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## [Emergency Preparedness Plan]

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## [Emergency Preparedness Plan]

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## [Emergency Preparedness Plan]

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## [Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: MISSION STATEMENTS	Policy #: 01-02-01	
			Reviewed
Approved by Senior Director of Corporate and Building Services	CORPORATE STATEMENT		July 2022

**Our Mission:** To be the best of the best in health care and senior living!

UniversalCare is an established leader with a reputation for excellence, integrity and innovation. Our company focuses on delivering the highest level of care and services to Long Term Care, Complex Continuing Care, Supportive Housing, Independent and Assisted Living settings.

**A promise made is a promise kept!**

Each employee at UniversalCare Canada Inc. upholds the notion that their “word” serves as a compass to all decisions and commitments made. We all believe that “a promise made is a promise kept”. This offers our partners and clients’ strength, stability and the peace of mind that UniversalCare keeps their best interest in mind.

## Pillars of Success: Our Culture and Our People©

**C**ompassionately caring for our residents, patients and staff.

**U**ncompromising value to our Partners.

**L**eadership - never follow the crowd, go beyond industry standards

**T**rust - Deliver what was promised

**U**nwavering service and quality

**R**espect - earn it every day

**E**ntrepreneurial Spirit - Invigorate it!



## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CORPORATE STANDARDS		July 2022

### OVERVIEW

On April 11, 2022, the Fixing Long Term Care Act, 2021 (was proclaimed and Ontario Regulation 246/22 came into force.

Every home must abide to the Emergency Planning Provisions outlined in Section 268, 269, 270, 271, 272 Sections in the Regulations.

Facility Specific amendments requested to be provided for specific procedures are to be approved by the VP of Operations or the Senior Director of Corporate and Building Services

Facility Specific amendments requested to be inserted. They are to be copied onto blue coloured paper indicating they are facility specific amendments

A set of definitions used in the manual is available in this tab (refer to **01-03-08 "Definitions"**) to acquaint employees with terminology found in the manual.

### STANDARD

An operational plan for the appropriate and continuous care of residents is to be established to deal with an internal or external disaster:

- Written plans are to detail responses in the event of a disaster, including evacuation drills. These plans are to be reviewed and revised annually;
- Arrangements with written agreements are to be made with local agencies and institutions to provide shelter and resources in the event of an evacuation;
- Alternate sources are to be established to supply emergency power, water, food, and fuel;
- A system is to be established for contacting and assigning personnel;
- A method of resident identification, including photographs and identification bracelets is to be utilized; and formalized in a written policy; and
- An efficient system is to be established for notifying all interested parties.
- Insert when available your Municipal / Regional/City Emergency Response Plan
  - **APPENDIX C: Region/Municipal/City Emergency Response Plan**

### FIRE SAFETY STANDARD

A facility-wide fire safety program is to be established and monitored in accordance with relevant legislation and fire codes. Each facility is required to have a fire safety plan developed in conjunction with a certified fire safety company that is approved by the local fire department.

- Written plans are to describe responses in the event of fire, including monthly fire drills on days, evenings and nights. Plans are to be reviewed annually to identify if changes / updates are required – all updates are submitted to the fire safety company to submit for approval from the local fire department
- Facility-specific physical plant shut-down is to be put into effect upon alarm activation;
- No Smoking Policy is in place in accordance to the By Law “Under the Smoke-Free Ontario Act, 2017, you cannot smoke or vape in any enclosed workplace, any

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-01	
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enclosed public place and other places designated as smoke-free and vape-free on this page

- Continuing staff education programs relating to fire safety are to be provided;
- All staff must receive fire safety training before working their first shift and receive annual refresher fire safety training;
- All fire safety training must be documented with signatures of each participant; and
- Combustible fabrics and materials such as draperies, privacy curtains and mattresses are to be inherently flame retardant, in all Long- Term Care homes and Retirement Homes where applicable
- **Refer to Tab 6: Training Requirements**
  - **05-01-01 "Section Introduction"**
  - **05-01-02 "Minimum Components"**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-02	
Approved by Senior Director of Corporate and Building Services	OVERVIEW	Implemented	Reviewed  July 2022

### INTRODUCTION

The Emergency Preparedness Program is a master plan for UniversalCare Homes. It has been designed to help each facility meet its responsibility of protecting residents, staff and visitors during an emergency.

The Program will be used in all homes. Additional procedures will be required to complete the Program and all facility specific procedures should be individualized. Prior to implementation, the approval of the VP of Operations/Designate will be obtained.

The Program does not cover all possible disasters. Therefore, careful pre-planning and a flexible attitude must prevail.



## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-03	
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Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PROGRAM DETAILS		July 2022

### **POLICY**

Every facility must have an established Emergency Preparedness Program which is understood by all staff. All staff, including weekend, part time, and casual employees will participate in the drills and evacuation procedures.

The Emergency Preparedness Program will be developed in accordance with provincial government regulations and municipal emergency response programs and will be reviewed with the appropriate local emergency planning authorities.

Review by local community Emergency Measures Organization representatives and/or City Emergency Planners is very important to ensure that facility expectations for assistance are consistent with the actual capacity of these agencies.

Any changes to the Emergency Preparedness Program will be approved by the President and CEO of UniversalCare Canada Inc. in consultation with the individual assigned responsibility for the manual prior to implementation.

### **DISTRIBUTION**

The following individuals will have a copy of the complete Emergency Preparedness Manual including the local updates and site-specific policies:

- President and CEO
- Corporate Consultants
- Administrator
- Director of Care
- Assistant Director of Care/Clinical Coordinator
- R.N. in charge of facility
- Maintenance Supervisor/Manager
- Dietary Manager
- Housekeeping/Laundry Supervisor/Manager
- Programs Supervisor.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-04	
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Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PLAN		July 2022

### **PURPOSE**

To ensure that UniversalCare staff delivers services effectively and with minimal interruption to essential service clients during an emergency situation.

### **SCOPE**

This policy applies to all UniversalCare homes and corporate offices.

### **POLICY**

The Emergency Response will be clearly defined in the Emergency Preparedness Plan (EPP) and communicate the standard response in the case of an emergency situation, specific to the home and / or office. An established EPP must be available and understood by all staff, employees and volunteers. All staff will participate in the drills and evacuation procedures.

- A contingency plan for the care of residents is mandatory in order to deal with an emergency;
- Detail roles and responsibilities during an emergency situation (including evacuation drills) and must be reviewed and revised annually
- Arrangements are to be made in advance with local authorities and institutions to provide shelter and resources; alternate sources are to be established to supply emergency power, water, food and fuel Identification of entities?
- A communications plan is to be established for enacting the ERP
- Resident identification procedures, including photographs and identification bracelets, are to be employed

The EPP will be developed in accordance with provincial government and municipal regulations and will be reviewed with the Occupational Health and Safety Committee and shared with local emergency planning authorities. Any changes to the EPP will be approved Corporately by the Vice President/Designate or the Senior Director of Corporate and Building Services and in consultation with the Occupational Health and Safety Committee at the home-level.

### **PROCEDURE**

#### **ADMINISTRATOR**

1. Schedule and conduct emergency preparedness meeting for all the home's managers
2. Develop the localized requirements for the EPP as a team
3. Compile all elements of the plan into one complete document. The EPP must contain the following elements;
  - Communication protocol for enacting the EPP
  - Roles and responsibilities of IMS leaders as well as all employees
  - Accountabilities for employees before, during and after an emergency situation takes place, and
  - Actions steps for all risk levels of an emergency

## [Emergency Preparedness Plan]

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4. Review the EPP corporately, with the Vice President/Designate or Senior Director of Corporate and Building Services and representative from Occupational Health and Safety Committee
5. Ensure the Fire Plan has been reviewed and approved by the Chief Fire Official of the jurisdiction with authority
6. Enter into discussions with the local authorities with regards to emergency shelters and notification procedures in the event of an evacuation

### ACCOUNTABILITIES FOR COMPLIANCE

#### CORPORATE LEVEL

##### Vice President/Designate or Senior Director of Corporate and Building Services

- Responsible for ensuring each home's plan is up to date and effective

#### HOME LEVEL

##### Occupation Health and Safety Committee

- Responsible for ensuring each home's plan is up to date and effective

##### Administrator

- Responsible for ensuring the Fire Plan has been reviewed and approved by the local fire department
- Enter into discussions with the local authorities with regards to emergency shelters and notification procedures in the event of an evacuation
- Responsible for ensuring the EPP is communicated to all staff and volunteers
- Accountable for ensuring every employee fully understands the contents of the EPP
- Accountable for ensuring fire and emergency drills occur as per procedure and are documented

##### All Staff

- Responsible for following the EPP according to assigned role(s)

### TRAINING AND EDUCATION FOR EMPLOYEES /STUDENTS/VOLUNTEERS

Each ERP will be communicated to all staff involved during orientation as well as annually as part of the home's in-service training

Fire and emergency drills will occur as per the training procedure

#### Refer to the Training Requirements Tab 5:

- **05-01-01 "Section Introduction"**
- **05-01-02 "Minimum Components"**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-05	
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### POLICY

All UniversalCare. homes and corporate offices will have a system for recording and tracking the flow of information, decisions, and expenditures during an emergency situation.

### PURPOSE

- Tracking of information will allow UniversalCare to:
- Document the processes taken to respond to the emergency, save lives and mitigate damage
- Reporting to government agencies, insurance companies, and other agencies
- Protection from litigation and unfounded claims
- Recover any of the associated costs from government agencies / ministries, and
- Evaluate the outcome of the emergency situation

### DOCUMENTATION

The "**Incident Briefing Report (01-02-05)**" must be used for the purpose of recording and tracking information during an emergency situation.

Where applicable, the Incident Manager Code Checklists shall be used and included in the documentation.

All documentation must be saved in hard and electronic copies and to be controlled by the Finance/Administration Leader.

### SITUATION REPORT

IMS leaders must have a blank Situation Report template during an emergency situation. It is to be used to;

- Document the time and details of significant events
- Provide a report to other IMS leaders of significant events to be presented during Incident Command Centre meetings, and
- Summarize actions taken before, and after the emergency situation

### TRACKING SHEET

The Tracking Sheet has been designed so that IMS leaders can easily prioritize their needs and to ultimately speed up the process for filing service requests

IMS leaders must have a blank copy of the Tracking Sheet during an emergency situation. It is to be used to;

- Document every piece of information and / or request for services that comes through the Command Centre, and
- Physically follow requests for information

## [Emergency Preparedness Plan]

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Approved by Senior Director of Corporate and Building Services	REQUIRED DOCUMENTATION		July 2022

### IMS CODE CHECK SHEETS

IMS leaders will use the IMS Code Check Sheets for the function(s) that they have been assigned. For IMS functions that have not been assigned, the Incident Manager, will complete the check sheets for the unassigned functions.

The check sheets will be used to record the times that the actions on the check sheets were taken.

The check sheets will be used to provide updates during the transition of responsibilities from one person to another.

### ACCOUNTABILITIES

IMS leaders are responsible for completing and retaining copies of their required documentation and forms.

### RELATED FORMS

- **"Incident Briefing Report (01-02-05)"**

## [Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-06	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	UNIVERSAL COLOURS		July 2022

### SUMMARY

UniversalCare Canada Inc.'s Universal Colors are being adopted to standardize our method of communicating and identifying an emergency situation throughout the facility without alarming our residents and visitors.

### Code

<b>Red</b>	Fire
<b>Green</b>	Evacuation
<b>Yellow</b>	Missing Resident
<b>Black</b>	Bomb Threat
<b>White</b>	Violent Interaction
<b>Pink</b>	Weather Warning/Tornado Air Exclusion
<b>Grey</b>	Air Exclusion
<b>Brown</b>	Chemical Spill
<b>Orange</b>	External Disaster
<b>Blue</b>	No vitals- Resident
<b>Code 99</b>	Medical Emergency- Visitors, Staff Member or Volunteer

### PROCEDURE

- Codes are called and cleared by the charge person of the facility;
- Code is called by announcing three times the code plus the location;
- Staff are to be trained in the appropriate response for each code within the continuing education program and upon employment.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY TELEPHONE LIST		July 2022

### **POLICY**

The Emergency Telephone List will be kept in the following locations:

- Disaster Box(es);
- Reception;
- Administrator's Office;
- Director of Care's Office;
- Main Nursing Station;
- At the home of each Administrator/Director of Care.

This list will include a Master list of all relevant contact information that may be used in the event of an emergency. i.e Staff, Corporate Leads, Vendors and Community Partners.

The Facility Emergency Telephone List will be updated at least monthly. UC Corporate's Emergency Telephone List will be updated and sent out to the Administrator at least quarterly to remain confidential.

- **APPENDIX A- Master Emergency Telephone List.**

All Departments must maintain an updated copy of the Emergency Telephone list.

**For a Department specific list refer to: 02-01-015 "Departmental Emergency Telephone List"**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	DEFINITIONS		July 2022

Except for headings, the words and terms used in this guideline that are in lower case bold lettering have the meanings noted below. With the exception of institutional occupancy, single stage fire alarm system and two stage fire alarm system these meaning are consistent with the definitions found in the **1997 Fire Code**.

The following definitions refer to terms as they are used in this manual:

### **Alarm Signal:**

An audible signal transmitted throughout a zone or zones or throughout a building to advise occupants that a fire emergency exists.

### **Alert Signal:**

An audible signal to advise designated persons of a fire emergency.

### **Approved Area:**

An Approved Area is approved by the Chief Fire Official, which includes the place that the emergency arises and/or the areas immediately adjacent to and surrounding the place of fire/emergency.

