its own IT team and has resources on hand to maintain its pharmacy dispensing application. Outside support and resources are available if needed • Company owned generators are available for pharmacy use in the event of a power loss • Pharmacies are equipped with security monitoring systems as well as safes for storage of antiviral medication and other high-security risk drugs • Vehicles used for delivery and fleet vehicles are unmarked • Included in the Policy and Procedures manual are detailed instructions related to Pharmacy emergency preparedness/response activities. These activities include directive regarding: <ul style="list-style-type: none"> • Contacts, staffing, electrical power down, use of generators, telephone lines down, pharmacy computer down, adjudication/communication problems, medications/supplies unavailable or in short supply, delivery/transportation problems, credit cards/cash register down, water supply down, pharmacy closed • Includes a special section on antiviral and vaccine distribution and administration • Influenza Outbreak information in our pharmacies which includes information on responding to seasonal influenza outbreaks • Dispensaries are stocked with Tamiflu year around for influenza outbreaks • Protocols are in place to allow pharmacists to continue dispensing ongoing orders of medication in a situation without access to a physician • On a case-by-case basis resident's profile is reviewed by the pharmacist to safely eliminate the supply and or administration of non-critical meds at some point during a pandemic • In the event of a widespread disaster, emergency situation or pandemic Medical Pharmacies will work with the government, public health and other organizations to collate, document and distribute needed medications as required
DIAGNOSTIC IMAGING Vendor	<ul style="list-style-type: none"> • STL is a member of the Independent Diagnostic Clinics Association (IDCA) which is a member of the Ontario Health Plan for an Influenza Pandemic (OHPIP) communications team • IDCA is a direct conduit for MOHLTC notifications and updates and will provide advice so that effective patient care may continue • Essential communication bulletins from STL will be faxed or emailed

Region of Peel LTC EMERGENCY PLAN

	<p>to inform clients of service restrictions</p> <ul style="list-style-type: none">• Management will be available 24 hrs per day Re: staffing – all requests for time off and vacation will be cancelled; relief and part time staff will also be called into work• All imaging requests will be triaged and priority given to patients with symptoms related to the outbreak as well as acute medical problems• STL will offer extended imaging hours to provide optimum service• STL provides an on site flu clinic for staff and mask fit testing; will provide proof of vaccination upon request• All imaging equipment undergoes mandatory cleaning with anti-septic cleanser at the end of each day and after any patient presenting with FRI. During a pandemic, staff will be required to clean all equipment after each patient• STL will adhere to MOH directives on infectious diseases for any personnel entering facilities during a pandemic
Food and Beverage Vendor	<ul style="list-style-type: none">• Has created a continuity plan template to use in planning for an emergency.• They are committed to communicating as much information as possible to their customers as they formulate the detailed contents of the plan• An integrated approach between grocery and foodservice distributors is being mapped to ensure a continuous flow of goods• Linked to key government agencies through their business association with the Canadian Council of Grocery Distributors who will orchestrate the allocation of resources to the area's most in need during the crisis• They are seeking essential service status for the food industry during an emergency. The association has asked for priority in receiving electricity for refrigerators and freezers, diesel fuel for trucks and having shipping and receiving staff designated as essential workers• Proactively working on a 3 day emergency menu for customers which will consist of regular and pureed texture choices as well as a wide variety of convenience and shelf stable products

LOSS OF STAFF CONTINGENCY PLAN

GENERAL

This plan provides a general guideline for actions that are required in order to ensure the well being and safety of the residents, visitors and staff who are present in the centre during a strike situation. The strike plan outlines the minimum standards of service. It is understood that these minimum standards will be augmented as staffing levels permit.

This plan would be implemented in the event that 20 or more of a LTC homes staff could not show up to work.

Staffing Plan:

Region of Peel LTC EMERGENCY PLAN

- Twelve hour shifts would be implemented (7:00am to 7:00pm & 7:00pm to 7:00am)
- 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 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 Supervisor of Adult Day and Community Services 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 ADS programs, existing staff will be redeployed to the long term care operations.

Emergency Fan-out/Call-in for Resources:

In an emergency situation, staff on-site may require additional assistance in dealing with arising issues. In order 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/Designate who will activate the procedure.

The Emergency Fan-out/Call-in procedure is designed to minimize the amount of phone calls any one person has to make.

For the purpose of confidentiality, the actual Fan-out/Call-in list will not be provided in this manual.

Supervisors will carry updated Fan-out/Call-in lists in case of emergency.

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

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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.

It would be the decision of the “designated contact” as to how much of the Emergency Fan-out/Call-in is completed - determined by the type of emergency, and it will also be their decision as to the types of skills required.

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

An emergency event causing an interruption in service at the centre must be reported to Home and Community Care Services and the MLTC. Please refer to the list of Emergency Numbers for contact information.

Communication:

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

- The Administrator/Designate will be responsible to ensure the communication plan is implemented
- The Centre 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 workroom in the front office
- Families of residents will be called and advised of the strike action once the staffing plan has been fully implemented
- Volunteers will be called once the staffing plan has been fully implemented
- The Administrator/Designate is responsible for communication to the Director of Long Term Care. A status report will be provided on a daily basis
- All media calls will be referred to the Director of Long Term Care
- All members of the Centre Leadership Team will leave their cell phones on when in the building
- The RN 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.

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Contracted Services/Suppliers:

The following services/suppliers will be called to determine their ability to deliver supplies/services:

- Pharmacy
- Laboratory
- Respiratory
- Diagnostic Imaging
- Food Supplier
- Physiotherapy
- Other Contracted Activation Staff
- Hair Care
- Spiritual

Security:

Arrangements will be made with a security firm to provide security. The service will assist staff as they report to and leave work. Internal security will also be provided if deemed necessary.

OPERATIONAL STANDARDS

Resident Care:

At minimum, basic care will be provided. This includes:

- Registered staff assessments and documentation
- Registered staff will assess resident for staffing assignment and care
- Medication administration/treatment
- Essential bathing
- Basic personal care
- Clothes and bedding will be changed only as needed

Additional care will be provided as staffing levels permit (Example - routine bathing)

Region of Peel LTC EMERGENCY PLAN

Meal Service:

- All meals will be served in the dining room
- The majority of meals will be “ready to serve”. The supervisor of Dietary Services will implement a 3 day emergency menu to reflect this change.
- Disposable dishes and cutlery will be used whenever possible
- All staff working on the floor will assist with meal service

Activation and Community Services (ADS):

- Activation and Physiotherapy services will continue when it is possible to exceed the minimum staffing guidelines
- The Adult Day Service will be re-evaluated
- The spiritual program will continue whenever possible

Housekeeping:

- Housekeeping services will be reduced to essential services only
- All staff are responsible to mop up spills

Laundry Service:

- It is anticipated that there will be a reduction in the volume of laundry as staff will be instructed to change clothing and bedding only as necessary
- A linen service may be invoked as necessary

Administrative Services:

- The office will be open from 7:00am to 7:00pm
- The scheduler will assume responsibility for all schedules
- A receptionist will be present during office hours
- Payroll functions will continue

Region of Peel LTC EMERGENCY PLAN

Maintenance:

- Maintenance services will continue for essential services and safety issues only. This includes routine p.m. programs
- Calls will be made to external contractors when needed and arrangements will be made for escort in and out of the building.

Infection Prevention and Control:

- A 15 day minimum supply of personal protective equipment (eg. masks, gloves, gowns, face shields) and infection prevention and control supplies (eg. hand sanitizer, disinfecting wipes and cleaners) is kept on site
- A 90 day minimum supply of the above is maintained at the Regional Emergency Operations Centre (REOC) as the logistics supplies hub for the Region of Peel
- Inventory rotation processes include that shelves are stocked with first to expire items for use

Other Considerations:

- If an external strike is prolonged it will be necessary to up the P-Card limits for appropriate staff
- Where possible, consideration should be given to looking at the Region of Peel staff resources to supplement this plan
- Additional planning will be necessary when a strike impacts staff and resources that are external to the centre (Example - hospitals, ambulances, unwillingness of suppliers to cross a picket line, etc.)

Region of Peel LTC EMERGENCY PLAN

Region of Peel Business Continuity Planning Long Term Care Division Processes and Activities

Food Services:

- ◇ Meal preparation and service
- ✓ Meal Planning
- Materials supply and management

Resident Care:

- ◇ Personal care, medication and treatment
- Care equipment, mobility equipment
- ◇ Call Bells
- Care communication between workers
- Assessment of care needs
- ✓ Care Planning
- Charts and medical records
- ◇ Security for wanderers
- ◇ Family support and health professional communication
- Materials supply and management
- Cadaver storage/removal

Facility Support Services:

- ◇ Basic shelter
- ◇ Water
- ◇ Laundry and Linen
- ◇ Security including Fire Detection
- Cleaning
- Materials supply and management
- ◇ Internal transportation of people and goods
- ◇ External access and maintenance
- Repair (emergency and predictive) of equipment and base building

- ◇ Critical – Immediate
- Essential – within 4 hours
- ✓ Necessary – within 5 days
- Required – within 2-3 weeks

Administration:

- Personnel management
- Resident finance and billing
- Applications processing
- ✓ Materials supply and management
- ✓ Bed filling
- ◇ Communications systems including telephone

Activation:

- ✓ Resident programs
- Program Planning
- ✓ Volunteer services
- Community relations
- Auxiliary relations

Meals on Wheels

- ◇ Meal delivery
- Program office operations

Adult Day Program:

- ◇ Client programming
- Planning and support for programs
- Family support/communication
- Materials supply and management

Environmental:

- ◇ Health and Safety
- ◇ Infection Control

Corporate Dependencies:

- ◇ Public Relations
- IT tools
- Payrolls
- ✓ HR
- ✓ Purchasing
- ◇ Telephones

Region of Peel LTC EMERGENCY PLAN

TRANSPORT SUPPORT RESOURCES

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

1. Peel Regional Paramedic Services through Central Ambulance Communication Centre **(9-1-1)**
2. Region of Peel Accessible Transportation (TransHelp)
3. Municipal transit authority through the respective municipal Community Emergency Management Coordinator.
4. Region of Peel, Manager of Regional Emergency Management, x.4700

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.

1. Peel Regional Paramedic Services (PRPS):

- Works in conjunction with Central Ambulance Communications Centre regarding the transport of residents to surrounding hospitals (if required).
- Determines the best mode of transport (EMS, Private Transfer Services, Transhelp/Wheel Trans, Public Transit or other means) for residents based on their general health and presenting conditions, along with the status of emergency calls within the Region.
- As required, PRPS Management staff will request additional Ambulances, Paramedics and Support vehicles and equipment be sent to the scene to assist with the evacuation. This may also include resources from outside the Region of Peel.
- Transport non-ambulatory residents requiring medical care.
- May request the assistance of the Toronto EMS Ambulance bus(es) and services/resources as per Mutual Aid procedures or Peel TransHelp.

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2. Peel TransHelp:

- Transports non-ambulatory residents requiring minimal medical assistance. A nurse from the centre may travel with the residents.
- A maximum of 4 wheelchairs per TransHelp vehicle will be accommodated.
- Total number of vehicles available will be dependent on the amount of Operators we are able to contact and call in.

Contact during office hours:

Manager

Dispatch

Contact after-hours:

Contact the Region of Peel after hours dispatch, and ask for the TransHelp Manager or Supervisor on call **905 791-7800**.

TransHelp Bus Operating Hours:

(Only taxi service available outside these hours unless Emergency is declared in which case 'After Hours' protocol will be initiated.)

Monday to Friday	5:00 to 20:00
Saturday	9:00 to 18:30
Sunday	9:00 to 18:30

3. Municipal Transit:

The Incident Commander or Designate will contact one or all of the Municipal Emergency Management Coordinators in Brampton, Mississauga and/or Caledon.

- Transports non-ambulatory residents requiring minimal and/or no medical assistance. A nurse from the centre may travel with the residents.
- Transports ambulatory residents
- May provide buses to be utilized as a short term shelter, if required.
- May be contacted 24/7 by calling fire dispatch 905-456-5700.

Region of Peel LTC EMERGENCY PLAN

Emergency 3-Day Menu

Available at LTC home. Please contact Administrator for details.

Goal: "To mitigate any risk of acute decline related to energy and fluid intake"

Note: Available for all meals - Instant coffee/tea, Coffee Mate, sugar, powdered or UHT milk, nutritional supplements, fresh fruit, ginger ale and diet ginger ale.

Menu is created with the intention that a generator will provide up to 72 hrs of electrical power for small appliance (RoboCoupe Blender)

As per Act LTC4-05.14.07, the nature of emergency will determine the extent of adaptation that will be necessary.

If power, gas and water are unavailable, items will be heated on BBQ's, portable Burners and propane outside the building (If available). Potable water will be used to prepare all soups, crystals and milk. Disposable serving items will be used.

Use in stock supply of desserts as available and appropriate. Ensure Plus is to be used for all puree diets if there is no electricity to puree foods.

Portion sizes are all the same as regular diet during emergency. Serve extra water and/or reconstituted skim milk powder if available.

All beverages served as 250 mL to ensure adequate fluid intake of 1500mL per day, excluding supplement beverages.

Where an entrée is not available, provide a substitute of 235 mL Ensure Plus or 250 mL Carnation Instant Breakfast.

For Therapeutics Spreadsheets, Recipes and Sysco Order Codes - please refer to "3 Day Emergency Menu" binder located in dietary department

Region of Peel LTC EMERGENCY PLAN

Food and Fluid During an Emergency

During an emergency the Region of Peel has developed plans with partners to ensure a regular and healthy diet is always provided to our residents and clients.

- Our LTC Homes 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 Long Term Care home.
- 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 LTC Homes 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, Peel Long Term Care Staff can access emergency pharmacy assistance through the vendor Pharmacies.

