Date Originated: December 2, 1999	Author: Karen Edge	Input from:
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PART 1:
REPLACES POLICY:

C-11-20-10 – General Emergency Procedures Outline

C-11-20-11 – Emergency Numbers and Contacts

SCOPE OF POLICY: To comply with:

[1] Fixing Long Term Care Act, 2021, Section: **90**

[2] Fixing Long Term Care Act, 2021- O. Reg. 246/22 Sections: **268-273**

[3] Retirement Homes Act, 2010, Sections: **60 (1)(4)**

[4] Retirement Homes Act 2010 – O. Reg. 166/11 Section: **24, 25 (1-5)**

EXCEPTIONS AND LIMITATIONS: [n/a]

APPLIES TO: All Staff

INTRODUCTION: An emergency is 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 action to ensure the safety of people, building and environment.

Emergencies can occur at anytime and can result in serious harm. The safety, security and well-being of our entire community, but especially our residents, is of utmost importance at all times. Being prepared to handle an emergency is critical to minimizing its effect. This document, as well as the associated Code policies, are written as a guide to handle unexpected situations to reduce possible consequences during an emergency, but are not intended to restrict other methods or operations that may be of assistance under the specific circumstance.

Assumptions:
1. The possibility exists that an emergency may occur at any time without warning.
2. In the event that an emergency exceeds the Home's capabilities, external services and resources may be required.
3. The external services and resources identified in this and specific Code policies will be available, when required.

PART 2:
EDUCATION AND TRAINING:
1. An overview of emergency plans is provided at Corporate Orientation.
2. An annual in-service of emergency plans is also offered. All staff are required to complete.
3. Each employee will receive specific training to their role in the various emergency plans by their Departmental Manager or Supervisor as necessary and/or applicable.
4. Contractors (both Direct and Non-Direct Care Providers) are required to complete an education package, in which an overview of emergency codes is included.
5. This General Emergency Plan is publicly posted on our website.

PROCEDURE:

Written Plans:
1. Each emergency plan shall be written.
2. Each plan shall contain the following elements:
   i. Plan activation
   ii. Lines of authority
   iii. Communications plan
   iv. Specific staff roles and responsibilities
   v. Plan discontinuation
   vi. Recovery from an emergency
3. When developing and updating the plans, the Home shall consult with applicable parties who may be part of the emergency plan, such as fire personnel, Public Health, Ministry of Environment, etc.
4. Additionally, the Home will consult with the Residents' and Family Councils on the emergency plans.

Required Plans:

As per the Fixing Long-Term Care Act and Regulations, and Retirement Homes Act and Regulations, emergency plans to deal with the following situations are required:
1. Outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics
2. Fire (Code Red)
3. Community Disasters (Code Orange), including natural disasters, extreme weather events, and floods
4. Violent/Aggressive Outbursts (Code White)
5. Bomb Threat (Code Black)
6. Medical Emergencies (Code Blue)
7. Chemical Spill (Code Brown), including natural gas leaks
8. Situations Involving a Missing Resident (Code Yellow)
9. Loss of Essential Services (Code Grey), including boil water advisory
10. Evacuation (Code Green)

On an annual basis, a hazard/risk assessment is conducted of the Home and surrounding vicinity or community that may give rise to an emergency impacting the Home. It is the responsibility of the Manager of Environmental Services (MES) to complete this assessment. When conducting the assessment, the MES shall confer with the Shalom Manor & Gardens leadership group, and others as deemed necessary. See Appendix D for a copy of the most recent Hazard Identification and Risk Assessment.

Availability of Supplies and Resources:
1. The Home has an emergency telephone number listing that lists the external community agencies, health service providers and companies that may be necessary to contact in case of various types of emergencies. The majority of these individuals are either current suppliers or government agencies who are aware of their requirements in an emergency.
2. The Home utilizes a staff fan-out list that is activated in the event there is an emergency at the Home for which additional staff are required, such as when a full evacuation of the Home is required.
3. The Home has a 72-hour supply of critical supplies including: hand sanitizer, disinfecting supplies, PPE, incontinence supplies, as well as non-perishable food supplies.

4. In the event of an evacuation:
    a. The Home has various agreements in place that would support in the event of an emergency, including: short-term gathering area (Evergreen Terrace), temporary holding area (Mountainview Christian Reformed Church), and transportation agreement (Switzer-Carty Transportation).
    b. The Home is part of the Collaborative Emergency Shelter Plan-Niagara, which is a listing of local long-term care homes that can temporarily house residents from Shalom Manor during an evacuation. There is a separate housing plan for Shalom Gardens residents.
    c. The Home has a 3-day emergency menu that is available through MealSuite. The Home also has commitment from both major food suppliers that an extra delivery could be completed in the event of an emergency.
    d. The Home has an agreement with our pharmacy provider to provide off-site delivery of medications, supplies and MAR sheets.
    e. Necessary items (ie. food supplies, critical supplies and equipment) would be transported to the necessary location(s) via a rental vehicle.
    See the Code Green policy for our full evacauation policy.