### **Area of Refuge:**

An alternate location that may be within the facility or in a location external to the facility but provides temporary refuge for residents and staff and/or a site for triage. Care cannot be fully re-established at this site.

### **Assessment and Treatment Area:**

A safe area of the facility ideally located close to nursing station and evacuation route. The area is designated to permit an assessment, triage, first aide, and/or treatment of each resident prior to potential transfer.

### **Assigned Areas:**

Areas for which employees who remain on the floor during an emergency will be responsible. Any area to which an employee is required to report during an emergency.

### **Briefing:**

A communication technique that allows for brief meetings of key personnel to determine current status, immediate priorities, action required.

### **Casualty/Triage Tags:**

Universal categorization process identifying level of injury.



## [Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	DEFINITIONS		July 2022

### **Check:**

Means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.

### **Chief Fire Official:**

The assistant to the Fire Marshal who is the Municipal Fire Chief or a member or members of the fire department appointed by the Municipal Fire Chief under Subsection 1.1.8.

### **Code Red:**

Signifies Fire.

### **Command Centre:**

Area from which the Emergency procedures are coordinated. Normally located at Reception or in the Administrator's office (facility specific).

### **Community or Emergency Response Captain:**

Individual representing the community Emergency Planners or emergency response in your locale.

### **Community Entities/Resource Centres:**

Those agencies with whom the facility will have interaction in the event of an emergency such as hospitals, pharmacy, physicians, schools, etc. Established agencies and/or organizations from which assistance (labour, clothing, food and supplies) may be obtained; e.g. St. John's Ambulance, Red Cross. Written agreements or letters of understanding should be co-signed by the community partner and the facility Administrator, and reviewed annually.

### **Debriefing:**

A structured discussion used to review the facts and observations of an emergency. The emergency response procedures will be analyzed to uncover any gap and the emergency plan will be updated accordingly.

### **Disaster Box:**

Disaster Box contains most material that is required at the initial stage of an emergency. The package contents will require regular updating. It is recommended that facilities have a minimum of 2 boxes located in separate areas of the facility.

### **Emergency:**

“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 (*Reg 268*).

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	DEFINITIONS		July 2022

### Internal Emergency:

- occurs initially within the facility.

### External Emergency:

- occurs initially outside the facility; the facility may be only indirectly affected or not affected at all.

### Emergency Measures Organization:

Organization responsible for the planning, coordination and support of resources of emergency response in a geographical area. **Every municipality in Ontario will have a CEMC (Community Emergency Management Coordinator) who is responsible for the municipal emergency preparedness and act as a resource for organizations within the municipality.**

### Emergency Control Group (ECG):

Is responsible for supporting actions of all agencies responding to an emergency, defining overall strategy, and planning for secondary effects of an emergency or disaster.

### Emergency Preparedness:

The procedures that will be followed by an individual and/or their department in the event of an emergency including fire, bomb threat, evacuation, etc. The master plan that will outline the scope of the emergency response by the facility.

### Emergency Response Administrator:

Is the Administrator or designate. Has the authority to activate the Emergency preparedness plan. May initiate evacuation of the facility in the event of an emergency, either on her (his) own initiative or with the advice of the Community Emergency Planning Coordinator/Fire Department, (does not actively participate in the procedures of the emergency. Coordinates and directs the emergency response.

### Emergency Telephone List:

Is the computer listing of employees generated by department in ranked order of estimated time to report to the facility.

### Evacuation Centre:

Any facility which has agreed to provide accommodation for residents during an emergency. This may be a school, church, or other suitable facility where care can be re-established. It can be an alternate location that may be within your facility or in a location external to your facility, permits reestablishing resident care delivery.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-08	
		Implemented	Reviewed
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### External:

- Results in evacuation to an external site to re-establish resident care.
- **Acute Emergency:** To be interpreted as a disaster causing injury or potential injury requiring immediate evacuation of the room area and or facility.
- **Controlled Emergency:** To be interpreted as a disaster that disrupts operation and care delivery over a period of time. Evacuation may not be immediately necessary, but may be necessary if the situation extends over a period of time, i.e. Power failure.

### Internal:

- Results when an area of the facility is affected by a disaster. Resident care can be re-established within another area of the facility or the function of a supporting department can be maintained by services such as external dietary, laundry, for example.

### Fan Out System:

Process by which key employees and those most readily accessible to the facility are called on a priority basis to report to facility.

### Fire Safety Zone:

That section of the floor or wing of the facility separated by the fire separation doors and created when fire safety doors are closed.

### Fire Separation Doors:

Also referred to as zone/smoke separation doors. Doors used to contain smoke and fire. They may be held open by electromagnetic devices and are released when the fire alarm is activated.

### Incident Manager:

Is the Administrator or designate. Has the authority to activate the Emergency preparedness plan. May initiate evacuation of the facility in the event of an emergency, either on her (his) own initiative or with the advice of the Community Emergency Management Coordinator/Fire Department. This role does not actively participate in the procedures of the emergency, but coordinates and directs the emergency response.

### Inspect:

Means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

### Institutional Facility:

A building or part thereof used by persons who require supervisory care, medical care or medical treatment. Examples are hospitals, nursing homes, assisted living/retirement and homes for the aged that are licensed by the province of Ontario.

## [Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	DEFINITIONS		July 2022

**(NOTE: For the purposes of this guideline, institutional facilities are limited to Group B, Division 2 occupancies, which are referred to as "care and treatment occupancies" in the 1997 Ontario Building Code.)**

### Owner:

Any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

### R.E.A.C.T.:

An acronym for the accepted steps upon discovery of a fire.

Remove those in immediate danger

Ensure room door is shut

Activate fire alarm

Call fire department

Try to extinguish or contain fire.

### Receiving Centre:

UniversalCare facility provides temporary accommodation to individuals from a community emergency.

### Scrum:

A communication technique that allows for brief meetings of key personnel to determine current status, immediate priorities, action required.

### Single Stage Fire Alarm:

A fire alarm system designed so that activation of any alarm initiating device (i.e. manual pull station, smoke or heat detector, etc.) will cause a general evacuation alarm signal to sound on all audible signal appliances throughout the building.

### Supervisory Staff:

Those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the Fire Safety Plan and may include the fire department where the fire department agrees to accept these responsibilities.

### Table Top Exercise:

A simulated discussion-based exercise of the necessary responses required in an emergency normally facilitated by Emergency Preparedness professionals in conjunction with facility staff.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-08	
		Implemented	Reviewed
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### **Test:**

Means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function.

### **Transfer and Discharge Form:**

Used to record the name and destination of residents transferred or discharged from the home/facility in the event of an emergency.

### **Triage:**

The process of sorting residents/casualties using casualty treatment tags (Mettag), according to their destination or level of care required. The technique is used at the Assessment and Treatment Centre or when the facility is acting as a Receiving Centre.

### **Two Stage Fire Alarm:**

A fire alarm system designed so that the activation of any alarm system initiating device (i.e. manual pull station, smoke or heat detector, etc.) will cause an alert signal to sound to alert supervisory staff on duty about the fire emergency. Activation of a key switch in a manual pull station at the fire alarm control panel or at the central alarm and control facility will cause an alarm signal to sound throughout a fire safety zone, zones or throughout the building.

**(NOTE: A modified two stage fire alarm system may operate in a different manner than above. For example, upon activation of any alarm initiating device, an alarm signal will sound throughout the fire safety zone or zones in which the initiating device is situated. Simultaneously, an alert signal will sound in other predetermined areas or throughout the remainder of the building.)**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-09	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ORGANIZATIONAL CHART		July 2022

### ORGANIZATION STRUCTURE

Lines of authority and chain of command are as below. During a disaster, staff will receive orders and supervision from their Administrator or immediate supervisor or Nurse in Charge of the facility.

- **APPENDIX B: Facility Specific Organizational Chart**

The most senior administrative staff or Nurse-in-Charge on site is the Incident Manager and is in charge of the facility until relieved by a more senior person.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-010	
Approved by Senior Director of Corporate and Building Services	REGIONAL EMERGENCY PREPAREDNESS GUIDE	Implemented	Reviewed  July 2022

### **POLICY**

Each Region/Municipality/City has an official Emergency Plan that they deploy as a tool during a disaster. That plan can be accessed through the Community Emergency Management Coordinator. Some municipalities will post the plan on their website.

**It is important to be familiar with the content of their plan to help understand how the Municipality will/can assist during an emergency situation.**

- **APPENDIX C: Region/Municipal/City Emergency Plan**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  EMERGENCY PREPAREDNESS PROGRAM	Policy #:  01-03-011	
Approved by Senior Director of Corporate and Building Services	REGIONAL RESOURCE GUIDE FOR STAFF & FAMILIES	Implemented	Reviewed
			July 2022

### **POLICY**

Many Region/Municipality/City normally have an emergency guide for staff and families to be ready to deal with emergencies.

**It is important to be familiar with the contents as there is similar and different information to assist your facility during emergencies.**

- **APPENDIX D: Region/Municipal/City Emergency Guide for Staff & Families**



## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  INCIDENT MANAGEMENT SYSTEM	Policy #:  01-04-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	OVERVIEW		July 2022

### BACKGROUND

Incident Management System (IMS) is an internationally adopted system for managing any emergency situation.

UniversalCare has adopted the IMS to improve the organization's management of emergencies and to ensure that a nation-wide system is in place for effective coordination during an emergency situation.

IMS is an internationally accepted all hazards, scalable approach to managing emergencies.

### SCOPE

This policy applies to all UniversalCare homes and corporate offices.

### POLICY

The IMS is used as the model for emergency preparedness and response both at the corporate level and within all the homes. The organizational structure of IMS will vary based on the specific circumstances of the emergency.

During an emergency situation, staff assigned to roles within the IMS is expected to report to the Incident Manager. This includes staff that may be on leave (vacation, education, etc.). The Incident Manager will have the authority to cancel the leave, if required, based on the nature and extent of the emergency.

IMS Leaders must be aware of the specifics of their assigned roles and responsibilities in the event of an emergency. Roles and responsibilities will be clearly communicated to all staff and they will receive training related to their assigned role.

Every IMS plan both at the home level and corporate level must be re-evaluated annually.

### TRAINING AND EDUCATION

- Read the Quality Service/Management Tab, Training Requirements:
- **05-01-01 "Section Introduction" 05-01-02 "Minimum Components"**

### SENIOR COMMAND

Initiated only in the event of an emergency situation that involves more than one home. (i.e. pandemic)

### SENIOR COMMAND INCIDENT MANAGER

Role must be filled by VP, Operations or designate. Responsible for the overall management of all of the residential care homes involved in an emergency situation.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  INCIDENT MANAGEMENT SYSTEM	Policy #:  01-04-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	OVERVIEW		July 2022

### **EMERGENCY COMMAND CENTRE**

During an emergency situation, the Emergency Operations Centre is the centralized operations centre. See policy for Emergency Operations Centre **03-01-03 "Command Centre"** for more details.

### **ROLES AND RESPONSIBILITIES**

The Incident Manager will assign IMS roles. IMS roles should mimic the everyday routines and responsibilities of staff as closely as possible. (i.e. an Administration / Finance Leader should be someone who is in an office management or finance role).

As a precautionary measure, a designate must be assigned for each of the IMS roles within the IMS team, including that of the Incident Manager.

### **INCIDENT MANAGER**

Responsible for overall management of the home(s) in which the emergency situation occurs.

### **PUBLIC INFORMATION OFFICER**

Responsible for the development and release of information to the public, families, stakeholders, and the media about an incident. UniversalCare Corporate must approve all emergency information released.

### **LIAISON OFFICER**

Responsible for being the primary contact for community liaisons and advising the Incident Manager / Senior Command about any issues related to external assistance and support.

### **SAFETY OFFICER**

Responsible for monitoring conditions and developing safety protocol in relation to the overall health and safety of residents and staff / volunteers. The Safety Officer must have the knowledge and professional experience to be able to identify and / or reduce occupational hazards.

### **OPERATIONS MANAGER**

Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Responsible for monitoring operational issues or needs including the implementation of the Emergency Response Plan as well as the organization and assignment of all operations resources.

## [Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: INCIDENT MANAGEMENT SYSTEM	Policy #: 01-04-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	OVERVIEW		July 2022

### PLANNING MANAGER

Responsible for monitoring the incident and developing scenario and resource projections. Develops plan options for both short term and long-term incident scenarios. Responsible for the collection, collation, evaluation, and analysis of incident information for the IMS team.

### LOGISTICS MANAGER

Responsible for providing facilities, services and materials to support the emergency situation. This includes maintaining physical / environmental services of the building, ensuring adequate supplies and support for incident operations and conducting or collecting information for damage assessments of the facility.

### FINANCE/ ADMINISTRATION MANAGER

Responsible for financial and administrative support to an incident including all business processes, cost analysis, financial and administrative aspects and ensuring compliance with financial policies and procedures. Provides direction and supervision to finance and administration section staff including their organization and assignment. Ensures appropriate documentation of all incident activities and administrative support for the IMS Team Leaders.

### DISASTER BOX

Disaster Boxes will be prepared in advance of an emergency situation. The Disaster Boxes will be boldly labelled, easily transportable, and stored at 2 separate locations - designated Emergency Operations Centre and one nursing station).

Refer to policy: **02-05-01 "Disaster Boxes"** - for the minimum requirements for the Disaster Boxes

### ORGANIZATIONAL CHARTS

The Basic Model for the Incident Management System.