A summary of the services provided by CareRx:

- Will use existing network of 41 pharmacies across the province to assist in meeting the needs during an emergency or disaster
- Pharmacy staff are crossed trained to allow staff to be directed towards the greatest need
- All licenced (Part A pharmacists) working in long-term care can be relocated to assist in medical distribution
- Employs its own IT team and has resources on hand to maintain its pharmacy dispensing application. Outside support and resources are available if needed
- Company owned generators are available for pharmacy use in the event of a power loss
- Pharmacies are equipped with security monitoring systems as well as safes for storage of antiviral medication and other high-security risk drugs
- Includes a special section on antiviral and vaccine distribution and administration
- Protocols are in place to allow pharmacists to continue dispensing ongoing orders of medication in a situation without access to a physician
- In the event of a widespread disaster, emergency situation or pandemic CareRx will work with the government, public health and other organizations to collate, document and distribute needed medications as required

Region of Peel LTC EMERGENCY PLAN

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.

1. Initiating Code BLUE

Procedures for Staff:

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

- Yell out "Code **BLUE**, call **9-1-1**" and pull nearest call bell.
- Stay with the resident/person and initiate CPR (if trained and within Resident plan of care.
- If no immediate response to call bell, go to hallway, yell again "Code **BLUE**, room #, --"**9-1-1**"



Procedures for RNs/RPNs:

- Confirm Code Status for resident or ADS client.
- Upon arrival with the Code **BLUE** Cart/Kit and AED, Resident Home Area RN/RPN 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:
 - **Call 9-1-1**, explain the emergency and the location including floor # and room location.
 - 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.

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2. Clearing of Code BLUE

Procedures for Nurse in Charge / ADS Supervisor:

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

Note:

Protected Code Blue protocol must be followed during an outbreak or pandemic/when Resident is on droplet/airborne additional precautions. A N95 mask, Level 4 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.

Related Policies:

- LTC9-05.02.01 CPR and AED

Responsible:

- For availability and proper stock in the Blue Carts/Kits:
 - The Director of Care (DOC) for the home.
 - The ADS Supervisor for the ADS program.

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CODE WHITE

VIOLENT OR AGGRESSIVE SITUATION

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.

1. RESIDENT/ADS 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'.
- Staff near the area must respond quickly and apply interventions.
- Notify the Nurse in Charge (Incident Commander).



During Incident: Nurse in Charge (Incident Commander)

- Announce 'Code White - location' using paging system.
- 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 9-1-1 if situation cannot be controlled.
- Announce 'Code White - All Clear' when the situation is under control.



After Incident: Follow-up

- Support and reassure others, including offer of EFAP.
- Notify the Home Administrator.
- Notify the Substitute Decision Maker.
- Notify the physician.
- Conduct a violence risk re-assessment 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 (eg. changes to treatment).
- Hold a debrief session and complete an Emergency Code Debrief Report.
- Complete a MLTC Critical Incident System report (if applicable).
- Supervisor to complete a RAIDR report if required for affected staff
- If injury to a non-resident, or there is damage to property, report by email to ZZG-Loss Management .

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2. **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*'.
- Staff near the area must respond quickly (includes Night Security Guards where they exist).
- Notify the Nurse in Charge (Incident Commander).



During Incident: Nurse in Charge (Incident Commander)

The Nurse in Charge is supported by night security guards where they exist.

- Announce 'Code White - *location*' using paging system.
- Respond to the scene and assess.
- 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 9-1-1.
- Announce 'Code White - All Clear' when the situation is under control.
-



After Incident: Follow-up

- Support and reassure others, including offer of EFAP.
- Hold a debrief session and complete an Emergency Code Debrief Report.
- Supervisor to complete a RAIDR report if required for affected staff.
- If injury to a non-resident, or there is damage to property, report by email to ZZG-Loss Management.

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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 and Regional Emergency Management at x.4700.

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.

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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.

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 9-1-1**. Follow run, hide or fight protocols if possible.
- Notify the Nurse in Charge or ADS Supervisor if it is safe to do so. They become the Incident Commander and will work with the Police once they are on-site.
- Police are the primary responders and will assume control in any code Silver response. Follow the instructions of Police, Incident Commander and management.
- Prevent anyone new from entering the building (unless Police).

Run - if there is an 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 Commander know if there are other people in the area you escaped from.

OR

Hide - if escape is not possible, find a place to hide.

- If possible, secure the room you are in by either locking or barricading the door using available material
- Otherwise go to a room that can be locked or barricaded by using available material
- Close the window blinds, turn off the lights and get everyone down on the floor so that no one is visible from outside the room
- If you cannot secure the room, determine if there is a nearby location that you are able to reach safely and then secure, or if you can, safely exit the building

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- Remain extremely quiet, put phone on silent; if you're on the line with 911 speak only if it's safe to do so. If it is not safe, leave the line open so the dispatcher can hear what is taking place
- Spread out and seek concealment behind walls, desks, file cabinets, etc.
- Remain in place until Police give the "All Clear"
- DO NOT respond to any other commands or requests

OR

Fight - as a last resort, if confronted by the attacker, the decision to fight can only be made by you.

- Improvise weapons using anything nearby
- Try to distract and incapacitate the attacker
- Attempt to stop the threat by any means possible
- Leave your belongings behind
- Help others escape if possible
- Prevent others from entering into danger

PROCEDURES FOR NURSE IN CHARGE/ADS SUPERVISOR (INCIDENT COMMANDER):

- Remain calm.
- Announce "Code **SILVER**, *location*, everyone stay 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".

When the situation is resolved, and the person with the weapon is a resident, the Incident Commander will lead the following procedures:

- Support and reassure others, including offer of EFAP.
- Notify the DOC/SOC/Home Administrator.

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- Notify the Substitute Decision Maker.
- Notify the physician.
- Conduct a Violence Risk Assessment.
- Update the Plan of Care in PCC as needed.
- Complete a Risk Management Report in PCC.
- Implement follow-up actions (eg. changes to treatment).
- Notify the Health & Safety Associate if staff involved.
- Notify Regional Emergency Management at 905-791-7800, x.4700 if there is a critical injury.
- Notify the Union if staff are involved.
- Supervisor to complete a RAIDR report if required for affected staff.
- Complete a MLTC Critical Incident System report.
- If injury to a non-resident, or there is damage to property, report by email to ZZG-Loss Management.
- Hold a debrief and complete the Emergency Code Debrief Report.

Note:

If Police advise to Shelter in Place, Hold and Secure or Lockdown, see related procedures.

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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.

Procedures for All Staff:

- Any staff member initiating a Code Purple must immediately **call 9-1-1** and report a hostage situation.
- Notify the Nurse in Charge or ADS Supervisor. One of these will become the Incident Commander.
- 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 Commander.



Procedures for the Nurse in Charge/ADS Supervisor (Incident Commander):

- Announce "Code **PURPLE**, location, everyone stay where you are and wait for further direction".
- Establish a Command Centre.
- Ensure the safety of others in the immediate area.
- Notify the Administrator.
- Notify Regional Emergency Management at 905-791-7800 x 4700.
- 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".
- Hold a debrief session and complete an Emergency Code Debrief Report.
- Administrator/designate to complete a MLTC Critical Incident System report if a resident is involved.
- Administrator/designate to complete Incident Report (RAIDR) if staff are involved.
- Administrator/designate communicates with appropriate stakeholders (e.g. Residents, families, staff, unions, etc.).

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If You Are Taken Hostage:

- Do what the hostage taker tells you. They may have a weapon and are in charge at this point.
- Pay close attention to the demeanor of the captor(s). They may be emotionally unbalanced. Be cautious about doing anything that may endanger you.
- Try not to speak to the hostage taker unless spoken to and then only when necessary. Don't talk down to the captor who may be in an agitated state. Avoid appearing hostile.
- Do NOT show too much emotion. Excessive displays of emotion such as anger or crying can upset the hostage taker.
- Sit down, if possible. You will appear less threatening in this position.
- Act relaxed. This can assist in defusing tension. Avoid arguments.
- Weigh any chances of escape very carefully. In this highly stressful situation, you may not be as well coordinated as normal.
- Have faith in the Police. They will be negotiating carefully for your safe release.
- Face your captor - eye to eye. Don't stare but try to maintain eye contact - it is harder to hurt someone who is facing you.
- Be patient. Time is usually on your side. Avoid any drastic action that may upset the hostage taker.
- Be observant. You may be released or escape. The personal safety of others may depend on your memory when you are asked questions by the authorities.
- Attempt to establish rapport with the hostage taker. If medications, first aid or restroom privileges are needed by anyone, say so. The hostage taker, in all probability, does not want to harm you.

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CODE YELLOW

MISSING PERSON

Indicator:

A resident or ADS client is unaccounted for.

INITIAL PROCEDURE: RN/RPN/STAFF ON THE RHA/AREA OF MISSING RESIDENT/ADS CLIENT

- Check sign-out binder.
- Check Wander Guard System (if applicable). Have one staff member stay at point of alarm.
- Check with nursing stations/ADS staff if absence is sanctioned, or person is late returning.
- Check if Resident/ADS client was attending an organized outdoor activity
- Check with other staff if they are aware of the person's location/when last seen.
- Discreetly question residents/ADS clients who are known or believed to be:
 - Associated with the missing person
 - In the immediate area where the missing person was last seen
 - At or near exits where the missing person was last seen
- If the situation remains unsolved, notify the Nurse in Charge/ADS Supervisor

PROCEDURES FOR NURSE IN CHARGE/ADS SUPERVISOR (INCIDENT COMMANDER):

- Announce "Code **YELLOW**" with resident's preferred first and last name and 'All staff report to the closest nursing station'. Repeat 3 times.
- Wear the orange vest.
- Establish a Search Command Centre and coordinate the response from here.
- Provide a photo and description of person including clothing or other identifiers to staff conducting the search
- Coordinate staff to conduct searches of the interior and exterior.
- Ensure cell phone #'s/method of contacting each other are shared.
- Provide keys to searchers for locked areas.

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- Advise Facility Supervisor to check camera (CCTV) footage where applicable.
- If an alarm sounds at an exit door, an external search should commence immediately.
- Ensure RNs/RPNs/ADS Supervisor review resident/client file for pertinent info (e.g. possible destinations, level of ability to care for self, medical concerns, responsive behaviours...).
- Contact Power of Attorney/Substitute Decision Maker to notify of the situation and determine additional relevant information for the search.
- Have a designated person call locations in the area.
- Maintain floor maps of the facility, noting areas that have been checked and cleared.

- If resident is not located after complete search of all internal and immediate external areas, notify:
 - o Administrator (or designate)
 - o Police (9-1-1)
 - o Adjacent community buildings such as stores, services, community centres – e.g. calling security at these neighbouring areas

PROCEDURES FOR RNs/RPNs ON EACH UNIT:

- Upon hearing Code **YELLOW**, unit lead will wear a green vest.
- Guide staff with the search of all rooms and areas on the unit. Provide area checklists.
- Keep the Incident Commander informed.

PROCEDURES FOR ALL STAFF:

- Upon hearing Code **YELLOW**, quickly report to the closest Nursing Station for further instructions by RNs/RPNs.
- Follow instructions for searching.
- If person is found, bring them to the RN/RPN. If unable, call or send someone to get assistance.

Internal Search Guidelines:

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- Searchers should conduct a room by room search in their designated locations (Floor, RHA, common spaces).
- When searching resident rooms, be sure to check
 - Under beds
 - In closets
 - In bathrooms
 - Behind screens/partitions
- When searching locked rooms, check all areas. Relock door.
- Use fire tags to indicate a room was searched and is clear.
- Searchers are to report the status of their area check to the Command Centre immediately upon locating the resident or completing search of their area.

External Search Guidelines:

- Staff should not search using vehicles and it should be contained to the property. Police will use vehicles.
- Use flashlights when dark outside and consider the weather.
- External searchers should provide the RNs/RPNs with cell phone numbers to ensure they can be contacted when the resident is found.
- Searchers should conduct an organized search of their assigned locations. Be sure to check:
 - Behind cars
 - Behind bushes
 - For footprints in winter
- Searchers are to report the status of their area check to the Command Centre immediately upon locating the resident or after completing their search.

Resident Located:

- Advise the Command Centre of status.
- Return the resident to their room.

Follow-up Procedure for Nurse in Charge (Incident Commander):

- Announce "Code **YELLOW**- All Clear". Repeat 3 times.
- Ensure a complete a full head to toe assessment is completed by an RN/RPN on the Resident/ADS client and determine any need for further assessment and medical attention, and if required inform attending physician. Provide emotional support.

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- If Police and POA/SDM have been contacted, call with follow-up.
- Make a note of location where resident was found and possible destination in the resident's care plan under RISK to assist in any future wandering episodes.
- Assess preventative measures:
 - Wandering registry
 - Roam Alert Guard
- Complete MLTC Critical Incident System report if the resident was missing for more than 3 hours or less than 3 hours with injury.
- Document the incident and time of each intervention until person is found - upload to the Risk Management Portal on PCC in the resident/ADS client's chart.
- Debrief with staff and complete an Emergency Code Debrief Report.
- Obtain all code **YELLOW** equipment from staff and response agencies: resident photos, flashlights, keys, devices and vests and then return to original locations.

Refer to supplementary home specific information (e.g. maps/area checklists).

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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.

Condensed Emergency Response Procedures:

- Call 9-1-1** and follow direction from emergency responders.
- Announce Code **BLACK**.
- Search the building for suspicious packages.
- If a suspicious package is found, do not touch it.

If the bomb threat is by phone:

- Be calm and courteous to the caller - do not interrupt the caller - keep the caller on the line as long as possible.
- 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).
- Obtain as much information using the **Bomb Threat Checklist**.
- After the call, notify and provide the Report to the Nurse in Charge.

If the bomb threat is by email:

- Notify the Nurse in Charge immediately to initiate the procedures below.

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Call 9-1-1** and report a bomb threat or suspicious package.
- Announce "Code **BLACK**".
- Notify the Administrator.
- Contact Regional Emergency Management at 905-791-7800, x 4700
- If a bomb threat:
 - o Coordinate search for a suspicious package with RNs/RPNs and staff to search all areas in and around the building
- If a suspicious package was found, attempt to establish ownership.

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- Coordinate emergency response with Police/Bomb Squad and Fire Department as they will lead the situation and provide direction.
- If evacuation is required, refer to Code Green - Evacuation - If it is decided that an evacuation is necessary, it should not be initiated until the evacuation route has been searched and confirmed to be safe.
- When the threat is resolved, announce "Code **BLACK** - All Clear". Repeat 3 times.
- Complete MLTC Critical Incident System report when the situation is resolved.

PROCEDURES FOR ALL STAFF:

- Upon hearing Code **BLACK** announced, quickly but thoroughly check the area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas readily accessible to the public. Pay attention to areas where an item may be hidden such as garbage bins and planters.
- Keep your ears open to any unusual sounds e.g. ticking.
- If you find a suspicious package or something out of the ordinary, notify the Nurse in Charge immediately.

DO NOT TOUCH THE PACKAGE!

If package is touched:

- Wash your hands with soap and water.
- 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.
- List all people who may have been in contact or close proximity to the suspicious package/device and provide this list to the appropriate authorities.
- If necessary, seek medical assistance as soon as possible.
- Clear the immediate area where the package was discovered.

General Information:

The normal occupants of the building can make the most effective and fastest search of a building, as they are the ones who will know if a box, briefcase, etc. belongs.

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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**

1. Your name and location: _____

2. Date & time of call: _____

3. Number the call was received at: _____

4. Exact wording of the threat: _____

5. When is the bomb going to explode?

6. Where is the bomb located? _____

7. What kind of bomb is it? _____

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8. What will cause it to explode? _____

9. Did the caller place the bomb? YES / NO

Why? _____

10. What is the caller's name? _____

11. What is the caller's address? _____

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

13. Language Spoken: _____

14. Assumed gender of caller: _____

15. Approximate Age: _____

16. 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 |

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- Angry
- Crying
- Deep

17. Background Noises (Check all that apply)

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

18. Demeanor (Check all that apply)

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

19. Remarks:

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CODE RED – FIRE OR EXPLOSION

Indicator:

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

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

IMMEDIATE RESPONSE FOR ALL STAFF WHEN FIRE IS DISCOVERED:

- Remain calm.**
- Alert others in your immediate area.
- Notify the Nurse in Charge/Manager/Supervisor.
- REACT.**
 - Remove persons in immediate danger if possible.
 - Ensure the door(s) is/are closed to confine the fire and smoke.
 - Activate the fire alarm system using the nearest pull station.
 - Call the fire department (**9-1-1**).
 - Try to extinguish the fire or concentrate on further evacuation.
- 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
- Refer to your Home's Fire Safety Plan for more information. This does not supersede the FSP.**

1. INCIDENT COMMANDER (Nurse in Charge):

IMMEDIATE Response, Incident Commander:

May delegate duties as necessary.

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- When an alarm sounds, make immediate work area safe.
- Pick up vest from nearest Nursing Station.
- Check main fire panel for location of alarm.
- Announce "**Code RED**" with the floor and room number. Repeat 3 times.
 - Use the Mic on the fire panel. Press ALL PAGE, wait 5 seconds while system turns on, begin announcement
 - Repeat the Announcement after 2 minutes and again after 5 minutes.
- Call **9-1-1**.
- Delegate staff to meet the Fire Department at the Front Entrance and provide information to them once they arrive.
- Proceed to the Fire Zone.
- Locate the source of the alarm and determine appropriate response (eg. false alarm, actual fire,...)
- Keep staff informed/give instructions regarding location of fire or if a false alarm.

1a. **ACTUAL FIRE. The Incident Commander will:**

- Direct staff to evacuate residents out of the Fire Zone and to clear a path in the hallways and stairwells where possible.
- If the Fire Department hasn't arrived, **call 9-1-1** again.
- Notify the Administrator.
- Call Regional Emergency Management at 905-791-7800, x.4700.
- Liaise with Fire Department to investigate the Fire Zone and determine appropriate level of response.
 - If necessary, direct staff to horizontally evacuate residents out of danger.
 - If necessary, begin vertical evacuation down the stairwells where applicable.
- Ensure that staff are checking residents and other rooms and flipping tags as appropriate (Note: tags up - room is empty, tags down - room is or may be occupied).
- Assign staff to monitor exits and support residents.

If the Fire is not brought under control and/or the Fire Department advises that a Total Evacuation is required, refer to Code **GREEN** - Evacuation.

Situation Resolved/No Danger. The Incident Commander will:

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- Announce “**Code RED All Clear**” and repeat 3 times.
- If possible, reset the activated device (NOTE: Contractor may be required to reset/repair – check with Facility Services Supervisor for direction).
- Clear all fire panel troubles and alarms. Reset Panel.
- Reset Fire Alarm Monitoring Panel and inform the vendor.
- Reset maglocks using key switch.
- Reset elevators where applicable.
- Complete resident census (using log sheets). If anyone is found missing, initiate Code **YELLOW** – Missing Person.
- Complete a Fire Alarm/Fire Drill Report.
- Hold a debrief session and complete the Emergency Code Debrief Report.

1b. No evidence of fire/FALSE ALARM. The Incident Commander will:

- If the Fire Department have not yet arrived and a false alarm is quickly determined, contact the Fire Department to advise.
- If they do arrive, investigate the fire zone with the Fire Department.

Once the Fire Department is satisfied that there is no danger:

- Announce “**Code RED All Clear**” and repeat 3 times.
- Reset the activated device (NOTE: Contractor may be required to reset/repair – check with Facility Services Supervisor for direction).
- Clear all fire panel troubles and alarms. Reset Panel (as approved by Fire Department).
- Reset Fire Alarm Monitoring Panel and inform the vendor.
- Reset maglocks using key switch.
- Reset elevators where applicable.
- Complete resident census if required.
- Complete a Fire Alarm/Fire Drill Report.
- Hold a debrief session and complete the Emergency Code Debrief Report.

2. ALL STAFF:

2a. When Fire Alarm Sounds or when Code Red is called:

- Make immediate work area safe (eg. care carts, lifts).

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- Shut off any equipment (eg. oxygen) in your work area.
- Close windows.
- Check your immediate work area for signs of fire or smoke.
- Make exit routes clear.
- Listen for public address announcements.
- Complete any duties delegated by the Incident Commander.

2b. If an **ACTUAL FIRE is in your immediate work area:**

- If possible and if safe to do so, try to fight the fire with extinguisher.
- Work with other staff in the area to evacuate residents out of the Fire Zone.
 - Flip fire tags as rooms are checked - tag up = room empty - tag down = room is occupied.
- Request more assistance is required.
- If directed, further evacuate residents out of danger, horizontally to another area on the floor, vertically (down the stairs) or a total evacuation out of the building.

2c. If there is **NO evidence of fire in your immediate work area:**

- Monitor stairwells for alarms - investigate if door alarm sounds.
- Check rooms and flip fire tags - tag up = room empty - tag down = room is or might be occupied. Do not move residents until directed.
- Support other areas as requested.

2d. Once the fire alarm stops and All Clear has been announced:

- If directed, assist in completing resident census.
- Report any concerns to the Incident Commander.

3. MANAGEMENT

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(Administrator, Directors of Care, All Supervisors)

- Assist the Incident Commander (Nurse in Charge).
- Under the direction of the Incident Commander, direct and assist with the coordination of the evacuation, assembly and relocation of all residents to safe areas.
- Provide master keys for locked rooms.
- Support the fire department at the fire alarm panel and central control system.
- Direct fire department to fire protection equipment, sprinkler system control valves, natural gas shut-off valves and Hydro disconnects if required.
- Co-ordinate the transportation of all residents and their personal and medical records to other facilities, if needed. (see Code GREEN)

Once the emergency is over:

- Take the necessary actions to return the building emergency systems to service as quickly as possible.
- If a Region of Peel employee or contractor working for the Region has received medical attention for a critical injury, call Regional Emergency Management at 905-791-7800- x 4700.
- Complete a MTLC Critical Incident System Report.
- If staff were affected, complete a RAIDR report.
- If there is damage to property, contact Loss Management.

4. ADULT DAY SERVICES:

- 1 Staff member puts on green vest to act as the coordinator for the Adult Day Service.
- Runner is assigned to report to the fire zone. Runner to take walkie talkie with them (if applicable).
- Coordinator delegates:
 - o Staff to check all interior doors and flip fire tags.
 - o Staff to check all exit doors and gates to ensure the maglocks are bypassed.
 - o Staff to take attendance and record all staff on duty and where they are located (shower, Town Hall, physio).
 - o Emergency binder to be taken in case stage 2 alarm goes off and evacuation is required.

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- Staff to monitor exit doors in the hallways.
- Staff to keep clients safe and provide reassurance.
- Once all clear is announced, staff to check all doors to ensure maglocks are engaged.
- Head count is taken.
- Vest is removed.

5. MAINTENANCE STAFF:

- Ensure that the fire route is clear and unobstructed at all times.
- Ensure that all emergency systems (sprinkler system, pressurization fans, etc.) are operating properly.

6. DIETARY STAFF:

6a. If fire originates within main kitchen or serveries:

- Assist anyone in immediate danger to evacuate the kitchen area.
- Shut off electrical & gas equipment, cooking equipment, coffee pots, etc in a safe manner.
- Close doors to the kitchen to confine the smoke and fire.
- Activate the fire alarm system.
- Inform the Supervisor/Nurse in Charge.

6b. If fire originates elsewhere:

- Shut off electrical and gas equipment, cooking equipment, coffee pots, etc. in a safe manner.
- Close doors to the kitchen.
- Inform the Supervisor/Nurse in Charge.

7. LAUNDRY STAFF:

If fire originates in the Laundry Area:

- Shut off electrical and gas laundry cleaning and drying equipment in a safe manner.
- Shut off any safety gas valves.
- Evacuate the laundry room and close the doors.
- Inform the Supervisor/Nurse in Charge.

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REFERENCE DOCUMENTS

Home's Fire Safety Plan.

Code Green - Evacuation Procedures.

Code Grey - Fire Alarm System Failure.

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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. 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.

1. NURSE IN CHARGE (INCIDENT COMMANDER)

- Call **9-1-1** for emergency assistance. A full evacuation is initiated by the home's Administrator/Designate OR take direction from Police, Fire Department or Regional Emergency Management if initiated by others.
- Notify the Administrator.
- Notify Regional Emergency Management at 905-791-7800 x.4700.
- Announce "Code **GREEN** - proceed to the nearest nursing station".
- Communicate situation with on-site Registered staff.
- Initiate Emergency Call-In procedures using the fan-out list.
- 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/ADS clients using the Evacuation Logging Record.
- Separate injured from non-injured, if required.

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- Designate staff to monitor residents/clients, prevent wandering and administer essential medications or treatment.

If Relocation to another Facility is Required:

- Contact the primary evacuation site if short-term shelter is required (1 - 2 hours).
- Contact secondary Relocation Centres if overnight or longer term shelter is required.
- Contact transportation providers. *See Transport Support Resources.*

2. RNs/RPNs: Once code green is called

- Follow instructions from the Incident Commander, Emergency Responders or members of the Centre 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 PointClickCare.*
- 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, TransHelp, relative,...)

3. 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 / ADS clients and visitors to the assigned external Evacuation Area.

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- Dress residents/clients appropriately (as time allows, use blankets if needed to keep warm)
 - The order in which residents / ADS clients should be evacuated:
 - i. Ambulatory
 - ii. In wheelchairs
 - iii. Non-Ambulatory
 - iv. Resistive
-
- Flip the fire tag on each door to the up position as room is evacuated. If a room cannot be evacuated - leave the fire tag in the down position and 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 as they exit the building.
 - Guide those evacuating to the designated evacuation area outside.
 - Communicate any hazards or issues to the RN/RPN.

4. HOME ADMINISTRATOR:

- Provide support and direction to Incident Commander, including communication duties.
- If not already on-site, arrive promptly.
- Confirm Emergency Call-In procedures are initiated.
- Notify Director of LTC and advise of the situation.
- Notify MLTC Service Area Office (SAO) Manager (the MLTC Duty Inspector on nights and weekends)
- Manage the MLTC Evacuation Placement Process, including completion of the Evacuation Placement Form.
- If the home (and any beds) are vacated for more than 14 days, notify the MLTC of Beds in Abeyance (BIA).
- Ensure all expenditures are documented and managing funding with the MLTC.
- Conduct a debrief session and complete an Emergency Code Debrief Report.

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5. CENTRE LEADERSHIP TEAM (CLT):

- Provide assistance/take direction to the Incident Commander.

6. ADULT DAY SERVICES SUPERVISOR:

- 1 Staff member puts on green vest to act as the coordinator for the Adult Day Service.
- Direct ADS staff to assist clients out of the area.
- Secure medications (if applicable) and CSS Emergency binder or tablet to access client information.
- Assign a runner to grab triage binder located at the business office.
- Assign a staff member to take Emergency backpack and blankets.
- Assign staff to contact family members.
- Assign staff to apply Identification Tag and log clients on client contact sheet and Evacuation Logging Record as clients vacate the building.
- ADS clients may be temporarily relocated to await pick up by family members.
- Delegate staff to monitor clients, prevent wandering and administer essential medications or treatments.
- Use emergency backpacks.
- If residents have been participating in ADS, group them with other LTC residents once outside.
- Assign staff to take a head count of clients if relocated to an off-site location.
- If volunteers or contracted service providers are on site they can be directed to assist with contacting family members.

7. FACILITY SERVICES SUPERVISOR:

- Assist with the emergency situation.
- Direct the environmental staff as needed, including shutting off equipment/services as applicable.
- Secure building after it has been vacated, if safe to do so.

8. EMERGENCY KITS

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An emergency kit/backpack is located at each Nursing Station/Hub, the Business Office and at ADS. Each kit will have:

- Code GREEN Evacuation Procedures, applicable to all homes
- Code GREEN Evacuation Procedures, home's supplementary information
- Evacuation Logging Record form
- Flashlight/batteries
- Pens, paper, clipboard
- Mega phone

Obtain current resident lists from nursing stations/hubs and ADS client attendance sheets from ADS Supervisor.

9. HOST SITE:

Refer to Home Specific Supplementary Information for names and addresses of host sites, including other Regional LTC homes. There may be interim host sites.

- Host Site Incident Commander (IC) provides status, hazards, number of available resources (e.g. stretchers, wheelchairs) along with designating a location to meet.
- Host Site IC wears an emergency vest/jacket, identifying themselves.
- Upon arrival, RN/RPN leading transport will identify themselves and report to Host Site's IC.
- Consult with the Host Site IC to determine the process including triaging and if required, the transport of residents to another destination. Assessment information gathered by the LTC staff and provided to the first responder on the scene will become part of the overall assessment to determine next steps to mitigate the situation.