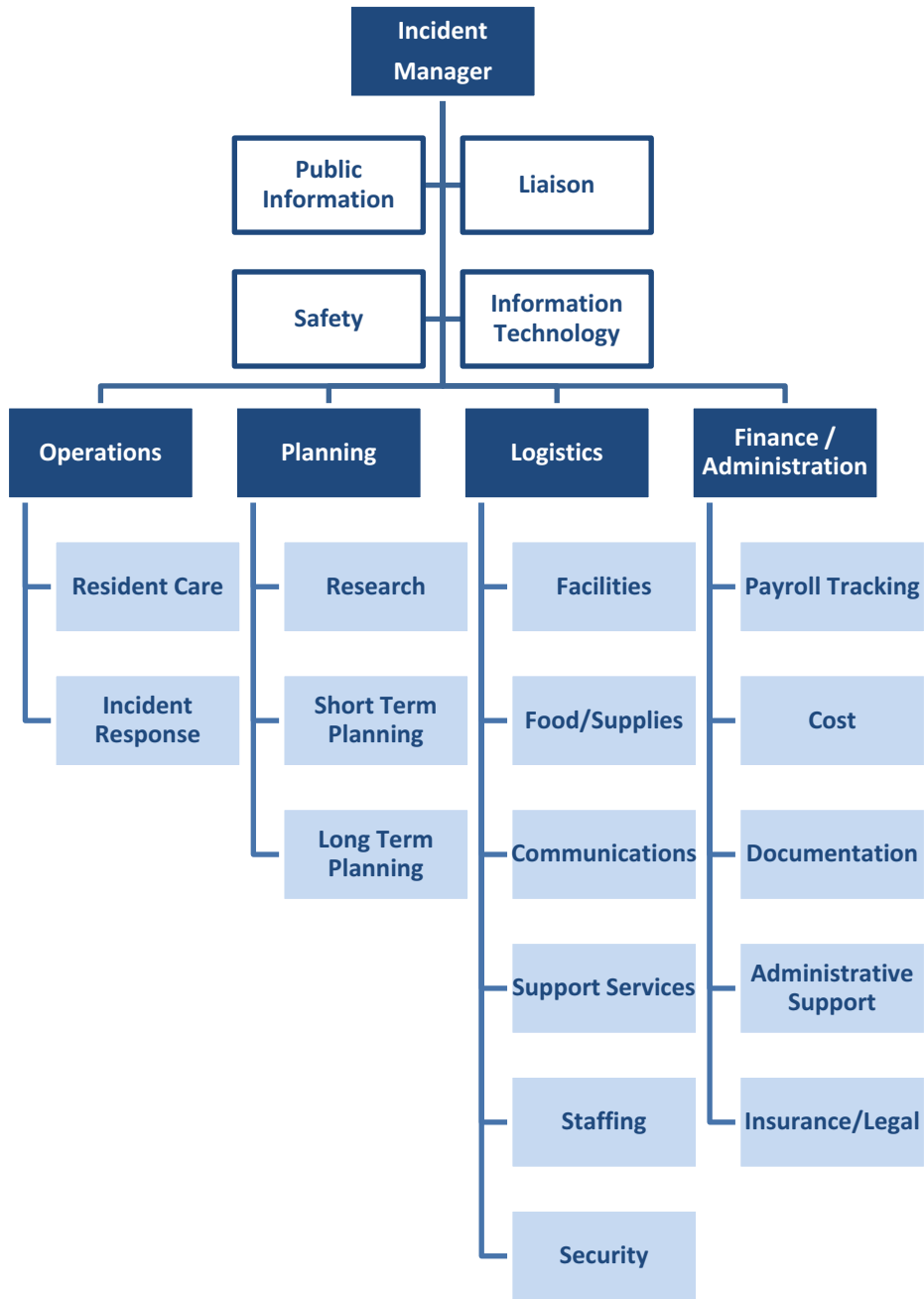
- **APPENDIX E: Facility Specific IMS Organizational Chart**

**Important:** See Example IMS Model Organization Chart on Page 4 below and model your facility specific chart to include the managerial roles at your home.

# [Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: INCIDENT MANAGEMENT SYSTEM	Policy #: 01-04-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	OVERVIEW		July 2022

## Example IMS Organizational Chart



## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  INCIDENT MANAGEMENT SYSTEM	Policy #:  01-04-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	KEY FUNCTIONS		July 2022

### SUMMARY

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types.

IMS is an expandable system based on functions not positions. Each function is assessed to see if it is required for the incident. A function may be fulfilled by one person or a team of people. For smaller events one person may fulfill multiple functions.

IMS can be used for both emergency and non-emergency events; for example, the planning of a large public event.

### KEY FUNCTIONS

#### Incident Manager

Organize and direct the emergency response for the emergency / incident. Give overall direction for facility operations and if needed, authorize evacuation.

There will always be an Incident Manager for every incident.

#### Operations

Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery, and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

#### Logistics

Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

#### Planning

The planning function develops scenario/resource projections for the IMS team and undertakes long range planning (more than 2 hours).

#### Administration/Financial

The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  INCIDENT MANAGEMENT SYSTEM	Policy #:  01-04-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	KEY FUNCTIONS		July 2022

### Public Information

The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

### Liaison

Liaison is the function of communications / being the contact person for representatives from other agencies.

### Safety

In every emergency or incident the health and safety of staff and residents is paramount. The safety function monitors and has authority over the safety of operations.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks. Job Action Sheets are guides to assist the people assigned to the function(s) to fulfill their responsibilities.

A full briefing must be given to staff arriving to fill functions or relieving others at the end of a shift.

### RELATED CHECKLISTS

- **"Incident Manager Checklist Form (01-04-01)"**
- **"Purchasing Check Sheet (01-04-01)"**
- **"Information Technology & Telecommunications Check Sheet (01-04-01)"**
- **"Security Check Sheet (01-04-01)"**
- **"Food & Dietary Check Sheet (01-04-01)"**
- **"Human Resources Check Sheet (01-04-01)"**
- **"Safety Job Action Sheet (01-04-01)"**
- **"Liaison Job Action Sheet (01-04-01)"**
- **"Public Information Job Action Sheet (01-04-01)"**
- **"Administration & Financial Job Action Sheet (01-04-01)"**
- **"Planning Job Action Sheet (01-04-01)"**
- **"Logistics Job Action Sheet (01-04-01)"**
- **"Incident Manager Job Action Sheet (01-04-01)"**
- **"Operations Job Action Sheet (01-04-01)"**
- **"Administration Check Sheet (01-04-01)"**
- **"Legal Check Sheet (01-04-01)"**
- **"Documentation Check Sheet (01-04-01)"**
- **"Finance Check Sheet (01-04-01)"**
- **"Facility Management Check Sheet (01-04-01)"**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  INCIDENT MANAGEMENT SYSTEM	Policy #:  01-04-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	STAFF ROLES AND RESPONSIBILITIES		July 2022

### PURPOSE

The purpose of this procedure is to provide guidelines on the functions and responsibilities of the Administrator, Charge Nurse, Incident Manager, and all staff prior to and during an emergency.

### SCOPE

This policy applies to all UniversalCare homes and corporate offices.

### POLICY

The Administrator is responsible to ensure a comprehensive emergency response plan is in place at the residential care home. The Administrator will follow the policies and guides provided.

All staff will participate fully in emergency preparedness activities, training, and drills.

### RESPONSIBILITIES

#### ADMINISTRATOR

The residential care home's Administrator is responsible for implementing the policies and procedures of the Emergency Preparedness Program and ensuring all staff receive adequate training to fulfill the requirements of the program in the event of an emergency.

The Administrator will ensure the fire plan is completed with the site-specific information required and submit the fire plan to the Chief Fire Official for approval. The Administrator is responsible to ensure that the home's fire plan meets the specific requirements of the Chief Fire Official for the jurisdiction.

**The home's Administrator shall ensure that the information found in the 'Foreword' section of the Emergency Preparedness Plan and the Facility Specific Information requested to be 'Inserted' within the plan is present and updated annually.**

This shall include, at a minimum, the following:

- Emergency Telephone Numbers including public utilities and government agencies
- Corporate emergency telephone numbers including Corporate Communications
- Staff Call Back List (updated monthly)
- Key suppliers, contractors, and support services
- All of the Colour Coded Check Lists (Code White Check List etc.)
- Senior IMS Team Check Lists
- Building Site Plan – showing access roads, evacuation meeting area(s) etc.
- Floor Plans identifying key life safety and exit information
- Floor Plans identifying each room and attached room search check lists
- Maps showing the search area quadrants around the home
- Mutual aid agreements with other LTC facilities for evacuation assistance

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  INCIDENT MANAGEMENT SYSTEM	Policy #:  01-04-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	STAFF ROLES AND RESPONSIBILITIES		July 2022

### **CHARGE NURSE**

The Charge Nurse must be thoroughly familiar with the Emergency Preparedness Plan in order to assume responsibility effectively in an emergency.

The Charge Nurse must be thoroughly familiar with the Incident Manager role.

The Charge Nurse must be thoroughly familiar with the operation of the fire alarm panel and the resetting of the alarm panel, security systems, and other equipment following a fire alarm or power failure.

The Charge Nurse will assume the role of Incident Manager unless relieved by a more senior or capable manager.

### **ALL STAFF**

All staff are responsible to be familiar with the Emergency Preparedness Plan and their responsibilities.

All staff must respond to a fire alarm or other emergencies as specified in the emergency response plan.

All drills will be treated as a real emergency and all staff will respond accordingly

### **INCIDENT MANAGER**

In an emergency the Incident Manager will be responsible for implementing the Emergency Preparedness procedures and directing all staff to ensure the safety and security of residents, visitors, staff and volunteers.

The Incident Manager will use the Incident Manager checklists to assist with the direction of tasks to be completed during an emergency. The Incident Manager will record the time on the checklists when each task is completed and will add other documentation as necessary, such as the names of the staff members tasks were delegated to.

The Incident Manager will wear an ORANGE/YELLOW/GREEN VEST for easy identification during drills / exercises and emergency situations.

Where sufficient staff exists, the Incident Manager will assign a scribe to assist in documenting discussions, decisions, and actions taken. The scribe will also assist in gathering information on the status of residents.

**IT IS CRITICAL THROUGHOUT AN EMERGENCY THAT THE INCIDENT MANAGER MAINTAINS OVERALL CONTROL OF THE MANAGEMENT OF THE EMERGENCY AND DELEGATES TASKS WHENEVER POSSIBLE.**

**Upon the arrival of the fire department or police department, the senior officer on scene will become the overall Incident Manager and the home's Incident Manager will work to support their efforts keeping the care and safety of the residents as the priority.**



## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)	Policy #:  01-05-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	OVERVIEW		July 2022

### PURPOSE

The purpose of this procedure is to provide guidelines on the completion of a basic Hazard Identification and Risk Analysis (HIRA) for each home.

### BACKGROUND

A HIRA ensures that the potential risks to the home are identified and assessed as to their potential risk to the residents and staff. The HIRA is used to prioritize prevention, mitigation, and training priorities for the home.

There are two phases of completing a HIRA process: hazard identification and risk analysis.

The Hazard Identification is a determination of the various hazards that are pertinent for a specific location. This is completed by assessing what types of emergencies could occur within your home and in the community.

The second process is the Risk Assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it occur.

### SCOPE

This policy applies to all UniversalCare homes and corporate offices.

### POLICY

The Administrator shall conduct a Hazard Identification and Risk Analysis for the home using the HIRA guidelines found in Tab 6: "**HIRA- Risk Assessment (01-05-01)**"

### ACCOUNTABILITIES FOR COMPLIANCE

#### Corporate Accountability

##### VP of Operations/Designate

- Accountable for removing and reporting of barriers to compliance
- Responsible for supporting, advising and directing the home's management team.
- Accountable for promoting and confirming implementation and application of the policy within their region.

#### Home-level Accountability

##### Administrator

- Accountable for ensuring the home's operations align with corporate objectives and priorities and jurisdictional requirements.
- Accountable to ensure the HIRA is completed for the home.
- Responsible to examine prevention and mitigation opportunities for the risks that have been identified and present them to the Regional Director

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)	Policy #: 01-05-01	
Approved by Senior Director of Corporate and Building Services	OVERVIEW	Implemented	Revised July 2022

- Responsible for ensuring that at least bi-annually, an evaluation is made to determine if there are any changes to the HIRA.
- Use the HIRA process located in Tab 6: **"HIRA- Risk Assessment (01-05-01)"**

### RELATED ASSESSMENTS

- **"HIRA- Risk Assessment (01-05-01)"**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)	Policy #:  01-05-02	
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### HAZARD IDENTIFICATION PROCESS

The HIRA process is used to determine the hazards that may impact the home and provide a basic risk assessment for the purposes of prioritizing the hazards and the associated prevention / mitigation opportunities to address the hazards.

The Administrator will lead the process by using the following steps.

Ask a series of questions to determine the potential hazards:

### HISTORICAL

What types of emergencies have occurred in the community, at this home, at other homes in the area, at similar organizations?

- Fires
- Missing Resident
- Severe weather
- Hazardous material spills
- Transportation accidents
- Earthquakes
- Hurricanes
- Tornadoes
- Utility outages
- Etc.

### GRAPHIC

What can happen as a result of the home's location?