10. RE-ENTERING THE HOME

- The Incident Commander will announce when the facility is completely safe for re-entry and direct activities.
- Account for residents/ADS clients and staff during re-entry using:
 - Evacuation Logging Record/ADS Client Attendance List
 - Daily Staffing Roster
 - Sign-in Binders

Region of Peel LTC EMERGENCY PLAN

- Photo of In/Out board in the Business Office
- ❑ Debrief sessions will be held with staff, ensuring all documentation is collected and to record lessons learned.

11. REFERENCE DOCUMENTS

- ❑ LTC Guide on the Policy, Process, and Procedures during Emergency Evacuations, *July 15, 2021*
- ❑ LTC Surge Planning Toolkit

12. RESPONSIBILITIES

ID tags and Triage Binder:

Maintained and updated by the Business Office for LTC.
Maintained and updated by the ADS Supervisor for ADS.

Evacuation backpacks and Vests:

Stocked and maintained by DOC for LTC.
Stocked and maintained by ADS Supervisor for ADS.

Resident/Client Contacts List:

Maintained by the Business Office for LTC.
Maintained by the ADS Supervisor for ADS.

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CODE GREY

SYSTEM FAILURE

Indicator:

The loss of functionality of a building system.

Systems Included:

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

PROCEDURES FOR ALL STAFF:

- Stay calm.
- Notify the Facility Services Supervisor/Nurse in Charge.
- Await further direction and instructions.
- Call **9-1-1** if there is an immediate risk to life safety.

Refer to Emergency Response Procedures for each system. Some system failures require immediate communication to the MLTC.

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Note: The Administrator must submit a Critical Incident System report where a system failure extends beyond 6 hours including:

- a breakdown or failure of the security system,
- a breakdown of major equipment or a system in the home,
- a loss of essential services, or
- flooding.

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CODE GREY

POWER FAILURE

Indicator:

The loss of power in the building.

Special Note:

All homes have an emergency backup generator to provide power to critical equipment. When power fails to the facility, there is a short delay (up to 20 seconds) until the generator powers on. It may be necessary to turn equipment back on after the generator starts.

PROCEDURES WHILE BACKUP GENERATOR IS OPERATIONAL

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce "Code **GREY** -there is a power outage". Repeat 3 times.
- If annunciator system is not working call Code Grey verbally.
- Notify the Administrator.
- Initiate a Command Centre.
- Advise the Workplace Health & Safety Associate and Manager representative of the JOH&S Committee (where outage is extended).
- If the power failure becomes prolonged, work with staff to inform residents' contacts to arrange for alternate living arrangements.
- Initiate other Code Grey emergency procedures where equipment was impacted if necessary.

PROCEDURES FOR FACILITY SERVICES SUPERVISOR/DESIGNATE:

- Check that the generator is operating properly on an hourly basis, including generator panel/transfer switch.

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- If not, contact the Generator Service Company.
- ❑ Check fuel levels in generator's diesel tank. Order fuel if tank is less than ½ full.
- ❑ Tour the building to ensure critical equipment continues to be powered by the generator including lights, elevators, fridges/freezers, security access control, fire panel, etc.. Reference the home's specific list of equipment supported by the generator.
- ❑ Check the local hydro providers website to determine if the power outage is an area wide issue caused by the provider or a building specific issue:
 - If provider caused, report the outage to the provider and monitor the website for progress.
 - If building specific, contact the home's Electrical Services Vendor and work to resolve the issue.
- ❑ Inform the fire alarm monitoring company.
- ❑ Check elevators and ensure no one is trapped.
- ❑ Keep the Incident Commander informed and continue to monitor the situation.

PROCEDURES FOR RNs/RPNs:

- ❑ Communicate with residents and help all stay calm.
- ❑ Check resident rooms to ensure that critical equipment (e.g. Oxygen Concentrator, feed tubes, air mattresses, etc.) is plugged into active electrical outlets (red outlets).
- ❑ Keep windows and blinds closed to maintain temperature if it is very hot or cold outdoors.
- ❑ Check temperature of vaccine/medication fridges and follow Public Health procedures. Ensure fridges are running.
- ❑ Obtain flashlights if lighting is impacted.

PROCEDURES FOR ADS SUPERVISOR:

- ❑ Monitor exits.
- ❑ Determine whether client's contacts should be called for clients to go home early.

Region of Peel LTC EMERGENCY PLAN

PROCEDURES FOR DIETARY STAFF:

- Keep fridges and freezers closed as much as possible.
- Use paper/plastic products for meal service to minimize dishwasher usage.
- Use gas oven to heat food as needed.
- Monitor the refrigerator and freezer temperatures hourly. Acceptable refrigerator temperature must be maintained at 4°C and freezer -18 °C. (per Policy LTC 4-08.02.01).

PROCEDURES FOR LAUNDRY STAFF:

- Prioritize laundry needs - only essential linens should be laundered.
- Access linen stock from storage to reduce the need to launder.
- If instructed, use an alternate home or service if possible.

PROCEDURES FOR ALL STAFF:

- Shut off all non-essential equipment in your work area to avoid power surges when power is restored for example...
- Practice good energy conservation - turn lights off when not in use.
- Await instructions from the Incident Commander.
- Encourage residents to check contents of personal refrigerators.

PROCEDURES DURING FULL GENERATOR FAILURE / EXTENDED FULL LOSS OF POWER

During a power failure, if the generator does not start or stops operating at any point, the following actions are required, in addition to the preceding procedures, as directed by the Incident Commander.

The facility will be in complete darkness and:

Region of Peel LTC EMERGENCY PLAN

- Medical equipment that requires plug-in power will not operate
- Elevators are inoperable
- There is no heating or air conditioning
- Computers and phones will not work (unless laptops have battery power)
- Nurse call system, Wander Alert and Door Security will not work
- Kitchen equipment such as exhaust hoods, fridges/freezers are without power
- PA system is inoperable (for announcements)
- Sump pumps may be affected
- Fire alarm system/sprinklers may be affected

FULL LOSS OF POWER PROCEDURES FOR FACILITY SERVICES SUPERVISORS/DESIGNATES:

- Contact generator maintenance vendor. If the vendor cannot resolve the issue within 30 minutes, arrange for an external generator to connect the generator quick connect outside.
- Contact fire alarm monitoring company and fire department and advise of full outage.
- Begin fire watch (refer to Code Red).
- Ensure adequate supply of hand sanitizer throughout the facility.
- Place plastic bags in all toilets if flushing is impacted by the loss of power.

FULL LOSS OF POWER PROCEDURES FOR RNs/RPNs:

- Conduct census by floor every 30 minutes and report any missing residents/ ADS clients to the Command Centre.
- Review and manage special care needs.
- Use gravity flow and flex timing of feeds for residents requiring tube feeds.
- Use portable backups for oxygen and contact vendor for extra supply.
- Use analogue phones to call in medication orders if required.

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FULL LOSS OF POWER PROCEDURES FOR BUSINESS OFFICE STAFF:

- Ensure all RHAs have a supply of flashlights.
- Verify analogue phone numbers by location and notify each RHA and ADS program of the numbers for all locations.
- Use analogue phones to make calls as necessary.
- Contact suppliers to reschedule deliveries as requested by Department Heads.
- Contact volunteers to come to support if requested by the Supervisor of Activation and Volunteers.

FULL LOSS OF POWER PROCEDURES FOR DIETARY STAFF:

- Use the 3 day emergency menu as directed.
- Refer to Code Grey - Loss of Refrigerators/Freezers

FULL LOSS OF POWER PROCEDURES FOR ADS SUPERVISOR:

- Monitor exits.
- Call client's contacts to pick up clients as soon as possible.

FULL LOSS OF POWER PROCEDURES FOR ALL STAFF:

- Report to the Command Centre and take action as directed by the Incident Commander.
- Monitor all stairwells and exit doors.

POWER RESTORE PROCEDURES

NURSE IN CHARGE (INCIDENT COMMANDER):

- Notify the Administrator.
- Direct RNs/RPNs to check equipment in their area to ensure they are operating.
- Direct facility staff to test all doors to ensure they are secure.

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- Complete a MLTC Critical Incident System report within 1 business day.

FACILITY SERVICES SUPERVISOR/DESIGNATE:

- Reset all equipment that requires resetting (i.e. security maglocks, fire panel, elevators, etc.) and ensure functionality.
- Check generator to ensure it shuts down properly.
- Check HVAC equipment.
- Check security system (pinpads, card swipe readers,..).
- Check automatic doors.
- Check nurse call system.
- Check lighting.
- Check pumps and electrically controlled valves.
- Contact Service Provider for assistance if equipment not starting after power failure - refer to Home Specific Vendor List for contact information.
- Advise fire alarm monitoring company to resume monitoring.

DIETARY STAFF:

- Check temperature of all refrigerators and freezers in the building (physically and with data logger) in accordance with policy LTC 4-08.02.01.

ALL STAFF:

- Test operation of all equipment within your work area.
- Report any issues to your Supervisor.
- Check doors to ensure locks are re-engaged.

ACTIVATION/ADS STAFF:

- Check Activation and ADS fridges and discard food per Public Health guidelines.
- Notify client's contact to be picked up.

Region of Peel LTC EMERGENCY PLAN

REFERENCE DOCUMENTS

- Home Specific Information for Code Grey - Power Failure
- Emergency Telephone Contact List

Region of Peel LTC EMERGENCY PLAN

CODE GREY

LOSS OF WATER SUPPLY

Indicator:

The loss of water supply in the building or a boil water advisory has been issued.

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce "Code **GREY** - the building is experiencing a loss of water supply". Repeat 3 times.
- Notify the Administrator.
- Notify Public Health.
- Notify the Facility Services Supervisor and ADS Supervisor.
- Initiate a Command Centre.
- Report the loss to Regional Emergency Management at x.4700.
- Advise the Workplace Health & Safety Associate and Manager representative of the JOH&S Committee.
- If the loss of water supply becomes prolonged, work with staff to inform residents' contacts to arrange for alternate living arrangements or for ADS clients to be picked up early.
- Pause all active and outdoor extracurricular activities with residents and ADS

PROCEDURES FOR ADMINISTRATOR:

- Inform the Director LTC.
- Inform the Duty Inspector (MLTC per guidelines).
- Inform CW SAO.
- Complete a MLTC Critical Incident System Report.

PROCEDURES FOR FACILITY SERVICES SUPERVISOR/DESIGNATE:

- Determine if the loss of water is caused by the facility or from Public Works - Water Supply.

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- Contact the Region of Peel's Public Works Customer Service Call Centre at 905-791-7800 x. 4409
- Contact the plumbing vendor for urgent service if the loss is facility caused or there is no water for at least 2 hours. They may provide an emergency supply hook-up that must be a Public Health approved water supply vendor.
- Shut down equipment that requires water, such as washing machines, dishwasher,...
- Contact the Fire System Vendor as the system will sound if sprinkler pressure is not maintained. Note: some homes do have a separate sprinkler, so may not be affected.
- Contact the Fire Alarm Monitoring Company and Fire Department and advise of the situation.
- Contact the HVAC vendor to shut down or isolate HVAC equipment that may be affected by the loss of water.
- Keep the Incident Commander informed and continue to monitor the situation.

PROCEDURES FOR RNs/RPNs:

- Communicate with residents.
- Restrict bathing and showering.
- Cease hairdressing appointments.
- Don't flush toilets. Place garbage bags in toilets.
- Use disposable products wherever possible.
- Inventory incontinence products and determine if rationing is required.
- Use hand sanitizer and wipes until hand washing can be restored.

PROCEDURES FOR DIETARY STAFF:

- Keep fridges and freezers closed as much as possible. Some may be cooled by water.
- Use paper/plastic products for meal service to minimize dishwasher usage.
- Use bottled water/alternate beverages. Draw from on-site emergency supply and order more as needed.
- Check menus/adjust meals as needed.

Region of Peel LTC EMERGENCY PLAN

- Monitor the refrigerator and freezer temperatures hourly. Acceptable refrigerator temperature must be maintained at 4°C and freezer -18 °C. (per Policy LTC 4-08.02.01).

PROCEDURES FOR LAUNDRY STAFF:

- Restrict laundry services. Supply additional stock of towels and linen from storage to staff.

PROCEDURES FOR ALL STAFF:

- Do not flush toilets.
- Use hand sanitizer and wipes.
- Use towels and linens carefully.

WATER RESTORE PROCEDURES

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce 'Code **GREY** - loss of water - All Clear'. Repeat 3 times.
- Advise Administrator and ADS Supervisor.

PROCEDURES FOR FACILITY SERVICES SUPERVISOR:

- Receive clearance to use water from Public Works.
- Run all faucets for 5-10 minutes. Where the water disruption was at the Watermain for more than 2 hours, flush the system/all lines for 30 minutes to decrease the risk of legionellosis.
- Return HVAC and fire system equipment to normal operation.
- Flush toilets.
- Advise fire alarm monitoring company to resume monitoring.

PROCEDURES FOR DIETARY STAFF:

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- Check temperature of all refrigerators and freezers in the building (physically and with data logger) in accordance with policy LTC 4-08.02.01.

BOIL WATER ADVISORY

A boil water advisory will be issued when authorities suspect or have confirmed the presence of harmful microorganisms in the drinking water supply.

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Work with Facilities Supervisor and Maintenance staff to shut off water supply to the building
 - *Note* Water supply may need to be maintained or re-connected to allow Dietary Supervisor/ Dietary Staff access to water for boiling
- Follow Code Grey Loss of Water procedures, above.
- Ensure all building occupants have been notified of advisory

PROCEDURES FOR ALL STAFF

- Follow Code Grey Loss of Water procedures, above

Use bottled water and other alternative sources of safe drinking water first and only re-connect water supply and use boiled water when no other sources are available.

To safely boil water:

- Bring water to a rolling boil for AT LEAST 1 MINUTE before drinking or preparing food

REFERENCE DOCUMENTS

- Home Specific Information for Code Grey - Loss of Water Supply
- Emergency Telephone Contact List

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CODE GREY

LOSS OF NATURAL GAS

Indicator:

The loss of natural gas supply in the building. Natural gas is typically used for the building's heating system, hot water system, dryers in the laundry room and cooking equipment in the kitchen.