Keep in mind:

- Proximity to flood plains, seismic faults, dams, etc.
- Proximity to companies that produce, store, use or transport hazardous materials
- Proximity to major transportation routes (highways, railways, seaports, etc.)
- Proximity to nuclear power plants

### TECHNOLOGICAL

- What could result from a process or system failure?
- Possibilities include:
  - Fire, explosion, hazardous materials incident
  - Safety system failure
  - Telecommunications failure
  - Computer system failure
  - Power failure
  - Heating/cooling system failure
  - Emergency notification system failure

## [Emergency Preparedness Plan]

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### HUMAN ERROR

What emergencies can be caused by staff error? Do they know what to do in an emergency?

Human error is the single largest cause of workplace emergencies and can result from:

- Poor training
- Carelessness
- Misconduct
- Substance abuse
- Fatigue

### PHYSICAL

What types of emergencies could result from the design or construction of the home? Does the physical building design enhance safety? Consider:

- The physical construction of the home
- Evacuation routes and exits

Once the team has identified the potential hazards at the home these are listed in the “Threat” column.

The attached chart provides a sample of the potential threats. These threats should be adjusted as is applicable for each home.

### ADDITIONAL TOOLS AND RESOURCES

In completing the HIRA process there are some tools and resources that can be utilized in the process.

### MUNICIPAL HIRAS

Many municipalities complete HIRAs and some provinces (e.g., Ontario) make it mandatory for municipalities to go through the HIRA process. The municipal Community Emergency Management Coordinator or Emergency Management Planner may provide a copy or information on the local HIRA which may be useful in developing the home’s HIRA. Some municipalities have posted public portions of their HIRA on their websites.

**Note:** A HIRA, or portions of a HIRA, may be classified as confidential for security reasons related to protecting municipal and utility infrastructure and therefore some municipalities may not release the actual document or portions of the document.

### FEDERAL RESOURCES

When evaluating the risks from environmental emergencies, Environment Canada can provide valuable information on the historical risks of the community. Information is available on their website for environmental risks.

## [Emergency Preparedness Plan]

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Public Safety Canada, Emergency Management division, provides the Canadian Disaster Database which gives a historical perspective on disasters across the country. This is available on their website.

Transport Canada's Emergency Response Guidebook provides basic evacuation distances for emergencies involving hazards materials. This is available on their website.

### COMMUNITY OBSERVATION

A drive or walk of the streets in the immediate area surrounding a home can assist in identifying potential risks such as hazardous industry, storage facilities, etc. Once identified further research can be done to determine the actual risks.

It should be noted that visual observation cannot fully identify the risks that may be located within a building. Visual observation is only one of several tools used to identify potential hazards and relative risk.

### MAPS, SATELLITE IMAGERY OR AERIAL PHOTOGRAPHY

Using maps, satellite imagery or aerial photography is useful in evaluating the distances from potential hazards such as highways, railways, fuel storage facilities (e.g. propane storage) and industry.

Satellite imagery or aerial photography can also be used to identify items such as large propane storage facilities, above ground storage tanks, etc. Once identified in the image then further research can be done to determine the actual use of the item in the image and its potential risk.

This information is often easily found on Internet services such as Yahoo Maps, Google Maps, Google Earth, etc.

### EVALUATING POTENTIAL RISKS BASED ON DISTANCE

There are three primary ways to limit risk from hazardous materials or situations – time, distance and protection.

Risk generally can be reduced with decreased exposure (time), increasing distance between the person and the hazard, and having a protective barrier between the hazard and people.

The protective barrier could be the type of construction of a building, personal protective equipment, etc. dependent on the hazard being addressed. An option used by emergency officials is called “sheltering in place” where the building envelope is used as a barrier to protect the occupants. For example, it may be safer to remain indoors than to venture outside into a potential hazardous environment.

In protecting the general population, the most common form of reducing risk is distance created by evacuating an area around the hazard. Under normal circumstances, the further you are from a hazard the safer you are.

Therefore, distance is used here to determine relative safety to identified hazards.

## [Emergency Preparedness Plan]

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The safe distances noted here are based on the precautionary evacuation recommendations in the Emergency Response Guidebook 2008 – Transport Canada.

**Note:** type and volume of hazard, weather (e.g., wind, rain, temperature inversions), compounding factors (e.g., fire, synergistic chemicals), and protective barriers will all factor into determining a safe distance at the time of an emergency.

Most transportation accidents involving tanker trucks carrying hazardous materials (e.g., propane or chlorine) will have a precautionary evacuation zone of 800 meters (Emergency Response Guidebook – Transport Canada) for the public. High risk chemicals such as anhydrous ammonia have an initial evacuation area of 1600 meters for large volumes.

If there is a fire impinging on a tanker truck or rail car creating a risk of a BLEVE (boiling liquid expanding vapor explosion) the guide recommends an evacuation zone of 1600 meters. Examples of BLEVEs include the Sunrise Propane explosion (2009) and the Mississauga train derailment (1979).

For smaller volumes (e.g., packages on a cargo truck) or less hazardous materials the initial primary evacuation zone is 100 meters (300 meters if risk of fire).

Using these basic distances from Transport Canada Emergency Response Guidebook to assess the potential emergency risk from high-risk industry and transportation corridors the following would estimates would be reasonable:

- Less than 300 meters: very high risk of evacuation
- 300 – 800 meters: high risk of evacuation
- 800-1600 meters: medium risk of evacuation
- More than 1600 metres: low risk of evacuation

For nuclear power plants a 10 km distance is generally used as the “primary evacuation area”. It should be noted however, that there has never been an emergency at a nuclear generation facility in Canada requiring the evacuation of a 10 km radius. A nuclear emergency in Japan in 2011 has resulted in a 20 km evacuation zone and a 30 km Code Grey (shut down all ventilation and remain indoors). The evacuation zone may last for years.

An important part of the assessment is to work closely with operational staff on identifying what they perceive as their concerns at each location, along with an impartial evaluation by the Emergency Planning team. Although each residential care home has its own unique concerns; our experience demonstrates that there are some key considerations:

- Winter storm and freezing conditions in relation to loss of heat and a rapid cooling of the home
- Workplace violence has a far-reaching effect on staff if they do not feel safe within the workplace. The risks may be from residents, resident families, staff, staff family members (e.g., domestic violence), visitors or un-associated people who enter the home
- Fire is always a high priority as it presents life safety concerns if the fire is of a large enough nature

## [Emergency Preparedness Plan]

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- Missing residents in the homes is not uncommon. The longer a resident is missing the increased probability of serious injury, illness, or death.
- Medical emergencies can occur at any time at any home
- Neighbourhood risks including violence are a potential concern based on the location of the home (e.g., proximity to a high school, college or university)
- Epidemics / Pandemics / Group Illness are a potential concern due to the impact it would have on the work environment and the fact that Canada has encountered 3 significant events in the past 10 years
- Unlimited building access without an employee at the main entrance or poor building security processes poses a potential risk
- A lack of communication can increase the level of other risks
- Reporting and accountability structure. Although this in itself may not present itself as a hazard; if both supervisory and care staff are not trained in the value and need for a strong and unbroken chain of command and accountability people can be left at risk during an emergency

### DEFINITIONS

Hazards can be broadly grouped into three categories: natural, technological, and human-caused hazards.

Natural hazards are those which are caused by forces of nature (sometimes referred to as 'Acts of God'). Human activity may trigger or worsen the hazard; for example, deforestation may increase the chance of a landslide) but the hazard ultimately is viewed as a force of nature.

Technological hazards are hazards which arise 'from the manufacture, transportation, and use of such substances as radioactive materials, chemicals, explosives, flammables, modern technology and critical infrastructure'.

Human-caused hazards are hazards which result from direct human action, either intentional or unintentional.

### ENVIRONMENTAL THREATS

#### TORNADO

A tornado is defined as a rotating column of air ranging in width from a few yards to more than a mile and whirling at destructively high speeds, usually accompanied by a funnel-shaped downward extension of a cumulonimbus cloud. A tornado creates a number of consequences including fatalities, severe damage and loss of essential services. A number of critical infrastructures are at risk during a tornado including buildings, road, utilities and rail lines.

#### SEVERE ELECTRICAL STORM

(LIGHTNING AND THUNDERSTORM) Lightning is a large static discharge that develops most commonly within thunderstorms where convection and gravitational forces combine with an ample supply of particles to generate differential electrostatic charges.

## [Emergency Preparedness Plan]

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### FLOODING

An overflowing of water beyond its normal confines, and especially over land. Flooding may occur as a result of heavy rainfall and, in spring, as the result of a sudden melting of ice and snow.

### HAIL

A form of precipitation that originates in convective clouds, in the form of balls or irregular pieces of ice which comes in different shapes and sizes. Hail is considered to have a diameter of 5 millimetres or more; smaller bits of ice are classified as ice pellets, snow pellets or graupel. Individual lumps are called hailstones.

### WINTER STORM

Violent snowstorms are typically called blizzards. Blizzards are generally defined by a period of six or more hours with winds above 40 km/h with visibility reduced to below 1 km by blowing and drifting snow.

### FREEZING CONDITIONS

Extreme cold is characterized by temperatures falling to -30°C or less. Severe freezing conditions may overwhelm the ability of a HVAC system to maintain a comfortable indoor environment.

### SITE CONTAMINATION (INFESTATION, CHEMICALS

Contaminations of a site due to infestation of vermin and/or chemicals can pose a serious health risk. As such this type of hazard could create a Home wide shutdown of operations.

### EPIDEMIC /PANDEMIC /GROUP ILLNESS

A widespread and/or severe epidemic, incident of contamination or other situation that presents a danger to, or otherwise negatively impacts the general health and well-being of the human population.

**Group Illness:** An illness that spreads through a group of people within a single facility or group of people but does not cause a major impact on the greater community

**Epidemics:** Major incidents of human illness caused by the transmission of a specific disease. The occurrence, in a community or region, of cases of an illness (or an outbreak), with a frequency clearly in excess of normal expectancy

**Pandemic:** An epidemic of major proportion involving multiple countries



## [Emergency Preparedness Plan]

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### **TSUNAMI**

A very large oceanic wave or series of waves caused by earthquakes, underwater landslides, volcanic eruptions, or other major water disturbance. Tsunamis have impacted both the east and west coasts of Canada.

### **EARTHQUAKE**

An earthquake is a sudden shaking or trembling of the surface of the earth. Earthquakes are caused by the release of built-up stress in the earth's surface along fault lines or by the movement of magma in volcanic areas.

### **LANDSLIDE**

A landslide is a term that describes a wide range of ground movement including rockslides, deep failure of slopes and shallow debris flows. Landslides often occur due to gravitational pull on unstable slopes.

### **HURRICANE**

A violent cyclonic storm producing extremely powerful winds with speeds in excess of 72 mph (32 m/sec) and torrential rains. They are also capable of producing high waves and damaging storm surges that may spawn tornadoes. Hurricanes develop over warm water and lose their strength as they move inland. Coastal areas will receive significant damage from a hurricane while inland regions may only receive heavy rains, mass flooding and storm surges. Hurricane Hazel caused significant damage and dozens of deaths in Ontario.

### **AVALANCHE**

An avalanche is a rapid flow of snow down a slope that may be triggered by environmental or human activity. Typically occurs in mountainous terrain. Avalanches have the potential to carry large amounts of snow, ice, water, air, rocks and sediment over large distances. Avalanches occur because of stress of the snowpack. They are not random or spontaneous events.

### **WILDFIRES**

A wildfire is an uncontrolled fire that occurs in a countryside or wilderness area. A wildfire differs from other fires because of its size and the speed at which it can spread from its original source. Wildfires have the ability to change direction unexpectedly and to jump gaps such as roads, rivers, and fire breaks.

### **SEVERE HEAT**

Severe heat is a term describing days of excessive temperatures (40 C+) which may be accompanied by high humidity and may make it very difficult to work or perform daily functions. This level of heat may overwhelm the ability of HVAC systems to maintain a comfortable indoor environment.

## [Emergency Preparedness Plan]

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### **ORGANIZED/DELIBERATE DISRUPTION**

#### **WORKPLACE VIOLENCE (INCLUDING THREATS)**

Workplace violence can range from a basic disagreement that involved threats of violence to minor physical contact and up to and including an unprovoked attack that seriously injures or kills an employee or resident. At the extreme range, workplace violence can have a wide-ranging effect on the operation of a home and the personal and mental health of the staff.

#### **NEIGHBOURHOOD VIOLENCE (SHOOTINGS /STABBINGS, ETC.)**

Any type of violence can cause harm or abuse to an individual in the community. The primary concern is when the neighbourhood violence has a potential to affect persons at the home (i.e., person flees onto the home property). Higher risks may include close proximity to high schools, colleges, universities, or night clubs.

#### **SABOTAGE**

Sabotage is an act of malicious damage that focuses on disabling, destroying or injuring the intended target. The consequences of such events are substantial and include widespread injuries / damages and the loss of basic services.

#### **THEFT/ROBBERY**

Robbery is defined as theft with violence. Theft itself is defined as stealing, larceny.

#### **ARSON**

Arson is defined as the fraudulent burning of property. It is a deliberate act of violence in which fire is the tool for assault. Arson is meant to destroy the intended target.

#### **COMMUNITY DISRUPTIONS (PROTESTS, RIOTS, ETC.)**

A public demonstration or gathering those results in a disruption of essential functions through rioting, looting, arson, or other unlawful behaviour. Protests or parades may disrupt roadways blocking access to the home and delaying staff arrival or the delivery of supplies. We must note the consequences involved in a civil disorder including injuries and minor and localized damage.

### **UTILITIES AND SERVICES THREATS**

#### **EXTREME POWER FAILURE**

Although an external power failure is a possibility, this type of event is more of a workplace disruption in relation to continuing with the daily operation of a home that does not have back-up power. An energy emergency occurring during the winter months can be more severe and could result in a number of consequences including fatalities, severe damage and the loss of essential services.

## [Emergency Preparedness Plan]

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### **LOSS OF NATURAL GAS**

This is an event in which the natural gas supply is somehow disrupted and / or cut off to the home. Depending on the time of the year and the home's dependence on natural gas, this type of occurrence could create a disruption of kitchen operations and create a health concern due to lack of heat to the home's occupants.

### **GAS LINE RUPTURE**

An event that poses a threat to public safety from the uncontrolled release of oil and / or natural gas from:

- a pipeline
- natural gas meter
- storage facilities and / or distribution systems

### **LOSS OF WATER**

The consequences that result from a water disruption are serious and include a loss of drinking water, impact on food preparation, inability to flush toilets or provide baths. A serious impact to health could be expected if the water emergency involves contamination.

### **PETROLEUM AND FUEL SHORTAGE**

Petroleum and fuel shortages can be short lived or long term. It is the length of the shortage that has a direct relation to the consequences to the organization. If an organization is dependent on fuel for its vehicular fleet then this type of shortage could create a total shut down of operations.

### **COMMUNICATIONS SERVICE BREAKDOWN**

Communications breakdown can range from a loss of internet communications to the loss of telephones. For homes using online resident care documentation the issues will revolve around being prepared to utilize paper forms.

### **SEWAGE /DRAINAGE /WASTE REMOVAL**

A failure of this type can pose more of a health threat to the staff / residents than a concern for the home. However, sewage and waste backup can create widespread property damage thus creating a serious disruption in business activities

### **AIR CONDITIONING FAILURE**

This type of failure within a home can create an untenable environment for the staff / residents, which could result in health concerns relating to high internal building temperatures.

## [Emergency Preparedness Plan]

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### HEATING SYSTEM FAILURE

This type of failure within a building can create an untenable environment for the staff and residents, which could result in health concerns relating to cold internal temperature within the building.

### INFRASTRUCTURE THREATS

#### BUILDING COLLAPSE /INSTABILITY

Building collapse can have a catastrophic effect on the staff, residents and the home structure itself. The level of damage and consequence is directly related to the level of collapse and / or instability of the structure. As such, the home and its staff could experience a minor delay in operations with no injuries to the staff; up to and including total failure of the structure with possible loss of life.

#### ON-SITE FIRE

The consequences involved with this type of situation are high, resulting in the possibility of facilities, severe damage and the loss of essential services.

#### HAZARDOUS MATERIALS/SPILLS/RELEASES

These types of events are quite difficult to control and impossible to contain since the chemicals tend to follow the direction of the wind. The consequences from such an emergency can be substantial and can include widespread injuries / damage and the loss of essential services. There is also a great risk for negative environmental impact as well as damage to critical infrastructures.

### INFORMATION TECHNOLOGY THREATS

#### LOSS OF FIRE/SECURITY SYSTEMS

The loss of a home's fire and security systems is a major concern relating to the health and safety of a home and its occupants. Without an early warning system, the loss to life and property can be high and conversely it can create a shutdown of operations.

#### LOSS OF COMMUNICATION

The loss of communication at a home is a major concern to the health and safety of the home and its occupants as well as the flow of operations.

### OTHER RISKS

#### TENANT ISSUES (IN SHARED BUILDINGS)

Tenant issues can be considered a high-risk concern which is directly dependent on any inherent dangerous conditions of another tenant in the same building. These concerns can go beyond simple annoyance.

## [Emergency Preparedness Plan]

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### HAZARDOUS PACKAGES

Packages that contain hazardous materials including explosive, flammable, combustible, toxic, or radioactive materials.

### NEIGHBOURHOOD RISK (HAZARDOUS INDUSTRY, ETC.)

Neighbourhood risks can encompass a wide variety of situations which range from production of hazardous items to high-risk operations at buildings within close proximity to the home.

### TRANSPORTATION CORRIDOR

Being within 1.6 km of a high-speed highway (80km/h or higher), rail line or seaway where dangerous goods may be transported.

### OTHER

This heading is generic in nature and allows for items not covered by the previously noted threats.

The threat list on the Risk Assessment form is meant to be customized for each home based on their determination of the risks / threats facing their location.

### RELATED ASSESSMENTS

- **"HIRA- Risk Assessment (01-05-01)"**

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  DEPARTMENTAL PREPAREDNESS PLAN	Policy #:  01-06-01	
Approved by Senior Director of Corporate and Building Services	REQUIREMENTS	Implemented	Reviewed  July 2022

### SUMMARY

The Emergency Preparedness Plan is an important planning and communication tool in the Emergency Preparedness Program. Emergency Preparedness lists are developed for each department to include any departmental specific procedures.

The Department Manager should do the following:

- Place a copy in each respective department where it is easily accessible;
- Review the Emergency Plan procedures with all new department staff members during orientation.
- Entire Plan will be reviewed yearly with each staff member thereafter
- The employee must document having read the plan and a record of completion must be maintained

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  DEPARTMENTAL PREPAREDNESS PLAN	Policy #:  01-06-02	
Approved by Senior Director of Corporate and Building Services	DISTRIBUTION	Implemented	Reviewed  July 2022

### **DISTRIBUTION**

All departments will have a copy of their specific Departmental Emergency Preparedness lists.

For example:

- Nursing
- Dietary
- Housekeeping
- Laundry
- Maintenance
- Beautician
- Recreation/Therapeutic Services/Social Worker
- Business Office
- Other

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  IDENTIFICATION OF COMMUNITY ENTITIES	Policy #:  01-07-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COMMUNITY CONSULTATION		July 2022

### COMMUNITY CONSULTATION

#### Plan Development

- The Emergency Preparedness Manual must conform and be coordinated with the local and provincial Emergency Planning activities. The Administrator must be aware of and participate in the community's local emergency planning. This can be coordinated through the CEMC.
  - **Important:** consult with entities during the planning process, these entities may be involved in or provide emergency services in the area where the home is located including, without being limited to, local community agencies, networks, health service providers etc.
- Keep record of all interactions with these Community Partners
- Ensure a list is kept of all Community Entities, Partners and their contact information

#### Plan Updating

- The entire plan must be updated at least annually,
  - including the Community Entities contact info and;
  - within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.
  - **Important:** all community entities must be consulted during the updating process
- The Fire Safety Manual will be reviewed for updates on an annual basis. Updates are sent to the Fire Safety Prevention Company who wrote the manual for submission and approval of the local fire chief.
  - approved fire plans are to be accompanied by a letter from the local office of the fire chief.
- **APPENDIX F: List Community Entities, Partners and Contact Information**

#### References

- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. Reg 268



## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-01	
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION	Implemented	Reviewed  July 2022

### INTRODUCTION

This section is designed to assist facility staff to plan for potential emergency situations that could occur within the facility or external to the facility in the community.

Pre-planning includes the forecasting of possible internal community emergencies, liaising with community groups, suppliers, and other long term care facilities.

Regardless of the crisis that precipitates an emergency, including loss of utilities, the response in many instances is the same. Planning the responses that are common to all emergencies will minimize the disruption of service to the residents.

Most importantly, pre-planning increases the facility's understanding of the components of an emergency response to many different types of emergency.

All emergencies, whether controlled or acute, have common characteristics such as disruption of service, need to evacuate, and need for pre-planning and training of staff.

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EXAMPLES OF EMERGENCIES		July 2022

### SUMMARY

The following events may require an Emergency Response and are listed to aid in a proactive approach to an emergency:

### EXAMPLES

- Air-borne hazards
- Bomb Threat
- Food-Borne hazards (see infection control manual)
- Chemical hazards
- Electrical Disruption
- Fire
- Expanded Service Demand
- Heat/Gas Disruptions
- Violent Staff/Visitor
- Airplane Accidents
- Car/Bus/Road accidents
- Explosions
- Communicable/Infectious Disease (See Infection Control Manual)
- Flooding
- Missing Residents
- Plumbing Disruption
- Railway Accidents
- Tornado
- Water-borne Hazards
- Snow Storm
- Hostage Taking

**Following discussions with your municipal CEMC, insert a list of potential occurrences specific to your facility below, that are most likely to occur in your geographical area.**

You will complete this after performing your Hazard Identification Risk Assessment: "**HIRA- Risk Assessment (01-05-01)**"

[Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-02	
Approved by Senior Director of Corporate and Building Services	EXAMPLES OF EMERGENCIES	Implemented	Reviewed July 2022

**Facility Specific List of Emergencies (based on Geographical Location)**

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	INCIDENT MANAGER		July 2022

### FUNCTIONS

The Incident Manager in the facility is the Administrator. He/she is responsible for implementing the policies and procedures of the Emergency Preparedness Program.

In the event of an emergency the person in charge of the facility response is called the Incident Manager. When the Administrator is present, they will fill the role of Incident Manager.

In the absence of the Administrator, the following employees may act as the Incident Manager:

- Director of Care
- Nurse in Charge of the area/facility until relieved by the Administrator or designate

The Incident Manager will wear an **ORANGE VEST** for easy identification during drills/exercises and emergency situations.

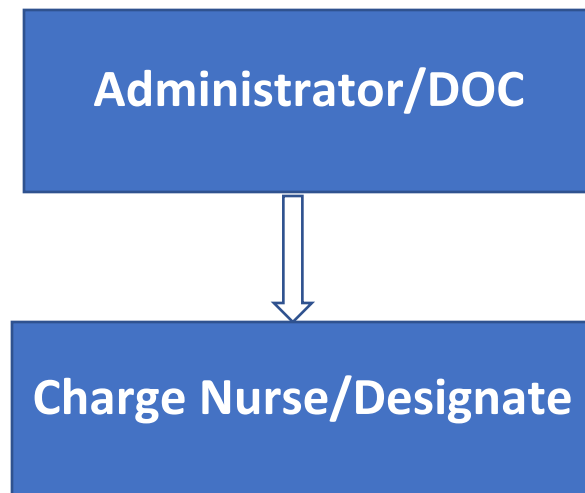
**NOTE: IT IS CRITICAL THROUGHOUT AN EMERGENCY THAT THE INCIDENT MANAGER MAINTAIN OVERALL CONTROL OF THE MANAGEMENT OF THE EMERGENCY AND DOES NOT GET INVOLVED IN CARRYING OUT SPECIFIC TASKS.**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	INCIDENT MANAGER CHAIN OF COMMAND		July 2022

### **POLICY**

Administrator or Director of Care, the nurse in charge of unit/facility will carry out the duties of the Incident Manager.



## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COMMAND CENTRE		July 2022

### SUMMARY

Until the arrival of the In order to coordinate staff communications and evacuation services in the event of an incident, a COMMAND CENTRE should be established and made known to all staff. In the event of a risk in this zone, an alternate area should be designated.

### ORGANIZATION OF COMMAND CENTRE

The Emergency Response of an incident will be coordinated from the Command Centre. The Incident Manager will coordinate the functions of the Command Centre.

If this area is at risk, an alternate Centre, such as the nursing station or a building outside the home, will be used.

**Provide information on the location of the primary command centre and the proposed alternates:**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-05	
Approved by Senior Director of Corporate and Building Services		Implemented	Reviewed July 2022

Communications by telephone will be centralized at Command Centre. The intercom or facility walkie/talkie (if available) will be used for internal communication. If telephone communications are inoperative, a staff member(s) will be designated as a runner.

Police and fire fighters are equipped with portable, 2-way radios and can serve as a mobile network.

**Provide information/details concerning:**

**Primary Location:**

**Secondary Location:**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-06	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ESTABLISHMENT OF ASSESSMENT & TREATMENT CENTRE		July 2022

### **ESTABLISHMENT OF ASSESSMENT AND TREATMENT CENTRE**

An Assessment and Treatment Centre will be required, preferably, close to an evacuation route and nursing station. Victims will be taken to the centre for triage and first aid or initial treatment. Emergency Response Agencies will be notified of location. The Centre will be sealed/taped off, to keep out those not needed to care for the injured.

#### **The Centre will be staffed by:**

- Physician (may have to be called in):
  - **APPENDIX G: Physicians and Medical Director Name and Contact Information**
- Registered Nurses (released from routine duty);
- RPN's (as per re-assigned);
- HCA/Aides (as per re-assigned).

#### **Families will be allowed into the Centre, only:**

- If the resident's condition warrants it;

At the discretion of the Physician or Registered Nurse in charge of staff at the Assessment and Treatment Centre.



## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CATEGORIZATION OF INJURED		July 2022

### CATEGORIZATION OF INJURED

The injured will be treated and classified as to severity of injury and care required.

Casualty Triage Tags will be used to classify the injured. The Administrator will ensure that triage tags are in each disaster box.

The following colours will be used:

### CATEGORIZATION OF INJURED

TAG COLOUR	INDICATES
<b>Red</b>	<ul style="list-style-type: none"> <li>• Serious injuries; immediate medical attention</li> </ul>
<b>Yellow</b>	<ul style="list-style-type: none"> <li>• Moderate injuries, medical attention required after seriously injured have been attended to.</li> </ul>
<b>Green</b>	<ul style="list-style-type: none"> <li>• Slightly injured, no immediate medical attention necessary</li> </ul>
<b>Black</b>	<ul style="list-style-type: none"> <li>• Deceased</li> </ul>

Triage is often repeated by paramedical staff when they arrive at the facility.