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce "Code **GREY** - the building is experiencing a loss of natural gas supply". Repeat 3 times.
- Inform the Administrator.
- Inform the Facility Services Supervisor and ADS Supervisor.
- Initiate a Command Centre.
- Report the loss to Regional Emergency Management at x.4700.
- Advise the Workplace Health & Safety Associate and Manager representative of the JOH&S Committee.

PROCEDURES FOR ADMINISTRATOR:

- Notify the Director LTC.
- Notify the Duty Inspector (MLTC per guidelines).
- Notify CW SAO.
- Complete a MLTC Critical Incident System Report.

PROCEDURES FOR FACILITY SERVICES SUPERVISOR/DESIGNATE:

- Contact the natural gas provider to advise them of the situation. Keep communication channels open with provider.
- Shut down gas-powered equipment and turn off gas supply valves.
- Provide portable electric heaters if rooms become cold.
- Keep the Incident Commander informed and continue to monitor the situation.

PROCEDURES FOR DIETARY STAFF:

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- Use paper/plastic products for meal service to minimize dishwasher usage.
- Check menus/adjust meals as needed.
- Use electric appliances such as microwaves and kettles.

PROCEDURES FOR LAUNDRY STAFF:

- Restrict laundry services if dryers are gas-powered. Supply additional stock of towels and linen from storage to staff.

GENERAL PROCEDURES FOR ALL STAFF:

- Close windows, pull down shades and limit opening of exterior doors to maintain internal temperatures.
- Reduce the use of hot water by eliminating all non-essential bathing, showering, laundering and dishwasher use.
- Relocate residents/staff to areas with electric heating where applicable.

NATURAL GAS RESTORE PROCEDURES

Nurse in Charge (Incident Commander):

- Announce 'Code **GREY** - loss of natural gas - All Clear'. Repeat 3 times.
- Notify Administrator and ADS Supervisor.

Facility Services Supervisor:

- Gain confirmation from natural gas provider that it is safe to turn on all gas valves and use equipment.
- Contact HVAC vendor to ensure gas fired equipment is operating correctly and safely.

REFERENCE DOCUMENTS

- Home Specific Information for Code Grey - Loss of Natural Gas

Vendor/Provider Contact List

Region of Peel LTC EMERGENCY PLAN

CODE GREY

LOSS OF TELEPHONE SERVICE

Indicator:

The loss of telephone service in the building which is managed by the Region of Peel's Information Technology (ISTS) division.

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce "Code **GREY** - the building is experiencing a loss of telephone service". Repeat 3 times.
- Notify the Administrator.
- Contact the Region's IT team at 905-791-7800, x.4020 to request support and obtain a ticket #. Use a cell phone or on-site analogue phone (red emergency phone).
- Report the loss to Regional Emergency Management at x. 4700
- Obtain status updates from IT.
- Appoint one staff member to be responsible to receive incoming calls on the emergency (red) analogue phone and deliver messages.
- Work with Communications Specialist on key messages for external contacts under the guidance of the Home Administrator and LTC Director.
- If the telephones are inoperable for longer than 6 hours, complete a MLTC Critical Incident System Report.
- When service resumes, Announce "Code **GREY** - telephone service is restored". Repeat 3 times.

PROCEDURES FOR ALL STAFF:

- Minimize outgoing calls on the emergency red analogue phone or fax machines. Only urgent and/or important calls should be made such as ordering medication.
- Use cell phones located in the Business Office or personal cell phones if necessary.
- Use residents' telephones (if they are not on the Region's network) as they will function.

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- ❑ Note: refer to home specific information for location of additional telephones that will work during a system outage.

*If the telephone paging system is out of service, use the paging console to announce messages.

REFERENCE DOCUMENTS

- Home Specific Information for Code Grey - Loss of Telephone Service

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CODE GREY

LOSS OF PUBLIC ADDRESS (P.A.) SYSTEM

Indicator:

An announcement cannot be made using the Public Address (P.A.) system.

PROCEDURES FOR:

Business Office Staff (8:00 a.m. – 8:00 p.m.) – Nurse in Charge (8:00 p.m. – 8:00 a.m.):

As soon as it is discovered that the P.A. system is not functioning:

- Contact Fire Department and advise them that the Fire Announcement P.A. system is offline.
- Contact Region of Peel I.T. Help Desk (extension 4020) and advise them that the P.A. system is offline and that you require an emergency response to the problem. Ensure you get a ticket number from I.T. for this service call.
- Prepare and distribute an email communication to staff as well as advise verbally.

Compose message:

“Public Address system is out of order, in case of fire alarm, liaise immediately with the Nurse in Charge to determine location of alarm”.

FIRE SITUATION:

If fire alarm sounds while the P.A. system is out of service, Nurse in Charge should:

- Contact Fire Area and confirm fire location – use telephones and/or staff runners.
- Contact areas adjacent to fire zone and advise of the situation.
- Contact remaining areas and advise of fire location.

SYSTEM RESTORED:

Region of Peel LTC EMERGENCY PLAN

- Contact Fire Department to advise that the Fire Announcement P.A. system is online and operational.
- Prepare and distribute an email communication.

Compose message:

"Public Address system has been repaired"

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CODE GREY

LOSS OF COMPUTER NETWORK

Indicator:

The loss of computer network service/wifi in the building which is managed by the Region of Peel's Information Technology (ISTS) division.

Note:

Access to Point Click Care (PCC) is Internet based. ISTS has provided redundancy and backup systems to be always available:

PROCEDURES FOR THE NURSE IN CHARGE IF THE COMPUTER NETWORK/WEB BASED APPLICATIONS FAIL:

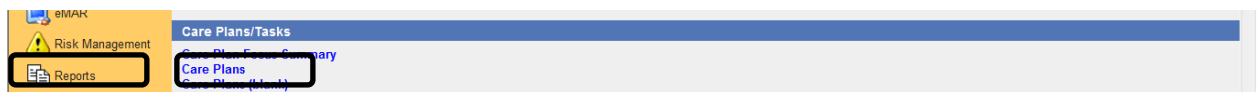
- Call ISTS Support at 905-791-7800 x. 4020 to report the problem. ISTS will provide a ticket # and keep you informed of progress.
- Announce "Code **GREY** - the building is experiencing a loss of computer network service". Repeat 3 times.
- In the event that the announcement cannot be made, verbally let staff know.
- Inform the Administrator.
- Test if access to PCC is available.
- Ensure staff use manual documentation.
- Complete a Critical Incident System Report.
- When service resumes, Announce "Code **GREY** - computer network service is restored". Repeat 3 times.

PROCEDURES FOR ALL STAFF:

- If all PCC redundancies fail, nursing staff will use a manual documentation system.

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- ❑ Nursing staff will document using a manual documentation system in place of Point of Care (POC). Flow sheets are available in the Clinical Support Room.
- ❑ For eMAR, a current MAR sheet is available (current within one hour prior to the internet failure) and can be printed for each resident. Each home has an eMAR back up laptop/printer dedicated to print MAR sheets for residents and is on generator power. The Pharmacy also backs up all eMAR data.
 - If required, hard copies of resident care plans can be printed using the eMAR backup laptop located in each home or at any location with internet access.
 - Click on **Reports**
 - Click on **Care Plans**



iii. Click on Run Report



- ❑ Dietary Services will use a cell phone to call in orders to food service vendors. Dietary reports are printed routinely by the Business Office and stored in a binder.
- ❑ Maintenance staff will use the manual daily checks log and maintain mechanical monthly preventative program.

Back-up Measures:

- Each LTC centre has 2 fibre connections to the Public Services Network (PSN) fibre ring to create automated fail-over redundancy in the primary Wide Area Network (WAN) links
- The LTC centre routers can automatically re-route access to PCC to one of two data centers (10 Peel and Wolfedale locations.) Each data center has a unique Internet connection which is allowed to access PCC if one of the Internet links fail.

Region of Peel LTC EMERGENCY PLAN

- Each LTC centre has an Internet connection with Virtual Private Network (VPN) access to both data centers in the event that both WAN links are disabled and that also activates automatically.

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CODE GREY

LOSS OF ELEVATOR SERVICE

Indicator:

The loss of service or malfunction of elevators in the facility.

PROCEDURES FOR ALL STAFF:

If you become aware that an elevator is not working:

- Check if someone is trapped in the elevator by speaking loudly through the doors. If so, reassure the occupant(s) and tell them help is coming.
- If the trapped occupant(s) require medical assistance, call 9-1-1.
- Designate a staff member to stay at the elevator doors to communicate with occupants.
- Notify the Nurse in Charge, Facility Services Supervisor or maintenance staff of the situation with the location of the elevator.
- Prevent people from using the elevator. Use signage if necessary.

PROCEDURES FOR FACILITY SERVICES SUPERVISOR OR NURSE IN CHARGE:

- Call the elevator service company and provide the home location and elevator # or location. Advise if there are trapped occupants. Obtain the estimated arrival time for an elevator technician.
- Determine where the elevator is stopped (if possible).
- Do not attempt to open the elevator doors.
- Advise the Administrator.
- Determine if the problem affects all elevators and if required, lock down the remaining elevators. Each elevator is independent.
- Consider diverting / delaying deliveries to other floors.
- Communicate with trapped occupant(s):
 - Advise to remain calm. Do not panic.
 - Ask if anyone needs immediate medical assistance.
 - If it is a resident and you cannot confirm who it is, designate staff to check the home's census and sign-out binder.

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- If occupants are in serious distress, call the Fire Department or **9-1-1** for assistance.
 - Estimated elevator technician arrival time.
 - Advise not to attempt to pry or force doors open.
- Support the Elevator Technician upon arrival.
 - Ensure the elevator is taken out of service until the necessary repairs are made and post an 'Out of Service' notice.
 - Advise the Administrator once all clear.
 - If a resident, Nurse in Charge to contact the Substitute Decision Maker and document the incident in PCC.
 - If a resident is trapped, complete a MLTC Critical Incident System Report.
 - If no one is trapped and the elevator is inoperable for longer than 6 hours, complete a MLTC Critical Incident System Report.

Notes:

- If one elevator is out of service, other elevators may be used.
- If all elevators are out of service, stairwells must be used and meal service/deliveries will be affected.
- At homes with night security guards, they may support the response.

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CODE GREY

LOSS OF SECURITY SYSTEMS

Indicator:

The failure of a security system in the building. Systems include card readers at doors, pin pads, magnetic locks (maglocks), wander alert and biometrics.

GENERAL

- If you notice any system is not functioning, notify maintenance staff or the Nurse in Charge immediately.
- The Nurse in Charge will announce "Code **GREY** - a loss of security systems". Repeat 3 times.
- Stay at the location to monitor the area as requested as there is a risk of unauthorized exit/entry by others. Do not leave the area until the Code GREY All Clear signal is called.
- Once security systems have been restored, the Nurse in Charge will announce 'Code **GREY** - loss of security systems - All Clear'. Repeat 3 times.
- If the system is inoperable for longer than 6 hours, the Administrator will complete a MLTC Critical Incident System Report.

Procedures to restore various systems for the Nurse in Charge or Facility Services Supervisor.

CARD READERS

- Ensure that the problem is not specific to the employee's card by trying another access card.
- Reset the card reader on the control panel.
- If the reset does not re-activate the card reader, contact the security system vendor.
- If door must be accessed, and there is a risk of unauthorized entry/exit, designate staff to monitor the door until issue is resolved.

PIN PADS

- Reset the pin pad.

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- If the reset does not re-active the pin pad, contact the security system vendor.
- If door must be accessed, and there is a risk of unauthorized entry/exit, designate staff to monitor the door until issue is resolved.

MAGNETIC LOCKS (MAGLOCKS)

Magnetic locks are located on doors and keep doors locked at all times. The maglock is released, allowing the door to open, after a card is swiped, a code is entered on a pin pad or an exit release button is pressed.

During a fire alarm, all maglocks automatically unlock, creating a risk of people leaving the facility unnoticed.

- Reset the maglock system on the fire panel.
- If the reset does not lock all doors with a maglock, contact the Fire Inspection Services vendor.
- If door must be accessed, and there is a risk of unauthorized entry/exit, designate staff to monitor the door(s) until issue is resolved.

WANDER ALERT

- Reset the system.
- There is a risk of unauthorized entry/exit. Designate staff to monitor the door(s) until issue is resolved.

BIOMETRICS

- Reset the system.
- If reset fails, contact the security hardware vendor.
- Use a Master Key to chaperone staff in/out of medication rooms.

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CODE GREY

FREEZER/REFRIGERATOR MALFUNCTION

Indicator:

A freezer or refrigerator malfunctions and is not cooling food/beverages as expected.

Note: this does not include the vaccine refrigerators.

PROCEDURES FOR ALL STAFF:

- Advise the Dietary Supervisor immediately if a refrigerator or freezer is not functioning or not maintaining required temperature.

PROCEDURES FOR THE DIETARY SUPERVISOR:

- Contact facility maintenance staff to troubleshoot.
- If required, contact the service company to send a technician to trouble shoot and repair. Inform technician what the problem may be.
- Determine from service company the length of time for service response.
- Discuss and act on the recommendations of the service company technician while determining the length of time for repair. This could include no change in procedures or to engage the services of a refrigerated (reefer) truck on site.
- Notify the Administrator.
- Notify staff of current situation and proper freezer/refrigerator handling procedures during malfunction
- If required, contact vendor to provide a portable refrigerator (reefer) truck.
 - Prepare a plan for the transferring of food into the reefer truck and schedule extra staff if needed .
 - Contact Maintenance to determine physical space and power hook up for reefer truck.
 - Monitor reefer truck temperature prior to transferring food and continue to monitor the reefer truck temperatures while on site.

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- Adjust food delivery schedule with providers as necessary.
- If the fridge is inoperable for more than 12 hours, discard contents.
- If the freezer is inoperable for more than 48 hours, discard contents.

System Restored Procedures

- Notify the Administrator.
- Inform staff.
- Schedule extra staff to assist with transfer of food from reefer truck back to refrigeration/freezer units.
- Transfer food from reefer truck back to refrigeration/freezer units once units are maintaining consistent temperatures for at least 4 hours.
- Arrange for return of reefer truck.

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CODE GREY

ROOF COLLAPSE

Indicator:

All or a portion of the roof has collapsed leaving the building interior exposed. It may be caused by high winds, severe storms or snow loading.

PROCEDURES FOR THE ALL STAFF:

- Immediately evacuate the affected part of the building.
 - External evacuation may be required if the collapse is extensive - Refer to Code GREEN - Evacuation.
- Notify the Nurse in Charge.

PROCEDURES FOR THE NURSE IN CHARGE:

- Call **9-1-1** if there is a threat to life safety.
- Announce "Code **GREY** - Building damage -or- roof collapse, (Floor/wing/area of damage)". Repeat 3 times.
- Determine if anyone has been injured and ensure staff provide treatment accordingly.
- Notify the Administrator.
- Notify Regional Emergency Management at 905-791-7800, x.4700.
- Notify the Workplace Health and Safety Associate.
- Ensure staff evacuate the affected area/part of the building. Refer to Code GREEN if evacuation is required.

PROCEDURES FOR THE FACILITY SERVICES SUPERVISOR:

- Designate maintenance staff to shut off all services to the affected area if safe to do so (water, gas,..).

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- Contact the General Contractor to implement protective measures to avoid injury to occupants (barricades/tarps/hoarding) around the area and to mitigate the damage and commence clean-up.
- Arrange for an inspection by a professional engineer to determine signs of structural distress (twisting, bending, cracking) - this may be in partnership with the Region's Real Property Asset Management division's Construction Project Management team.
- If required, and the collapse is a result of snow, ensure the General Contractor removes snow from adjacent roof areas (without producing uneven or concentrated loading).
- Coordinate repair and restoration.

PROCEDURES FOR ADS SUPERVISOR:

- Should Adult Day Services area be affected, close the program.
- Redirect clients to a safe area of the building or alternate location.
- Call client contacts to pick up the clients.

PROCEDURES FOR THE ADMINISTRATOR:

- Notify the LTC Director to activate the Divisional Emergency Plan if required.
- Notify the MLTC by phone.
- Complete a MLTC Critical Incident System report.

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CODE BROWN

HAZARDOUS MATERIAL SPILL/LEAK

Indicator:

The presence of an unusual or irregular liquid or airborne substance. Any such spill or leak must be treated as a potential hazardous material until the substance can be identified. Safety Data Sheets can be found in this link. If the substance cannot be determined, assume it to be the most dangerous substance stored/used in the facility.

PROCEDURES FOR ALL STAFF:

- Immediately evacuate all persons from the affected area(s).
- If anyone is, or appears to be, injured or ill as a result of the spill, call **9-1-1**. 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.

PROCEDURES FOR THE NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce "Code **BROWN** - hazardous spill at *location*". Repeat 3 times.
- Determine the name of the spilled or leaking chemical.
- If anyone is, or appears to be, injured or ill as a result of the spill, call **9-1-1**. 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 Binders are located at Nursing Hubs.
- Review product labels and SDS sheets to determine if the product is a hazardous material by noting explosive, flammable, poisonous,

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- corrosive, an oxidizer, infectious, or reactive. If so, special clean-up procedures must be followed. If it is not one of the above, a normal clean-up can occur.
- ❑ If it is a cytotoxic hazardous agent, please refer to Policy LTC9-05-12.21 and 12.22 for procedures.
 - ❑ If spill is in the ADS space, advise the CSS Supervisor and Director of Seniors Services.
 - ❑ Contact the Facility Services Supervisor 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 Regional Spills Inspector in the Public Works Environmental Controls division at 905-791-7800, x 3101. 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 Region of Peel employee or contractor working for the Region has received medical attention for a critical injury, call Regional Emergency Management at 905-791-7800- x 4700.
 - ❑ Notify the Administrator.
 - ❑ Notify the Workplace Health & Safety Associate.
 - ❑ When the situation is resolved,
 - Announce "Code **BROWN** - the hazardous spill at *location* has been resolved".
 - Contact the Ministry of the Environment and the Regional Spill Coordinator if the substance entered a drain or water course.
 - Conduct a debrief session and complete an Emergency Code Debrief Report to include:
 - Name of spilled material and quantity
 - Names of anyone requiring medical treatment
 - Names of external agencies/contractors involved
 - How material was disposed of

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- Preventive measures that avoid recurrence
- ❑ Supervisors to complete a RAIDR report for any affected staff.

PROCEDURES FOR THE ADMINISTRATOR:

- ❑ Notify the LTC Director.
- ❑ Complete a MLTC Critical Incident System report. Contact the Ministry by phone if resident safety is affected.

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 maintenance.
- ❑ 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 Regional Spill Inspector for appropriate contractor.

Responsibilities:

The Facility Services Supervisor is responsible for maintaining spill kits.

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CODE BROWN

CARBON MONOXIDE (CO)

Indicator:

The signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide (CO) in the air in the building include:

- CO detectors sound an alarm.
- Stale, stuffy air.
- Occupants have symptoms of CO exposure (see below).
- The pilot light on gas-fired equipment keeps going out.
- A sharp odour or the smell of natural gas occurs when equipment turns on.
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue. (Note that some natural gas fireplaces are designed to have yellow flames).
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on.

Symptoms of CO Exposure:

- Exposure to CO can cause flu-like symptoms without a fever, including:
 - Headaches
 - Nausea
 - Dizziness
 - Drowsiness or fatigue
 - Burning eyes
 - Confusion
 - Loss of coordination

Where occupants experience these symptoms inside a building but feel better when they go outdoors or away from the building, CO may be the cause.

Causes of Carbon Monoxide high levels:

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- Poor installation, poor maintenance or failure or damage to an appliance or equipment where;
 - Fuel is not burned properly
 - A room is poorly ventilated and CO is unable to escape

PROCEDURES FOR ALL STAFF:

- Inform the Nurse in Charge (Incident Commander).
- Relocate all occupants from the affected area immediately.
- If possible, open windows to ventilate the area.
- Provide medical attention for those that need help. Pay particular attention to anyone with a respiratory ailment (e.g. asthma).

PROCEDURES FOR NURSE IN CHARGE (INCIDENT COMMANDER):

These procedures may be delegated to the Facility Services Supervisor if on site.

- Announce "Code **BROWN** - carbon monoxide at *location*". Repeat 3 times.
- Call **9-1-1** for the Fire Department.
- Contact Natural Gas provider.
- Contact HVAC vendor to attend site.
- Notify the Administrator.
- Notify the Facility Services Supervisor.
- Keep staff, residents and ADS clients from the affected area.
- Follow direction of the Fire Department.
- When the situation is resolved,
 - a. Announce "Code **BROWN** - all clear".
 - b. Conduct a debrief session and complete an Emergency Code Debrief Report.

PROCEDURES FOR ADMINISTRATOR:

- Notify the Director LTC.
- Notify the Duty Inspector: MLTC (as per guidelines).
- Complete a MLTC Critical Incident System report.

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PROCEDURES FOR THE FACILITY SERVICES SUPERVISOR:

- Meet the Fire Department, Natural Gas provider and HVAC vendor on site to determine the cause.
- Shut off equipment that may be causing the CO.
- Coordinate the repair with the HVAC vendor.
- Ventilate the area by opening windows, placing fans.

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CODE BROWN

NATURAL GAS LEAK

Indicator:

An odour similar to rotten eggs and/or a hissing sound of escaping gas is present.

PROCEDURES FOR ALL STAFF:

- If possible, shut off the nearest gas valve.
- Notify the Nurse in Charge.
- Open doors and windows to vent the space.
- Immediately evacuate the affected part of the building, relocating residents if necessary.

PROCEDURES FOR THE NURSE IN CHARGE (INCIDENT COMMANDER):

- Call **9-1-1** from a phone located away from the source of the leak.
- Announce "Code **BROWN** - the building is experiencing a natural gas leak at *location*". Repeat 3 times.
- Contact the Administrator.
- Contact the Facility Services Supervisor or maintenance. If they are not on-site, perform the duties on their checklist.
- Contact Natural Gas service provider.
- Contact Regional Emergency Management at 905-791-7800, x.4700 if the flood is extensive.
- Advise the Workplace Health and Safety Associate.
- Follow directions from the Fire Department and Natural Gas service provider.
- Ensure staff evacuate the affected area/part of the building. Refer to Code GREEN if evacuation is required.
- When the situation is resolved,

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- Announce “Code **BROWN** - the natural gas leak at *location* has been resolved”.
- Conduct a debrief session and complete an Emergency Code Debrief Report.

PROCEDURES FOR THE ADMINISTRATOR:

- Notify the LTC Director to activate the Divisional Emergency Plan if required.
- Complete a MLTC Critical Incident System report.

PROCEDURES FOR THE FACILITY SERVICES SUPERVISOR:

- Shut off the local and main natural gas valves.
- Open doors and windows to vent the space.
- Liaise with the Fire Department and Natural Gas service provider to determine the source of the leak. They may lockout/tagout equipment.
- Work with the Natural Gas service provider to perform repairs as required.
- Once resolved/repaired, contact the Natural Gas service provider to inspect the repair and test all gas-powered equipment for proper operation. They will remove the lockout/tagout.

Refer to Code GREY - Loss of Natural Gas for each facility's information including location of shutoff valves and affected equipment.

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CODE ORANGE

RADIOLOGICAL INCIDENT OR BIOLOGICAL/CHEMICAL ATTACK

Indicator:

Public announcements and those from Regional Emergency Management will advise of a radiological incident or biological/chemical attack and guide the response. Warning signs include:

- Droplets of oily film on surfaces
- Unusual dead or dying animals in the area
- Unusual liquid sprays or vapours
- Unexplained odours
- Unusual or unauthorized spraying in the area.
- Multiple victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation, or patterns of illness inconsistent with natural disease
- Low-lying clouds or fog unrelated to weather, clouds of dust, suspended or coloured particles.

PROCEDURES FOR ADMINISTRATOR (INCIDENT COMMANDER):

If the event occurs after-hours, the Nurse in Charge will act as Incident Commander.

- In most cases, you will be notified of a radiological incident or biological/chemical attack.
- If you have not been notified, but believe an incident or attack has occurred;
 - o Ensure all staff, residents and ADS clients are relocated immediately away from the area of release.
 - o Call **9-1-1**.
 - o Contact Regional Emergency Management at 905-791-7800 x.4700
- Notify the Director LTC.
- Announce "Code **ORANGE** - biological/chemical attack". Repeat 3 times.

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- Notify the MLTC Duty Inspector.
- Complete a MLTC Critical Incident System report.
- Continue to liaise with Regional Emergency Management.
- Monitor radio or television stations for further updates.
- If an evacuation is directed, initiate Code Green - Evacuation.
- When the situation is resolved,
 - a. Announce "Code **ORANGE** - all clear".
 - b. Conduct a debrief session and complete an Emergency Code Debrief Report.

IF THE ATTACK IS INDOORS

Follow special Shelter in Place procedures:

- Relocate staff, residents and ADS clients 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.

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IF THE ATTACK IS 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.

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CODE ORANGE

SEVERE STORMS

Indicator:

Unexpected, unusual, unseasonal or severe weather that has the potential to be life threatening. Media announcements or communication from Regional Emergency Management or LTC Leadership will advise of weather watches, advisories and warnings. This allows time for preparation to safeguard against personal injury, loss of life and property damage. Severe storms include:

- Heavy rain
- Freezing rain/ hail
- Ice / snowstorms
- Tornadoes
- Hurricanes
- Floods

Be alert to emergency broadcast information from the Region of Peel official sources (ex: Alert Ready*, Twitter, radio, television, etc.) and Environment Canada.

PROCEDURES FOR ALL STAFF:

If a severe weather condition occurs:

- Stay calm and do not run outdoors.
- Move residents/clients to a safer place such as the corridor or an inside room (away from the outer walls/windows of the building).
- Keep away from windows to avoid flying glass. Close windows, blinds and curtains.
- Take shelter under tables, beds, desks or other objects that will offer protection against flying glass and debris. Protect face and head with arms.
- Stay under cover until the severe weather condition has subsided.
- Identify persons with injuries and provide medical assistance as appropriate.

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PROCEDURES FOR ADMINISTRATOR (INCIDENT COMMANDER):

If the event occurs after-hours, the Nurse in Charge will act as Incident Commander.

- Liaise with the LTC Director and Regional Emergency Management at 4700.
- Monitor radio or television stations for further updates.
- Announce "Code **ORANGE** - severe weather event". Repeat 3 times.
- Regularly keep staff informed.
- If an evacuation is directed, initiate Code Green - Evacuation. Trigger the 2nd stage of the fire alarm. *Evacuation may be required if the building is determined to be unsafe or there is danger to the occupants.*
- If necessary, arrange residents' transportation to alternate health care facilities and arrange for ADS clients to be picked up.
- When the situation is resolved,
 - a. Announce "Code **ORANGE** - all clear".
 - b. Evaluating any damage and plan for remediation.
 - c. Conduct a debrief session and complete an Emergency Code Debrief Report.

PROCEDURES FOR NURSE IN CHARGE:

Upon receiving information that a severe weather condition is imminent:

- Notify the Administrator who will notify CLT as needed.
- Notify non-essential personnel and volunteers per internal procedures.
- Ensure residents and staff stay indoors if necessary.
- Consider the Staff Contingency plan.

If the building is affected by a severe weather condition:

- Along with staff on-site, identify persons with injuries and provide medical assistance. Call **9-1-1** if a medical emergency.
- Check exit stairwells to ensure they are safe and available to use in the event of a building evacuation.

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Note:

* "Alert Ready" is designed to deliver critical and potentially life-saving alerts to Canadians through television, radio and wireless service providers. The Alert Ready system is developed in partnership with federal, provincial and territorial emergency management officials, Environment and Climate Change Canada, The Weather Network and the broadcasting industry. Wireless service providers will relay approved alerts from government authorities in order for protective actions to be taken as needed due to an emergency, or impending situation. REM can leverage this system through the OFMEM's Provincial Emergency Operations Centre for targeted messaging in Peel.