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	FAN OUT SYSTEM		July 2022

### SUMMARY

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

### GUIDELINES

An up to date fan out list (update at least monthly) will be kept in the Disaster Box(es) (a copy may be provided to an alternate facility which might call in staff in an actual emergency situation). Once personnel needs are determined, an individual(s) will be assigned to call in staff as required by the situation.

The Emergency Fan Out list may be left with another nearby facility who could call in staff. This would then free up the facility telephones and staff for the Emergency.

- **APPENDIX H: Staff Emergency Fan Out List**

#### Example:

**DEAR STAFF MEMBER:**

**NOTE 1:** LISTED BELOW IS A COMPLETE LIST OF ACTIVE STAFF AND THEIR RESPECTIVE TELEPHONE NUMBERS. (THE NAMES ARE PUT IN ORDER OF CLOSEST PROXIMITY TO THE HOME).

IN THE EVENT OF AN EMERGENCY REQUIRING THE STAFF MEMBERS TO REPORT TO THE NURSING HOME, YOU WOULD BE CONTACTED, MADE AWARE OF THE SITUATION AND ASKED TO REPORT TO THE NURSING HOME. YOU WOULD ALSO BE ASKED, WHERE APPLICABLE, TO CALL THE STAFF MEMBERS ASSIGNED TO YOU (AS INDICATED BY LINES).

**\*\* YOU ARE RESPONSIBLE FOR CALLING ONLY THE PERSON(S) LOCATED RIGHT UNDER YOUR NAME, HAVING CONNECTING LINE LEADING TO THEM.**

**NOTE 2:** IF YOU CANNOT REACH YOUR DESIGNATED CONTACT PERSON(S) ATTEMPT TO LEAVE A MESSAGE, THEN CONTACT THE NEXT PERSON IN THE FAN OUT WHO THAT PERSON(S) WAS TO CONTACT (LOCATED UNDERNEATH – CONNECTED BY LINE).

**NOTE 3:** DEPENDING ON THE SITUATION, THE R.N. ON DUTY MAY CHOOSE TO DELEGATE THE CALLING OF THE ADMINISTRATOR AND DIRECTOR OF CARE TO A NURSING HOME.

				R.N. on Duty		Dir
Maintenance Person		Administrator				
Housekeeping	Dietary Aide	Activity Aide	Nurse Aide	Nurse Aide	Nurse Aide	Nurse Aide
Housekeeping	Dietary Supervisor	Rehab Aide	Nurse Aide	Nurse Aide	Nurse Aide	Nurse Aide
Laundry Aide	Housekeeping	Activity Director	Nurse Aide	Registered Nurse	Registered Nurse	Registered Nurse
Office	Dietary Aide	Housekeeping	Nurse Aide	Nurse Aide	Registered Nurse	Nurse Aide
		Cook				Nurse Aide

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-09	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CALL BACK LISTING		July 2022

### PURPOSE

To provide clear direction on the process that must be followed to activate the staff call back during an emergency situation that requires additional staff

### BACKGROUND

A staff call back is designed for the purpose of obtaining additional staff when required during an emergency situation. This differs from a fan out list where the system of call back has been predetermined, but should be designed to reflect the fan out list”

### SCOPE

This policy applies to all UniversalCare homes and corporate offices.

### POLICY

Each home will have a process established to call in off-duty staff in the event on an emergency. The staff call back list will be updated monthly and a copy provided to all department leads and administrative support staff.

A copy of the Staff Call Back List will be maintained in the Emergency Preparedness Plan and in the Disaster Boxes.

### PROCEDURES

#### MAINTAINING THE STAFF CALL BACK LIST

##### ADMINISTRATOR

1. Ensure an up-to-date staff call back list (updated at least monthly) is kept in the disaster box(es) and the Emergency Preparedness Plan

**Note:** a copy of the emergency staff call back list may be left with another nearby facility who could call in staff. This would then free up the home telephones and staff for the emergency.

2. Provide a copy of the updated Staff Call Back List to all managers and administrative support staff

#### ACTIVATING THE STAFF CALL BACK LIST

##### INCIDENT MANAGER

1. In the event of an emergency, determine the need to activate the emergency staff call back list

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-09	
Approved by Senior Director of Corporate and Building Services	CALL BACK LISTING	Implemented	Reviewed
			July 2022

2. If additional personnel are required to respond to the emergency initiate the staff call back list, starting with the Administrator /Delegate or directly to the administrative support staff
3. Request the administrative support staff to call the emergency staff call back list before heading to the home to assist

- **APPENDIX I: Staff Call Back List**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-010	
Approved by Senior Director of Corporate and Building Services	SECURITY - EMPLOYEES	Implemented	Reviewed July 2022

### **POLICY**

Security measures must be implemented during an emergency situation as an element of safety for residents, staff, others, and security of property.

Unauthorized persons will not be allowed to enter the facility during an emergency response.

### **IDENTIFICATION**

Employees and other authorized personnel will be provided with identification or wear their company identification and will be required to sign in and out of the facility at Command Centre.

White tape used for name tags are kept in the Disaster Box(es).

Local police authority should be contacted to supply barricades.

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-011	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECURITY - FAMILIES/VISITORS/ VOLUNTEERS		July 2022

### **POLICY**

Families of residents will be identified and given name tags, with names entered into the visitor registry.

Families and other visitors of residents will be assigned to wait in a safe area, internal or external to the facility.

A resident information centre will be established to provide information as it becomes available to families and the public (refer to **03-01-010 "Area of Refuge"**). Information to families with respect to condition of residents will be conveyed by the physician or Registered Nurse.

Admission of families to the assessment and treatment centre is not permitted except with the authorization of the Incident Manager.

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-012	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECURITY GUARDS		July 2022

### SUMMARY

Security guards may be hired to assist with security duties. The degree of security required will be related to the magnitude of the emergency.

### SECURITY GUARDS

The Incident Manager will instruct the security guards as to:

- Entrances and exits to control;
- The time rounds of the premises are to be made;
- Areas to check, especially unsupervised areas;
- Evacuated areas to seal off, secure, and post appropriate signage.

The Incident Manager will provide keys to specific areas of the building to the security guard.

**List the Security Agency Names and General Contact Information**

- **APPENDIX J: Security Agency Name and Rep Contact Information**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-013	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MEDIA		July 2022

### SUMMARY

The coordination of media information is critical to protect the privacy of residents, avoid misrepresentation of the events of the emergency and to ensure the public is kept accurately informed and updated.

### MEDIA

The media **WILL NOT** be allowed to enter the building.

Only authorized personnel are allowed to give statements to the press; i.e.:

- Senior personnel of UniversalCare or Board Chairs/Owner; or
- Communications representative of Fire Department, Police Service, Paramedic Service or CEMC as determined by your Community Plan.

Contact police for troublesome persons.

- Refer to **03-01-016 "Notification of Media"**, Acute Emergency Response
- Refer to the **Communications Plan: 02-06-01 "Requirements"**



## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-014	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COOPERATIVE ARRANGEMENTS		July 2022

### COOPERATIVE ARRANGEMENTS

A cooperative arrangement between the facility and neighbouring facilities will:

- Allow a sharing of resources at the time of an emergency;
- Ensure that designated hospitals consider this nursing home in their area-wide planning;
- Maintain arrangements with schools, churches, and other appropriate facilities in the neighbourhood that can serve as Evacuation Centres.

### POLICY

All cooperative arrangements will be reviewed and updated annually or when a significant change occurs. All arrangements (including key location) should be confirmed with a letter of understanding and notification to emergency planning authorities and kept in a facility specific location.

- **APPENDIX K: Copies of Cooperative Arrangements**

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-01-015	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	DEPARTMENTAL EMERGENCY TELEPHONE LIST		July 2022

### SUMMARY

Emergency telephone lists are to be prepared to allow easy access to critical information in an emergency.

### POLICY

Each Department must maintain and updated copy of the **APPENDIX A- Master Emergency Telephone List**.

It is suggested that each department must also maintain telephone lists that are department specific and include those contacts that may be required in an emergency.

Insert copies of the departmental telephone lists into the Disaster Box(es).

- **APPENDIX L: Departmental Emergency Telephone Lists**

**Outline the location of each Departmental Emergency Telephone List:**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-016	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ADMINISTRATOR PRE-PLANNING RESPONSIBILITIES CHECKLIST		July 2022

### POLICY

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

### RESPONSIBILITIES CHECKLIST

1. \_\_\_\_ Plan Emergency Preparedness Program for facility and plan major tests in accordance to the **01-01-01 "Updating, Evaluating and Testing"** Policy.
2. \_\_\_\_ Review and exercise a portion of the program annually.
3. \_\_\_\_ Review program annually with facility management team/department heads.
4. \_\_\_\_ Evaluate all emergency trials, i.e. fire drills, evacuations minor/major annually.
5. \_\_\_\_ Plan "SCRUM" - as per table top exercise.
6. \_\_\_\_ Work with community disaster planning services/ Regional authorities.
7. \_\_\_\_ Determine and formalize an area of refuge and evacuation sites.
8. \_\_\_\_ Contact community emergency supply depot.
9. \_\_\_\_ Determine transportation options.
10. \_\_\_\_ Determine exit/entrance (traffic flow).
11. \_\_\_\_ Update Disaster Box(es) monthly.
12. \_\_\_\_ Plan disaster drills; contact of residents, family, and neighbours re: disaster drill.
13. \_\_\_\_ Assist in preparation of departmental mini binders for key personnel.
14. \_\_\_\_ Make available to Fire Department the full volume of MSDS sheets to alert them to any potential hazardous, combustible, or flammable chemicals that may be on site.

To print above checklist refer to "**Checklist - Administrator Pre-Planning Responsibilities (02-01-25)**"

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 02-01-017	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UPDATING, EVALUATING AND TESTING		July 2022

### POLICY

The home must ensure that all plans are updated, evaluated and tested. The most current plan must be available upon requested and posted on the homes website.

A written record must be kept regarding the testing of the emergency plans, planned evacuation and of the changes made to improve the plans.

### PROCEDURE- UPDATING

- The plan must be updated at least annually, including the updating of all emergency contact information
  - **01-03-07 "Emergency Telephone List"**
  - **01-07-01 "Community Consultation"**
- within 30 days of the Emergency being declared over

**Note:** All Community Entities, Residents & Family Councils must be offered the opportunity to offer feed back during the evaluation and updating process.

### PROCEDURE- TESTING

#### Annually

- Test the emergency plans related to:
  - the loss of essential services,
  - fires,
  - situations involving a missing resident,
  - medical emergencies,
  - violent outbursts,
  - gas leaks,
  - natural disasters,
  - extreme weather events,
  - boil water advisories,
  - outbreaks of a communicable disease,
  - outbreaks of a disease of public health significance,
  - epidemics,
  - pandemics
  - floods,
  - including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

#### Triennially (At-least)

- Test **all other** emergency plans at least once every three years:

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 02-01-017	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UPDATING, EVALUATING AND TESTING		July 2022

- Conduct a **planned evacuation** at least once every three years
- including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

### PROCEDURE- EVALUATION

- Within 30 days of an emergency being declared over, after each instance that an emergency plan is activated, or
- Annually should the plan not be activated.

**Note:** Emergency plans must be evaluated annually (or more often if necessary) to determine if changes need to be made.

- Changes may result from things like new hazards, different risk assessments, changes to building infrastructure, changing community partners, feedback from other emergencies plans enacted in the area, and the like.

### References

- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. Reg 268
- Long-Term Care Emergency Preparedness Manual, May 2022



## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR EVACUATION	Policy #: 02-02-01	
Approved by Senior Director of Corporate and Building Services	EVACUATION ROUTES	Implemented	Reviewed July 2022

This preplanned evacuation routes will be a guideline only. The Incident Manager will determine the appropriate exit(s) at the time of a disaster.

The keys for locked gates, if appropriate, are to be kept at exit doors on each wing.

- **APPENDIX M: Diagram of Physical Facility of Pre-Planned Traffic Flows for Exit from each Zone**
- **APPENDIX N: Floor Plan Outlining Primary Evacuation Routes**
- **APPENDIX O: Floor Plan Outlining Secondary Evacuation Routes**
- **APPENDIX P: Floor Plan Outlining Other Alternative Evacuation Routes**

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-02-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PLANNED EVACUATION OF RESIDENTS		July 2022

### EVACUATION OF RESIDENTS

Residents will be moved in a calm and orderly manner utilizing the team and chain procedure. They will be moved by staff in single file, or in groups, along the evacuation route. Rooms evacuated will be flagged using the facility evacuation identification system. Keep residents apprised of what is occurring.

Administrators will ensure the facility evacuation identification system has been approved by the Vice President of Operations/Designate at the corporate level and that all staff are trained in its use.

The evacuation of resistive residents shall be left until all other residents are evacuated from the zone.

When residents are being transferred from the facility:

- Obtain identification tags and markers from disaster box(es) for resident identification. Complete with resident's complete name;
- Those requiring the same level of care (residents from a particular unit), should be relocated together to simplify the matching of residents with staff from their unit;
- Check the resident's tag and make sure it is complete and accurate.
- **Refer to the Code Green policy: 03-03-01 "Procedure"**



## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  POLICY RECORDS	Policy #:  02-02-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	SELECTING EVACUATION AREAS		July 2022

### **PURPOSE**

The purpose of this procedure is to provide guidelines on the pre-selection of evacuation meeting areas for each home.

### **BACKGROUND**

During an evacuation of the home, persons will gather in the evacuation meeting area. The evacuation meeting area provides a location to conduct an accountability to determine if everyone has been able to leave the building, a triage area for those in medical distress, assists in controlling the movement of people in an emergency situation, and serves as a common point for staff and emergency services to tend to the residents.