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CODE ORANGE

HOT WEATHER

Indicator:

Extreme outdoor heat and humidity. Appropriate actions should be taken in order to protect the residents/clients and staff if the internal temperature of the building exceeds 29 degrees Celsius.

PROCEDURES FOR ALL STAFF:

- Stay hydrated.
- Take more frequent breaks if possible.

PROCEDURES FOR NURSING STAFF:

(Refer to Heat Related Illness Prevention and Management Program, Resident Care and Best Practice Programs, Nursing Manual)

- Residents/clients require extra fluids (water, diluted juice, popsicles, and ice). Encourage decaffeinated beverages.
- Ensure that all residents/clients receive the appropriate amount of fluids every 2 hours, to meet their calculated need.
- Monitor high risk residents /clients 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/clients in cool environments (air-conditioned areas).
- Ensure all windows are closed and blinds drawn in resident/client rooms that are exposed to direct sunlight.
- Advise families, residents/clients and volunteers of the dangers of visiting with residents/clients outdoors. If residents/clients/families choose to visit outdoors, residents/clients should be encouraged to wear a hat and use sunscreen. Registered staff assesses residents/clients on their return to the unit.
- Advise residents/clients to limit themselves to sedentary/ passive activities.

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- Re-organize bath routines to either early morning or later in the evening.
- Ensure residents/clients are dressed in non-restricting light weight 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 (i.e. hot or cold liquids, frozen fruit juices or supplements or desserts).

PROCEDURES FOR ACTIVATION/ADULT DAY SERVICE STAFF:

- Provide additional fluids when conducting programs, therapy services, etc.
- Provide extra fluids to residents/clients at high risk as identified by the Heat Related Illness Risk Assessment Tool. (Refer to NF - 18).
- Cancel outings and outdoor activities when external temperatures reach 29 degrees Celsius.
- Keep residents/clients in air conditioned areas if possible.

PROCEDURES FOR FACILITY SERVICES SUPERVISOR:

- 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 29° Celsius or above in any part of the facility.
- Reduce energy use at the facility by closing blinds and drawing curtains, closing doors to the outside, using stairs, turning lights off when not required, turning off non-essential equipment.
- Limit outdoor work activities.

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Reference Documents:

- Heat Related Illness Prevention and Management Program
 - Resident Care and Best Practice Programs
 - Nursing Manual
 - Heat and Cold Stress Policy (LTC12-05.05)
 - Heat Stress Guidelines (LTC12-05.05.01)
 - Sun Sense Policy (LTC12-04.04)
 - Tub/Shower Room Heat Stress Procedure (LTC12-05.05.03)
 - Kitchen/Dish Room Area Heat Stress Procedure (LTC 12-05.05.04)
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- Heat Stress Health and Safety Guidelines, Ministry of Labour
https://www.labour.gov.on.ca/english/hs/pubs/gl_heat.php
 - Heat Related Illness Management Program (Resident Care Programs)
[Heat Related Illness Management Program.pdf](#)
 - Guidelines for the Prevention and Management of Hot Weather Related Illness in Long Term Care Homes (updated July 2012);
<http://eim.peelregion.ca/llprd/llisapi.dll?func=ll&objId=46905690&objAction=browse&viewType=1>
 - Hot Weather Guidelines: Agencies Serving Elderly/Persons with Disabilities
<http://www.peelregion.ca/health/heat/disabilities-guidelines.htm>
 - Ministry of Health and Long-Term Care -
http://www.health.gov.on.ca/en/public/programs/emu/emerg_prep/et_heat.a_spx
 - Health Canada- Acute Care During Extreme Heat: Recommendations and Information for Health Care Workers
http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/climat/actue_care-soins_actifs/actue_care-soins_sante-eng.pdf
 - Community Care During Extreme Heat: Heat Illness: Prevention and Preliminary Care
http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/climat/commun_care-soins/commun_care-soins-eng.pdf
 - Health Facilities Preparation for Extreme Heat: Recommendations for Retirement and Care Facility Managers
https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/climat/health_facilit_instal_sante/health_facilit_instal_sante-eng.pdf

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CODE ORANGE

SMOG ADVISORY

Indicator:

A brownish yellow hazy cloud that can be seen over the Region. It is made up of a combination of pollutants which include gases and fine particulates and comes from a variety of sources including: vehicles, power plants, gas powered equipment, to name but a few.

Air quality in Ontario is measured by the Ministry of the Environment (MOE). The MOE uses a scale called the Air Quality Index (AQI) which ranges from 0 to 100+ and measures the **concentrations** of six pollutants. The lower the AQI number, the better the air quality.

A Smog Watch is issued when there is at least 50 percent probability that the AQI will reach or exceed 50 in the next three days. A Smog Advisory is issued by the MOE when there is a high probability that the AQI will reach or exceed 50 in the next 24 hours.

People with respiratory ailments should take precautions during a Smog Advisory.

Regional Strategy

When a smog advisory is issued by the Ministry of Environment (MOE), staff will be notified by the CAO and thereafter, by the Medical Officer of Health as to when Long Term Care's Smog Response Strategy will be implemented and when to stop implementation. Generally, this notification is by e-mail, and there will also be a link on Pathways home page.

PROCEDURES FOR ALL STAFF:

In order to reduce the amount of pollutants entering the environment during poor air quality days, the following steps should be taken:

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- Reduce / suspend pesticide use.
- Suspend resident's/ADS client's outdoor activities and / or reschedule activities to early morning when pollution levels are low.
- Reduce / suspend the use of gasoline or diesel-powered equipment.
- Reduce / suspend the use of vehicles for non-essential activities.
- Reduce energy use at the facility - this can be done by closing blinds and drawing curtains, closing doors to the outside, using stairs, turning lights off when not required, turning off non-essential equipment.
- Slightly increase the temperature of the facility to reduce air conditioning usage.
- Encourage staff to commute to work or carpool to reduce vehicle emissions.
- Encourage staff to refuel vehicles after sundown or before sunset to reduce gasoline emissions.

Note: For more information on Region of Peel's LTC Smog Response Strategy, see the departmental smog response strategy - information kit.

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CODE ORANGE

EARTHQUAKES

Indicator:

An earthquake advisory or actual tremor.

PROCEDURES FOR ALL STAFF:

- Stay calm and do not run outdoors.
- Take shelter under tables, beds, desks or other objects that will offer protection against flying glass and debris or step under a doorway/corridor/interior room (away from the outer walls of the building). Keep at least 15 ft away from windows to avoid flying glass. Keep away from skylights and large overhead light fixtures. Protect face and head with arms.
- Stay under cover until shaking stops. Be prepared for aftershocks.
- If instructed to evacuate, follow Code Green - Evacuation. Watch for falling debris, or electrical wires upon leaving the building.
- If fire occurs, sound the alarm, and follow Code Red - Fire procedures.
- Proceed to a safe area, away from the danger of being struck by falling glass, bricks, electrical wires, or other hazardous objects.
- Follow instructions from supervisory and emergency personnel.

PROCEDURES FOR ADMINISTRATOR (INCIDENT COMMANDER):

If after-hours, the Nurse in Charge will be the Incident Commander.

- Notify the LTC Director and Centre Leadership Team.
- Warn occupants that fire alarms and sprinklers may go off during an earthquake.
- Instruct occupants that it is very dangerous to leave a building during an earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building.

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- Contact Regional Emergency Management (REM) at 905-791-7800, x. 4700 and ask for assistance or direction.

If an earthquake is occurring/has occurred:

- Announce "Code **ORANGE**- Earthquake". Repeat 3 times.
- Once the shaking has stopped, the Administrator will determine if evacuation is necessary. If so, follow Code Green - Evacuation and start by moving residents/clients away from the affected area. **DO NOT USE ELEVATORS**. If evacuating to the outside, ensure that residents/clients are moved away from the building to prevent injury from falling debris. Warn occupants of fallen power lines and other hazards.
- If necessary, arrange transport of residents/clients to the alternate accommodations.
- If necessary, arrange for ADS clients to be picked up.
- If there is significant structural damage ensure that staff confirm that there are no trapped occupants in the building. If necessary, call **9-1-1** for rescue assistance.
- Advise maintenance of all liquid spills immediately and assist with clean-up.
- In conjunction with the Police and/or Fire Department, the Administrator will make the decision as to when re-entry to the building will occur. Before authorizing re-entry, he/she will need to determine (from advice received from experts) whether the building is safe to occupy.
- When the situation is resolved, announce "Code **ORANGE** - All clear".
- Complete a MLTC Critical Incident System report.

Hold a debrief session and complete an Emergency Code Debrief Report.

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CODE ORANGE

LEAKS/FLOODING

Indicator:

An overflowing of large amounts of water on floors, walls or ceilings. It may be caused by severe weather, melting snow, sewer blockage or as a result of clogged or defective plumbing.

PROCEDURES FOR ALL STAFF:

- Notify the Nurse in Charge and Facility Services Supervisor.
- Involve PSN related to infection control and use PPE as indicated, especially if the cause is a sewer backup.
- Use buckets, blankets, towels, etc. to contain the water until the flow has stopped.
- Post wet floor signs.
- Request assistance from other staff. If necessary, call CODE ORANGE - FLOOD to recruit more people to address the issue.
- Clean-up the water with mops, floor machines, shop-vac vacuum cleaners, and/or spill kit supplies.

PROCEDURES FOR THE NURSE IN CHARGE (INCIDENT COMMANDER):

- Announce "Code ORANGE - flood at *location*". Repeat 3 times.
- Contact the Administrator.
- Contact the Facility Services Supervisor.
- Contact Regional Emergency Management at 905-791-7800, x.4700 if the flood is extensive.
- Advise the Workplace Health and Safety Associate.
- Ensure staff evacuate the affected area/part of the building. Refer to Code GREEN if evacuation is required.
- When the situation is resolved,
 - o Announce "Code ORANGE -flood - all clear".

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- Conduct a debrief session and complete an Emergency Code Debrief Report.

PROCEDURES FOR THE ADMINISTRATOR:

- Notify the LTC Director to activate the Divisional Emergency Plan if required.
- Complete a MLTC Critical Incident System report.

PROCEDURES FOR THE DIETARY SUPERVISOR:

- Dispose of unpackaged food exposed to sewer/flood water to avoid contamination.
- Dispose of saturated boxes of food, damaged and bulging cans.
- Dispose of products in jars (eg. preserves) and bottled drinks. The area under the seals cannot be adequately disinfected.
- If in doubt, throw it out.

PROCEDURES FOR THE RNs/RPNs:

- Dispose of damaged medication, toiletries and cosmetics.

PROCEDURES FOR THE FACILITY SERVICES SUPERVISOR:

Flood Preparation Activities

- Check all sump pumps.
- Check that roof drains and catch basins are free from any debris obstructions to ensure water is contained.
- Confirm spill kit(s) are available with absorbent socks.
- Have shop vacuum machines and auto scrubber floor machines available.

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- Put part time staff on notice to be called in as needed.

Procedures:

- If water has affected electrical devices and/or appliances, do not walk in the water.
- Determine the source/cause of the water and attempt to stop the flow of water.
If it is safe to do so, designate maintenance staff to shut off all services to the affected area (water, gas, power breakers, ..). Staff shall wear ppe including rubber boots, masks, gloves and eye protection.
- If the flow of water cannot be stopped, place containers and/or towels to capture water if applicable. Request staff support to mop water.
- Place an emergency call to the appropriate service provider (eg. plumber). They are to stop the flow of water, confirm the source/cause and repair the system as required.
- Contact the Remediation Vendor to support clean-up.
- Contact the General Contractor if damage has occurred to the facility or building components were soaked. If these cannot be dried thoroughly in a short period of time, there is a risk of mould and mildew.
- If the water is a result of raw sewage or contaminated water, determine which items must be removed and disposed of.
- Floors, walls and surfaces to be thoroughly cleaned, disinfected and dried.
- Inspect ceiling plenum spaces for moisture. Remove and replace wet/damaged ceiling tiles.
- Inspect wall cavities for moisture. Remove wet insulation. If structural members are soaked, remove drywall and allow members to dry thoroughly before reinstating new drywall.
- Use dehumidifiers and air blowers to speed up the drying process.
- Do not use flooded electrical equipment (such as outlets and switch boxes or fuse/breaker panels) until they have been inspected and passed an electrician.
- If lights are damaged, ensure power is off and take apart fixture to clean and dry the components.
- Do not use larger appliances, like washing machines and dryers, that were submerged in flood waters. Contact the service provider to inspect and/or repair as required.

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- Replace/repair small appliances if affected.
- Don't use flooded HVAC equipment and water heaters until they have been inspected and serviced by the service provider. Test that the HVAC system is operating properly.
- Carefully flush, prime and disinfect floor drains and sump pits.
- If the exterior building perimeter, parking lot or grounds are flooded, contact the service provider (eg. plumber, irrigation, catch basin vendor) to extract excess water.

FLOOD WATER AND INFECTION PREVENTION AND CONTROL*

Category	Examples	Action
I. Clean Water	Broken pipes, tub overflows, sink overflows, many appliance malfunctions, falling rainwater, broken toilet tanks.	Allow materials to dry completely before use. Remove carpet if still wet after 72 hours.
II. Gray Water (some degree of contamination present)	Overflow from a dishwasher, washing machine or a toilet bowl (not containing feces), broken aquarium, punctured water bed. Gray water in flooded structures is significantly aggravated by time and temperature.	Allow materials to dry completely before use. Remove carpet if still wet after 72 hours.
III. Black Water (heavily and grossly contaminated)	Water containing raw sewage. Includes overflow from a toilet bowl containing feces, broken sewer line, backed up sewage, all forms of ground surface water rising from rivers or streams.	Remove and discard wet carpet, drywall, furniture and other materials.

*PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections/April 2018

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LTC Pandemic Plans

*Note: LTC Pandemic Influenza Response Plan and LTC COVID-19 Response plan are currently under review. Plans will be uploaded and included once review is complete. For any information please contact the home Administrator.

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LTC Crisis Communication Plan

Introduction

As Canada's population continues to age, many media outlets have closely covered the long-term care sector across the county. The sector has especially gained a lot of negative media during the COVID-19 pandemic, due to long-term care residents and staff being adversely affected.