### **SCOPE**

This policy applies to all UniversalCare homes and corporate offices.

### **POLICY**

Evacuation meeting areas must be selected prior to an emergency occurring and staff must be trained in the location of the identified area(s) assigned as evacuation meeting area(s) for use during an emergency evacuation.

### **SELECTING EVACUATION MEETING AREAS**

Each home must have at least one primary evacuation meeting area and one alternate evacuation meeting area. The Administrator will be responsible for predetermining the Evacuation Meeting areas using the following guidelines:

- Evacuation areas are typically in a parking lot that is maintained year-round (e.g., snow removal in winter, does not flood in heavy rain)
- Keep the evacuation meeting areas off of major driveways or fire routes that emergency vehicles may be using
- Evacuation areas should be on the opposite end of the parking lot from the home – providing some distance from the building
- Lawn areas may be used where parking areas are not accessible
- Where possible an evacuation meeting area should be upwind from the most common prevailing winds
- Evacuation meeting areas should have exterior lighting to safely walk to during night hours
- Evacuation meeting areas should be away from potential hazards such as electrical transformers, natural gas lines / meters, propane, or other fuel storage, etc.

Evacuation meeting areas should be marked with a sign that indicates “Evacuation Meeting Area” with the location area marked on the sign (e.g., “Evacuation Meeting Area A”)

## [Emergency Preparedness Plan]

Section:  CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject:  POLICY RECORDS	Policy #:  02-02-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	SELECTING EVACUATION AREAS		July 2022

No evacuation meeting areas will be “perfect”. Evacuation meeting areas are selected for the purpose of having a location to quickly meet at outside of the building. Once assembled and an accountability has taken place, the Incident Manager may direct persons to an area of refuge or to a location away from the home should there be a risk (e.g., smoke) for the current evacuation area.

Upon evacuation a "triage area" should be established at the evacuation meeting area to care for those who may require immediate medical assistance. This area should be part of the evacuation meeting area but separated to keep those requiring immediate medical assistance separate from those who are "stable".

The "triage area" will, where possible, have easy access to the street for EMS to access the patients in the triage area.

### ACCOUNTABILITIES FOR COMPLIANCE

#### ADMINISTRATOR

Responsible for pre-selecting a primary evacuation meeting area and an alternate evacuation meeting area at each home. The evacuation meeting area will be posted at each home and all staff will be informed of the location

#### TRAINING AND EDUCATION FOR STAFF

All employees, students and volunteers must, at minimum, be aware of the evacuation meeting areas. Prior to an employee starting their first shift, and annually thereafter, staff and volunteers must complete an Emergency Preparedness Training Program.

Refer to: **05-01-02 "Minimum Components"** for more details.

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-02-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE		July 2022

### PURPOSE

To provide the home with clear direction when determining an area of refuge.

### BACKGROUND

An "area of refuge" is a TEMPORARY REFUGE FOR RESIDENTS AND STAFF AND/OR A SITE FOR TRIAGE but does not allow for care to be re-established. Examples of areas of refuge may include church or place of worship, school, recreation centre, community hall, theatre, mall, or other location that can accommodate the residents and staff from the home.

The area of refuge will be external to the current residential care home, however, it may be an adjoining building, as long as the building has a separate utility and a clear fire separation.

If an "area of refuge" is not available in a building in close proximity, an agreement with a bussing company to provide accessible busses may serve as temporary shelters on a very short-term basis or to transport the residents to a shelter later on.

Access should be available 24 hours per day.

### SCOPE

This policy applies to all UniversalCare homes and corporate offices.

### POLICY

Each Home will identify and establish a memorandum of understanding with regards to having an area of refuge in the event that an emergency evacuation must take place.

You must have an agreement between area of refuge and facility that is **updated Annually**.

### DEFINITIONS

#### AREA OF REFUGE

Is temporary refuge for residents and staff and/or a site for triage but does not allow for care to be re-established.

#### ESTABLISHING AN AREA OF REFUGE

Each home will make plans and establish memorandums of understanding for an area of refuge in the event that the home must be evacuated under emergency conditions.

The Memorandum of Understanding will include at a minimum the following:

- Location of the Area of Refuge
- Capacity of the Area of Refuge
- Contact information and notification procedures including 24-hour notifications for after hour access

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE		July 2022

- Wheelchair accessibility
- Fees, charges or other associated costs or confirmation of no fees / charges / costs
- Annual confirmation

### ACCOUNTABILITIES FOR COMPLIANCE

#### ALL STAFF

- Responsible to ensure that they understand and comply fully with the Area of Refuge policy and procedures

#### VP OF OPERATIONS/DESIGNATE

- Accountable for removing and reporting of barriers to compliance
- Responsible for supporting, advising, and directing the home's management team
- Accountable for promoting and confirming implementation and application of the policy within their region

#### ADMINISTRATOR

- The Administrator shall establish an agreement for an "area of refuge" that can be accessed 24/7 in the event of an evacuation and ensure that all department heads and Nurses are aware of the location(s) and notification procedures
- Accountable for ensuring the home's operations align with corporate objectives and priorities and jurisdictional requirements

#### DIRECTOR OF CARE

- Accountable to oversee the implementation of the Area of Refuge policy and procedures in the home
- Responsible for ensuring the Area of Refuge policy and procedure is communicated to all persons having any type of working or non-working relationship with the home
- Accountable for ensuring each employee and volunteer is made aware of the contents of the Area of Refuge policy through orientation and implementation of employee/volunteer training
- Responsible for ensuring that at least once in every calendar year, an evaluation is made to determine the effectiveness of the Area of Refuge policy and procedures

[Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-04	
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE	Implemented	Reviewed
			July 2022

**Insert the facility names and locations that you have an agreement with below. It is best to establish one location if possible to keep all residents together until or if more permanent accommodations can be determined.**

- APPENDIX Q: Area of Refuge Agreements

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-02-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - RESIDENTS		July 2022

### SUMMARY

Transportation options will be required for relocation of residents and equipment to the evacuation site.

### POLICY

In order to plan for the safe transport of residents, it is important to try to categorize residents by need and establish the type and number of transportation vehicles that could be required.

### PROCEDURE

# of Residents	# and Type of Transport
___ Ambulant	___ car/buses
___ Wheelchair	___ disabled transport buses
___ Bedridden	___ ambulance
___ Other	___ ambulance bus
___ Home (facility)	___
___ Total Residents	

In the example of a controlled emergency it will be helpful to have predetermined vehicle and exit locations; i.e., ambulance to front door, buses to receiving where they can turn around.

**Distance to Transfer Site:** \_\_\_\_\_

**Estimated Length of Time to Transfer Total Residents:** \_\_\_\_\_

**FACILITY SPECIFIC PLANNING IS REQUIRED FOR TRANSPORTATION OF RESIDENTS.**

[Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - RESIDENTS		July 2022

**General Organization Information i.e name, phone number and transport capacity available for service:**

**Ambulance/Ambulance Bus**

**Handi Van:**

**Private Car:**

**Trucks – for moving equipment:**

**Taxi:**

- APPENDIX R: Transportation Agency Name and Rep Contact Information
- APPENDIX S: Floor Plan of Predetermined Vehicle and Exit Locations

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

### **PURPOSE**

Ensuring the transportation of clients and residents is done safely is essential. The policy is to minimize the risk to the passengers and to provide guidelines in the event of a transportation accident or emergency.

### **BACKGROUND**

The home may utilize corporate, staff, or volunteer vehicles for resident outings and events to transport clients and residents to and from programs, events, appointments, and other outings. It is vital that this is done in a safe and controlled manner.

### **SCOPE**

This policy applies to all UniversalCare homes and corporate offices.

### **POLICY**

The transportation of residents in vehicles operated by staff or volunteers must be done in a safe manner. Any accidents occurring while operating a home vehicle or transporting clients / residents must be reported immediately to both the police and the Administrator.

### **ACCOUNTABILITIES FOR COMPLIANCE**

#### **ALL PERSONS**

Responsible to ensure that they understand and comply fully with the transportation policy and procedures

#### **VP OF OPERATIONS/DESIGNATE**

Accountable for removing and reporting of barriers to compliance.

Responsible for supporting, advising and directing the home's management team.

Accountable for promoting and confirming implementation and application of the policy within their region.

#### **ADMINISTRATOR**

Accountable for ensuring the residential care home's operations align with corporate objectives and priorities and jurisdictional requirements.

Accountable to oversee the implementation of the Transportation policy and procedures in the . home



## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

### **DIRECTOR OF CARE**

Responsible for ensuring the Transportation policy and procedure is communicated to all persons having any type of working or volunteer relationship with the home.

Accountable for ensuring each employee and volunteer is made aware of the contents of the Transportation policy through orientation and implementation of staff / volunteer training

Responsible for ensuring that at least once in every calendar year, an evaluation is made to determine the effectiveness of the Transportation policy and procedures

### **STAFF**

Responsible to ensure that they understand and comply fully with the Transportation policy

### **DEFINITIONS**

#### **REGISTERED STAFF:**

refers to registered nurses, registered practical nurses, and licensed practical nurses;

#### **CARE STAFF:**

refers to healthcare aides, nursing assistants, and personal support workers

### **PROCEDURE**

1. Provide proof of being appropriately licensed on an annual basis for the type of vehicle(s) being driven
2. Immediately report the loss of your license (even if temporary) for any reason to the Administrator/Designate. No person will drive a vehicle with a passenger on board or any residential care home vehicle when they are not properly licensed
3. Immediately report the accumulation of demerit points of 6 or more points to the Administrator/Designate. Management will review the circumstances of the point accumulation to determine whether or not the staff member or volunteer should continue driving the home's vehicles or vehicles with the home's passengers
4. Provide an annual drivers abstract from the local police service and submit it to the Administrator/Designate. Management will review any accumulation of 6 or more demerit points and the circumstances of the point accumulation to determine whether or not you should continue driving vehicles with passengers
5. New drivers must provide the driver's abstract at their own cost. The home will reimburse the cost of subsequent annual driver's abstracts with the submission of an official receipt
6. Complete the appropriate forms if involved in a collision with a home vehicle or any vehicle with a resident on board

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-02-06	
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Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

7. The home will ensure appropriate liability insurance on all its vehicles
8. When private/personal vehicle(s) are being used to transport residents, they must have a minimum of \$3,000,000 liability insurance
9. Drivers will complete a daily inspection of home vehicles using the approved check sheet. Report any vehicle deficiencies to the Administrator
10. Emergency exits will be kept clear at all times and will be checked daily as part of the daily vehicle check
11. No person will drive a home vehicle or transport residents while under the influence of alcohol or illicit drugs (any consumption within the past 12 hours)
12. No person will drive a home vehicle or transport residents while taking any medications that may cause drowsiness or impairment
13. It is critical that drivers have their full attention on driving and are not distracted or have their vision or ability to hear passengers or emergency vehicles impaired by any device. While driving a home vehicle or transporting a resident DO NOT:
  - Use a cell phone while driving, including hands free cell phones. Cell phones will only be used while the vehicle is in park
  - Use other devices or communications, including email, texting, SMS, programming GPS
  - Use a headset or have music turned up so as to impair the ability to hear passengers, horns or emergency vehicles
14. All bus drivers will participate in a vehicle evacuation exercise annually
15. At the end of each trip the bus driver will walk through the bus checking for items or persons who may still be on the bus. A walk around the bus will be done to check for any unnoticed damage and to ensure the vehicle has been parked safely
16. Drivers will notify the office of any delays in their assigned travels
17. All persons will always wear seatbelts during the transportation. Drivers will check to ensure all persons are properly secured in a seatbelt.