On April 28, 2021, the Auditor General of Ontario released a special report titled "[COVID-19 Preparedness and Management: Special Report on Pandemic Readiness and Response in Long-Term Care.](#)" This report addressed the ongoing and new challenges raised by the COVID-19 pandemic in the long-term care sector.

The Auditor General noted that the sector was unprepared and inadequately supported to manage the COVID-19 pandemic, despite her consistent calls for action and appeals from various stakeholders within long-term care. The report also highlighted several longstanding and unaddressed issues such as staffing, training, long-term care home inspection and enforcement, and the capacity to meet the complex medical needs of the growing aging population within the sector. Similar concerns have also been noted within reports from former Auditor Generals.

As well, the anticipated [LTC COVID-19 Commission report](#) was also released on Friday, April 30. It aligns, in many areas with the Auditor General's report, and speaks to the systemic weaknesses within long-term care. The report also mentions several recommendations, including the Region's efforts to enable emotion-based care in our long-term care homes, and other innovative models for funding the development of the sector.

Alongside these reports, regular and timely communications are needed in light of our continuing pandemic response. There has also increased media interest in long-term care home operations during the pandemic, and opportunities for collaboration and partnerships with community organizations. Our vaccine efforts and rates of residents' and staff vaccines have also been of particular interest.

As the pandemic progresses and the long-term care team responds to evolving guidance from regional and provincial health authorities, we will need communications support to keep all relevant stakeholders informed and aligned. As well, we will continue to need crisis communications supports for any other concerns within our long-term care homes, including any instances of abuse, neglect, infestations, concerns and questions from residents and family members, among others.

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The below mentioned plan is a reminder of the importance of the following procedures outlined in this Crisis Communications Plan for Peel Long Term Care.

Purpose of the Plan

The purpose of this plan is to provide a co-ordinated approach to communications with all affected target groups in the event of an emergency or a situation requiring special attention.

Emergencies include, but are not limited to:

- fire
- epidemic disease outbreak (pandemic, SARS, COVID-19)
- major transportation accidents
- terrorism
- severe weather conditions
- power grid/generation failure
- situations in which residents from one Region centre are being evacuated to another Region centre due to any of the above conditions

Situations requiring special attention include, but are not limited to:

- a missing resident
- abuse of any kind (e.g., resident-to-resident, resident-to-staff, staff-to-staff, staff-to-resident)
- infestations or health hazards to residents and staff (e.g., mould, leaky roof, asbestos)
- extremely difficult families
- families contacting media or disclosing information to the media
- negative media coverage of a specific issue in the long-term care sector
- MLTC announcements affecting long-term care sector
- industry reports on a specific issue
- new legislation
- alerts from the AdvantAgeON on a specific issue
- announcements (internal or external) that may impact residents/families (e.g., additional fees, changes to services)

Objectives

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- To be prepared to communicate effectively, timely and accurately to all target groups during a critical situation, so that rumours and speculation are avoided (*addresses the flow, content and timeliness*)
- To demonstrate concern for the well-being and safety of residents, staff and families (*addresses the content of messaging*)
- To communicate in a way that will help maintain the reputation of Peel Long Term Care as honest and dedicated to the well-being of its residents (*addresses the content of messaging, qualifications and preparedness of a spokesperson*)

Strategies:

- Develop checklists for:
 - Peel Long Term Care management and staff
 - Communications Specialist and
 - Other support staff
- Establish a crisis response team
- Establish a media relations protocol for Peel Long Term Care

Target Audience

Target audiences may be different in each situation. The following list provides general groups that may be part of critical communications.

Internal

- Long Term Care management team
- Management team at each centre
- Staff at the centre in crisis
- All Long Term Care staff
- Medical directors
- Chair and vice-chair of Health Services, Chief Administrative Officer, and Regional Chair
- Commissioner of Health Services
- Regional councillors representing each centre's ward
- Communication services
- Legal services
- Human resources
- Regional staff

External

- Residents and their families
- Adult Day Service clients and their families
- Residents' Council and Family Council
- Volunteers

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- Media (local and GTA, if appropriate)
- Peel Regional Police
- Ministry of Health and Long-Term Care (Compliance Branch)
- Local Health Integration Networks
- MPPs representing each centre's riding
- Neighbouring communities
- Community agencies and organizations
- Service providers

Responsibilities

1. Emergencies

- fire
- epidemic disease outbreak (pandemic, SARS, COVID-19)
- major transportation accidents
- terrorism
- severe weather conditions
- power grid/generation failure
- situations in which residents from one Region centre are being evacuated to another Region centre due to any of the above conditions

The Region-wide Incident Management System (IMS) may go into effect and will activate specific activities by Communications Services (CS). The Communications Specialist will work with Peel Long Term Care and other parties (Peel Paramedics, Police and Fire) to provide support.

In these situations, the official spokesperson will need to be identified through the Emergency Operations Centre (EOC) and may be the Commissioner of Health Services and/or designate. Other spokespeople for the broader issue may include Regional Chair, Chief Administrative Officer and others.

LTC Director's responsibilities:

- Immediately contact the Communications Specialist and provide details such as:
 - Nature of the situation at the centre
 - Provide documentation (e.g. police report, critical incident report)
 - What is being done at the centre

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- Who has been informed (e.g., MLTC, LHINs, Director, Commissioner, Peel Paramedics Police and Fire)
- If anyone has been hurt
- If residents are safe
- Next steps (e.g., teleconference, TEAMS meetings)
- Work with Communications Specialist to provide content for key messages
- Be the official spokesperson for Peel Long Term Care
- Adhere to the Regional policy on communications with the media
- Inform the Communications Specialist about any further developments

Communication Specialist responsibilities:

- Assess the situation and possible outcomes, and discuss them with the Administrator or Director
- Work with Communications Services (CS) to integrate with EOC activities
- Be the liaison between the centre in crisis and the CS team
- Develop issues briefing document
- Work with LTC Director to develop key messages
- Continue working with a CS crisis team to provide further advice and support
- Debrief with the Director and CS crisis team and develop a written document with chronology of events, tactics, outcomes and lessons learned

2. Situations requiring special attention

Group A scenarios:

- a missing resident
- abuse of any kind (e.g., resident-to-resident, resident-to-staff, staff-to-staff, staff-to-resident)
- infestations or health hazards to residents and staff (e.g., mould, leaky roof, asbestos)
- extremely difficult families
- families/residents contacting media or disclosing information to the media

Group A situations response team members:

- Administrator or designate of the centre in crisis and support staff
- LTC Director
- Communications
- Legal services representative
- Human resources associate

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Administrator's (or designates) responsibilities:

- To immediately notify the LTC Director about the critical situation and provide the following details:
 - nature of the situation
 - circumstances in which the situation took place (e.g., were police involved)
 - who has been involved (e.g., resident and staff, staff and family member, other organizations, police)
 - who has been informed (e.g., MOHLTC, LHINs, Director, Commissioner, others)
 - what actions have been taken by the centre
 - if anyone has been hurt
 - if there are any rumours and speculation among staff, residents, families
 - next steps (e.g., teleconference, TEAMS meetings)

LTC Director's (or designate's) responsibilities:

- To immediately notify the Communications Specialist about the critical situation and provide the details as outlined above
- Provide content for key messages
- Work with Communications Specialist and response team members to implement tactics and a communications strategy
- Approve final versions of all communications
- Issue communications to target groups and inform the Communications Specialist about what communications have been issued, to whom and when, and provide final copies
- Be the official spokesperson and be available to respond to media requests
- Notify the Communications Specialist if contacted by the media directly
- Adhere to the Regional Policy on communication with the Media
- Inform the Communications Specialist about any further developments

Communications Specialist responsibilities:

- Discuss the situation with the LTC Director or designate and assess for possible negative outcomes
- Provide key messages both verbally and in writing
- Contact Peel Regional Police or other organizations that may be involved, if necessary, and discuss their plans for information release
- Create issues briefing document
- If necessary, assemble a list of contact information for the incident response team, including staff at the centre and HR and Legal representatives, and send it to the team members

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- If necessary, work with Administrator/designate and the response team to develop a communications strategy to respond to the situation. The strategy will identify a list of communications tactics and specify how and when they will be implemented and distributed.
- Communications tactics may include:
 - Provide an official statement from Peel Long Term Care that is to be issued to the media either proactively or upon request
 - Draft memo(s) to staff, residents and families
 - Draft memo to Residents' Council and Family Council
 - Prepare communications materials for meeting(s) with staff, Residents' Council
 - Prepare communications materials for meetings with Family Councils and/or families and a written summary of what was discussed distributed to all families immediately after
 - Draft a memo to Medical Directors and/or all physicians
 - Draft a memo to Regional Council (or Chair of Health Services), Commissioner of Health Services and CAO
 - Draft a memo to MPPs and Regional Councillors representing each centre's ward/riding
 - Draft a letter to families from the Administrator
 - Prepare a news release, if appropriate
 - Prepare for media interviews upon request
 - Write a letter to the editor
 - Conduct a media briefing, if appropriate
- Develop key messages for the media, social media, and the website; key messages for other target groups identified in the communications strategy (e.g., staff) and an official statement, if appropriate, and have them approved by the Administrator/designate
- Work with the LTC Director and or Administrator/designates to write all communications to target groups
- Keep other response team members and LTC Director informed about the status of communications activities, and seek their input into key messages
- Be the liaison between the media and the spokesperson, screen all media inquiries
- Lead a briefing with the spokesperson to review questions from the media, media interview techniques and potential questions and answers
- Arrange media training session for the Administrator or designate, if required, and attend the training session
- Organize a media briefing, if appropriate
- Track what communications have been issued and to whom
- Track media coverage and media requests
- Continue working with the response team to provide further advice on communications
- Debrief with the Administrator/designate and the response team members once the situation is dealt with
- Develop a written document with the chronology of events, completed tactics, outcomes, media coverage summary with copies of articles and lessons learned

Long Term Care staff's responsibilities:

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- If the media call, the centre in crisis is to direct the request for information or an interview—as well as all media calls—to the Communications Specialist:
- Contact the Administrator/designate if families are recording staff and residents
- Contact the Administrator/designate if a resident or family says they will speak with the media
- After hours and on weekends, contact Priyanka, Janet, or Lisa on their cell phones

Legal Services' and Human Resources' responsibilities:

- Provide consultations from their respective areas
- Legal Services is to review all written communications items

3. Situations requiring special attention

Group B scenarios:

- negative media coverage of a specific issue in the long-term care sector
- MLTC announcements affecting long-term care sector
- industry reports on a specific issue
- new legislation
- alert from AdvantAgeON on a specific issue
- announcements (internal or external) that may have impacts on residents/families (e.g., additional fees, changes to services)

It is important that long-term care staff and the Communications Specialist keep each other informed about current issues in the long-term care field, specific issues experienced by other (non-Regional) homes, negative media stories or any upcoming announcements from the MLTC.

Group B situations response team members:

- Director of Long Term Care/designate
- Communications Specialist:
- Legal Services representative
- Other consultants (e.g., policy analysts)

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LTC Director's (or designate's) responsibilities:

- Alert the Communications Specialist about a potential issue
- Discuss with the Communications Specialist whether a response from Peel LTC is needed
- Provide the Communications Specialist with background information and resources on the issue
- Provide content for key messages
- Work with the Communications Specialist to implement tactics outlined in the communication strategy
- Approve the final versions of all communications
- Inform the Communications Specialist about what communications have been issued—to whom and when—and provide final copies
- Be the official spokesperson and be available to respond to media requests
- Notify the Communications Specialist if contacted by media directly
- Adhere to the Regional Policy on communication with the Media

Communications Specialist's responsibilities:

- Alert Director/designate about a potential issue
- Assess the issue and discuss potential implications for Peel LTC with Director/designate
- Create issues briefing document
- Work with Director/designate to develop a communications strategy to respond to the issue. The strategy will identify a list of communications tactics and specify how and when they will be distributed. Communications tactics may include:
 - Key messages for the media
 - An official statement from Peel Long Term Care
 - Memos with key messages for target groups (bulletin boards for staff, Residents' Council and Family Council)
 - FAQs for target groups
 - Staff meetings
 - A news release or social media, if appropriate
 - Media interviews upon request
 - Communication with AdvantAgeON and other organizations, if appropriate
- Be the liaison between the media and Director/designate
- Direct media inquiries to Advantage or other organizations, when appropriate
- Lead a briefing with Director/designate to review media-interview techniques, potential questions and answers
- Arrange media training session for Director/designate, if required, and attend the training
- Organize a media briefing, if appropriate
- Track what communications have been issued and to whom

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- Track media coverage and media requests
- Continue working with the response team to provide further advice on communications
- Debrief with Director/designate
- Develop a written document with chronology of events, completed tactics, outcomes, media coverage summary with copies of articles, and lessons learned

Long Term Care staff's responsibilities:

- If media call the centre in crisis, direct requests for information or an interview—as well as all media calls—to the Communications Specialist
- Contact the Administrator/designate if families are recording staff and residents
- Contact the Administrator/designate if a resident or family says they will speak with the media
- After hours and on weekends, contact Priyanka, Janet, or Lisa on their cell phones

Legal Services' and other consultants' responsibilities:

- Provide consultations from their respective areas
- Legal Services is to review all written communications items

Plan Maintenance

This plan is a living document and will be updated annually to stay current. A debriefing between the Communications Specialist and Administrator/Director will be held after every crisis or critical situation. Outcomes and lessons learned will be discussed and documented. The plan will be updated by the Communications Specialist.

Appendices

Appendix A - Region of Peel Media Relations policy

Appendix B - Media Relations Protocol for Peel Long Term Care

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Consultation Tracking

In developing this emergency plan staff have communicated and consulted with various partners, including:

Municipal Fire Department

- Review and approval of Fire Safety Plan
- Conduct annual Fire Drill

Local Agencies/Locations

- Host evacuation sites (reciprocal letters)

Regional Emergency Management

- IMS structure within the Region of Peel
- Supports community liaison

Transport Support Resources

- Peel Regional Paramedic Services
- Region of Peel Transhelp
- Municipal transportation services

Health Agencies

- Medical Pharmacies
- Independent Diagnostic Clinics Association (IDCA)