### ADMINISTRATOR / VOLUNTEER COORDINATOR

1. Assess driving experience of all new drivers for suitability in driving vehicles with the home's passengers
2. Keep a photocopy (front and back) of the driver's license for each staff or volunteer driver on file
3. Add regular drivers to the vehicle insurance list provided to the insurance company
4. When staff and volunteer drivers report the accumulation of demerit points of 6 or more points review the circumstances of the point accumulation to determine whether or not the driver should continue driving the home's vehicles or vehicles with the home's passengers
5. When staff and volunteer drivers who drive a home vehicle or transport passengers have an annual drivers abstract done, review it for any accumulation of 6 or more demerit points. If there is points accumulation of 6 or more, review the circumstances

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-02-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

of the point accumulation to determine whether or not the driver should continue driving vehicles with passengers

6. Ensure there is appropriate liability insurance on all the home's vehicles
7. Ensure each of the home's vehicles have an annual certification as required by the provincial transportation officials
8. Ensure brake inspections are conducted every 6 months on the home's vehicles by a mechanic
9. In severe weather, monitor the activities of the local school bus services. If school buses have their routes canceled due to severe weather, then the home will cancel all transportation. The Administrator/Designate may cancel transportation at their discretion even if the school bus services continue to operate

### VEHICLE ACCIDENT

#### STAFF / VOLUNTEER INVOLVED IN THE ACCIDENT

In the event of any accident while driving a home vehicle or any vehicle while transporting residential care home passengers, the following procedures will be followed:

1. Call 9-1-1 if injuries, fuel spillage, fire or any risk of other hazard
2. If there are not any injuries, fuel spillage or hazards call Police non-emergency number or proceed to the closest collision reporting centre
3. Evacuate the vehicle if there is any risk to passengers by remaining in the vehicle. Where possible, evacuation will be completed through the normal vehicle doors
4. If there is fire, smoke, or normal entrances are blocked, emergency exits shall be utilized. Where possible, one staff member / volunteer will assist the passenger from inside the vehicle and one staff member / volunteer will assist from outside the exit
5. Provide first aid to any injured persons
6. If there is no risk of fire or other immediate hazard to the passengers they should remain in their seats. Injured persons should not be moved unless remaining in their location puts them at greater risk (e.g. need to evacuate)
7. If the vehicle is in a dangerous location due to other traffic, notify the Police
8. Call the Administrator / delegate as per phone list on the bus
9. Exchange the following information with any other vehicles involved in the accident:
  - License plate
  - Vehicle description (make, model, colour, approximate year)
  - Driver's name, address, license number
  - Insurance company / policy number
  - Ownership registered to (name, address)
10. A disposable or digital camera will be kept on board each of the home's vehicles. The driver or other staff member will take photos of any damage to the home's vehicle, other vehicles involved, or any property damaged. A photo of the intersection or roadway will assist in confirming the weather conditions

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

11. In the event of a mechanical breakdown, move the vehicle to a safe location off the traveled portion of the road if possible and use reflective markers to denote a disabled vehicle
12. Complete the accident report form and submit to the Administrator
  - **"Collision Reporting Forms (02-01-02)"**

### ADMINISTRATOR

1. Provide guidance and support to the staff / volunteer involved in the accident
2. Determine if a supervisor / manager will proceed to the accident scene (if safe to do so). This would be to assist or provide guidance to any staff, volunteers, residents or clients involved in the accident, take photographs of the accident, secure property, liaise with police or others
3. Ensure an accident report is completed by those involved in the accident
4. Ensure any damage to the home's vehicle(s) is repaired and the vehicle(s) deemed safe

### RELATED REPORTS AND CHECKLISTS

- **"Collision Reporting Forms (02-01-02)"**
- **"Vehicle Circle Check (02-01-12)"**

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - EQUIPMENT		July 2022

### SUMMARY

Transportation options will be required of equipment and supplies to the evacuation site.

The following is a list of items that may need to be transported:

- Staff Phone List;
- Family Phone List;
- 24-hour Census;
- 24-hour Unit Reports;
- Medication Administration Binders;
- Resident Care Plans;
- Health Care Records;
- Addressograph Cards;
- Addressograph Machine;
- Adequate blankets/bedding/towels;
- LOA book;
- Staff Roster;
- Medications and Medication Carts;
- Emergency Drug Box;
- Suction Machine;
- Oxygen Concentrators/Tanks
- Residents' personal clothing/grooming aids;
- Food and Food Service Supplies (e.g. Disposable dishes, cutlery, serving utensils, carts, etc.);
- Nursing supplies;
- Mattresses;
- Commode chairs/bed pans;
- Linen – incontinent products, pillows;
- Computer Disks;
- M.S.D.S./S.DS Mater Binder;
- Soap.

**Estimate number of trucks required to transport necessary supplies based on your external evacuation site\_\_\_\_\_**

[Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-07	
		Implemented	Reiewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - EQUIPMENT		July 2022

**Insert the type and number of transportation required to relocate residents, equipment and supplies to evacuate site.**

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PRE-PLANNING	Policy #:  02-02-08	
Approved by Senior Director of Corporate and Building Services	PRE-PLANNING RETURN	Implemented	Reviewed  July 2022

### SUMMARY

It is important that the return to the facility be preplanned to ensure the transfer is safe and minimizes any further trauma.

It may be necessary to arrange for counseling and support services for residents and staff and families/significant others prior to the return, during the return and for the adjustment period following.

Refer to **04-01-02 "Checklist - Returning to Evacuated Area"**, Post-Emergency.





## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PLANNING FOR LOSS OF SERVICES	Policy #:  02-03-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF UTILITIES		

IMPACT OF LOSS OF UTILITIES	EXAMPLES OF CONTINGENCY ARRANGEMENTS
<b>Loss of Power:</b> <ul style="list-style-type: none"> <li>• Loss of lighting</li> <li>• Loss of telephone</li> <li>• Loss of Oxygen concentrators</li> <li>• Loss of suction machine</li> <li>• Loss of fridge/freezer</li> <li>• Loss of generator</li> </ul>	<ul style="list-style-type: none"> <li>• Rental of mobile generators</li> <li>• Battery operated flashlights</li> <li>• Rental of halogen light banks</li> <li>• Gasoline for generator</li> <li>• Identify other dedicated telephone lines that may be available; i.e., fax line</li> <li>• Rental of cell phones</li> <li>• Oxygen supplies</li> </ul>
<b>Loss of Water:</b> <ul style="list-style-type: none"> <li>• Heating boilers</li> <li>• Drinking Water</li> <li>• Sewage Disposal</li> <li>• Refrigerator Unit etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Hook up to fire hydrant</li> <li>• If power available, rental of construction heaters</li> <li>• Culligan Telephone #</li> <li>• Rental portable toilet</li> </ul>
<b>Loss of Natural Gas:</b> <ul style="list-style-type: none"> <li>• Loss of washers/dryers</li> <li>• Loss of hot water etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange external laundry services</li> <li>• Rental of electric heating coils for heating water.</li> </ul>
<b>Loss of Sewer Service:</b> <ul style="list-style-type: none"> <li>• Loss of toilets</li> <li>• Loss of drains and tubs</li> <li>• Loss of drains to laundry equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange portable toilets</li> <li>• Collection &amp; disposal of waste arrangements</li> </ul>

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF POWER		July 2022

### PURPOSE

To provide staff with a basic understanding of the operation of the Generator Power System.

### PROCEDURE

Flashlights will be kept at each nursing station to assist in the event of a power failure.

In the event of an electrical power failure the facility's Standby Diesel/Natural Gas Generator System will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to the Home is interrupted, there will be up to a ten second delay during which time the Home will be in darkness, then the lights will be restored. The ten second delay is the time required for the engine to start.
2. There will be emergency lighting throughout the building. Not all lighting will operate.
3. Normal electrical outlets will not have power throughout the facility. However, there are emergency power outlets available which are marked outlets (labeled or coloured).
4. When the outside power comes back on, the generator will automatically shut off after a short cool down period.

### Maintenance Staff

1. The tank holds enough gas to fuel to last \_\_\_\_\_ **hours**; however, fuel consumption must be monitored every 8 to 12 hours. Order fuel when it reaches ½ tank.
  - **Note:** This does not apply to natural gas powered generators

### Registered Nurse /Incident Manager

1. During a power failure, assume the role of Incident Manager.
2. If a power failure lasts for more than 2 hours, contact the local utility for an estimate on when power will be restored.
3. Provide the information gathered to the Administrator.
4. If a power failure lasts for more than 2 hours, notify the maintenance manager/designate who will set up a time to inspect the generator to ensure it is running within specification (e.g., temperature) and ensure adequate fuel.
5. If a power failure lasts more than 2 hours, notify the Dietary Manager so that an alternate meal can be planned if required and the fridge/freezer temperatures can be monitored and recorded.
6. Notify the Administrator/designate if additional staff are required to assist with tasks due to the power failure.
7. Consider canceling programs, special events and non-essential activities and reassigning staff in these departments to assist with essential services.

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF POWER		July 2022

8. If the power failure lasts more than two hours the Senior Incident Management System and team may be activated.
9. if the back up Generator System does not work, you have 3 hours to rent and get another portable Generator on-site.
10. Ensure Mag lock doors or door security systems are engaged/operational, if not steps to monitor and secure doors should be taken

### Registered Staff

1. Complete nursing documentation on the appropriate back-up forms until the computers are operational again (if required).
2. Once the power returns take steps to ensure documentation is added.

### GENERATOR TESTING

#### Maintenance Staff

1. The generator will be tested by Maintenance staff on a weekly basis as per the specifications of the manufacturer.
2. When the generator is tested it will normally be run at a 30% load.
3. Arrange for the generator to be inspected and tested by an authorized service company twice per year.

**Provide general details on Generator access and hook up for your home.**

[Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-02	
Approved by Senior Director of Corporate and Building Services	LOSS OF POWER	Implemented	Reviewed
			July 2022

**Facility specific impact of loss of power, listing equipment systems that will not operate without power supply and identified cooperative arrangements.**

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (02-01-015 "Departmental Emergency Telephone List") 01-03-07 "Emergency Telephone List"

- APPENDIX T: Utility Specific Shut off Procedures
- APPENDIX V: Utility Agency: Firms and Rep Contact Information

## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE- PLANNING	Subject:  PLANNING FOR LOSS OF SERVICES	Policy #:  02-03-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF WATER		July 2022

### STATEMENT OF INTENT

To provide an alternate supply of water in the event of a city water supply disruption and initiate a plan of water conservation within the facility.

The major issue with a water system failure is sanitary and hygiene use such as flushing toilets, bathing etc. Water for cooking and drinking should be available or accessible in adequate amounts through bottled water.

### PROCEDURE

#### Administrator

Ensure that there is a minimum of 160 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

Designate the maintenance person or an alternate staff member to contact the Public Works Department for information regarding the severity and duration of the disruption. The staff member who contacts the Public Works Department will communicate this information to the Registered Nurse, Director of Nursing, Maintenance Supervisor, and Administrator.

#### Registered Nurse

In the event of a water supply disruption contact the Administrator or Administrator on call.

#### Disruption Lasting Less than 4 hours

##### Incident Manager

1. If the water disruption is expected to be less than 4 hours ensure bottled water is available for distribution.

##### Director of Nursing

1. Consider canceling non-essential programs / events / services, especially those involving outside visitors.

##### All Staff

1. Under the direction of the Incident Manager, distribute bottled water to residents as required.
2. Continue your normal work duties.

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF WATER		July 2022

### Disruption Lasting More than 4 hours

#### Administrator

1. If the water disruption is anticipated to exceed four (4) hours, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to 4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 128 people = 512 liters).
2. Consider initiating the staff fan out list to provide additional staff to allow staff to take breaks off site where there are functioning toilets, to assist with the distribution of water, and additional resident care requirements.
3. Consideration will be given to providing staff extended breaks to use washroom facilities with running water (e.g. contacting a local school, community centre, business, mall etc. to request permission to use their facilities).
4. If it is anticipated there will be a long term water outage the team may encourage family members to take residents home for the duration of the water disruption where practical.
5. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair assessable with heating and air conditioning.
6. A water tanker can be used to provide water for flushing toilets with either a pump/hoses or trolleys/pails to transport the water. This is a labour intensive effort and has the added risk of wet floors causing a slip and fall hazard therefore caution needs to be exercised.

- **APPENDIX W: List of Bottled Water, Portable Toilet & Water Tank Suppliers Rep Contact Information**

### Disruption Lasting More than 24 hours

#### Administrator

1. If the water disruption is expected to exceed 24 hours consider a non-emergency evacuation.

### Advanced Notice of a Disruption

#### Administrator

1. In the event the water disruption has advanced notice (e.g. during water line construction) notify all departments in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).
2. Consider canceling all non-essential programming when there is advanced notice of a water disruption.

## [Emergency Preparedness Plan]

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF WATER		July 2022

3. For resident home areas, arrange for tubs to be filled up with water and make pails available for the purpose of flushing toilets (from external source). Tub room doors will be locked to prevent resident accidents involving a full tub.
4. Ensure bottled water and canned juices are distributed to each floor and program area.
5. Portable toilets can be rented – including handicapped accessible toilets in trailers with heating and air conditioning

### IMPACT OF LOSS/CONTINGENCY PLAN

**Facility specific impact of loss of water supply, listing equipment systems that will not operate without water supply and identified cooperative arrangements.**

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (02-01-015 "Departmental Emergency Telephone List") 01-03-07 "Emergency Telephone List"

- **APPENDIX V: Utility Agency: Firms and Rep Contact Information**





## [Emergency Preparedness Plan]

Section:  EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject:  PLANNING FOR LOSS OF SERVICES	Policy #:  02-03-05	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	BOIL WATER ADVISORY		July 2022

### SUMMARY

Loss of Water Supply may result in failure of facility systems such as loss of:

- Safe drinking water supply.
- Domestic water supply for toilets, bathing, etc.
- Use of equipment requiring water supply, e.g., steam cooker, coffee urns, washers.

### ALTERNATE WATER SUPPLY

In the event of a water main break or other disaster resulting in the interruption of normal water supply, arrangements should be made to access water from nearby fire hydrant. Facility water system can be set up with a "T" in line and special hose connectors to accept a 2-inch fire hose.

**Note:** Fire hydrant water may be treated or untreated water and may not be suitable for consumption, therefore, alternate potable sources of water will be needed.

The temporary water supply should be protected from freezing in cold climatic conditions. This can be achieved by wrapping the hose with batts of fiberglass insulation and keeping a substantial flow of water flowing, preferably through 3/4-inch pipe or by covering with electrical heating blankets.

**Note:** Public Health may issue a boil water advisory should the municipal water become contaminated. Should this occur, please follow the procedure as outlined below:

### PROCEDURE

1. The kitchen will need to ensure that all water used in cooking, drinking and in beverages be brought to a rolling boil for a minimum of 1 minute before cooling.
  - Storing in clean sanitized containers with tight covers.
2. Notices not to drink the tap water will be posted at all water fountains and sinks.
3. The Charge Nurse/Incident Manager/Designate will contact Public Health to confirm that the water is safe for bathing and other direct uses on the skin.
4. Laundry can continue during a boil water advisory.

### RELATED CHECKLISTS

- **"Boiled Water Advisory- Training Record of Attendance Checklist (05-01-03)"**