Staffing Contingency Plan:
1. At all times, we strive to maintain consistent staffing and maintain life in the Home as close to normal as possible. The following is available, but is only implemented as needed:
    a. Nursing Department:
        i. Staffing agencies to provide PSWs, RPNs and RNs as needed.
        ii. In the event of a staffing emergency, certain activities would take priority such as toileting, feeding and medications.
    b. Medical Services: Physicians can round remotely if needed.
    c. Recreation and Life Enrichment:
        i. Posted recreational calendars may be paused or altered
        ii. Potentional of small group or 1:1 programs
        iii. Types of programs are adjusted, such as the use of more technology
    d. Dietary Services:
        i. Posted menu may be altered
        ii. Stagger meal times
        iii. Offer tray service and/or service via steam table
        iv. Utilize staff in other departments to assist
        v. Engage with a staffing agency
    e. Environmental Services:
        i. Engage with a staffing agency
        ii. Prioritize tasks such as disinfection of High Touch Contact Points
    f. Administration:
        i. Ability to work remotely, if necessary
        ii. Prioritize tasks
        iii. Assist in direct care activities
    g. All Departments :
        i. Use of longer shifts, such as 12 hour shifts
        ii. Utilize cross-trained staff into other departments
        iii. Utilize designated Essential Family Caregivers to assist with care for their loved one, as able and willing
        iv. Utilize volunteers to assist, as able and willing
        v. Contact with Ministry of LTC for staffing support

Updating of Information:
1. The MES is responsible for ensuring arrangements with community agencies, partner facilities and resources are kept current. Arrangements include:
    o Collaborative Emergency Shelter Plan-Niagara for Manor Residents (annual)
    o Housing Plan for Gardens Residents (annual)
    o Evergreen Terrace - waiting area (every 3 years)
    o Mountainview Christian Reformed Church - temp holding location (every 3 years)
    o Switzer-Carty Transportation (every 3 years)
    o Emergency Staff Fan-Out List – Appendix B (reviewed annually, and as required)
    o Emergency Telephone Numbers List – Appendix C (reviewed annually, and as needed with change in vendor/supplier)

Testing, Review and Attestation of Plans:
1. All emergency plans will be reviewed and updated:
    o Within 30 days of an emergency being declared over when an emergency plan is activated; or
    o Annually, when a plan has not been activated in the year.
    The Manager of Environmental Services (MES) is responsible for reviewing the plans, in consultation with the entities involved in the emergency response, and the Leadership Team and IPAC Lead, as applicable.
2. Emergency plans shall be tested using real life scenarios, case study method or table top exercise method. At the completion of the incident/test, a record will be kept using the Emergency Plan Testing Form (Appendix A).
    a. On an annual basis, the following emergencies shall be tested:
        i. Loss or disruption of essential services (Code Grey)
        ii. Boil Water Advisory (Code Grey)
        iii. Gas Leak (Code Brown)
        iv. Situations involving a missing resident (Code Yellow)
        v. Medical emergencies (Code Blue)
        vi. Violent/aggressive outbursts (Code White)
        vii. Natural Disaster & Extreme Weather Events (Code Orange)
        viii. Flood (Code Orange)
        ix. Outbreak of a communicable disease, outbreak of a disease of public health significance, epidemic or pandemic (see OO-05-09-05-IPAC Program Policy)
    b. A planned evacuation drill shall be held, as follows, and will test the effectiveness and preparedness of our evacuation procedures:
        i. Shalom Gardens – at least once every 2 years
        ii. Shalom Manor – at least once every 3 years
    c. Every three years, the following emergencies shall also be tested:
        i. Community disaster (Code Orange), using an alternate example to the annual requirement
        ii. Bomb threat (Code Black)
        iii. Chemical spill (Code Brown)
    d. Fire (Code Red) is tested three times a month as per the Fire Code, including a witnessed fire drill with the Grimsby Fire Department on an annual basis. Additional testing is not completed.
3. The Home shall prepare an attestation of compliance with the required testing and will maintain a record of each attestation. The attestations will be submitted to the Ministry of Long-Term Care on an annual basis.

Distribution of Emergency Plan:
1. All plans are available on Surge Learning Policy Professional, accessible on all computer desktops.
2. Additionally, paper copies are also provided to and should be stored in:
   - Admin hallway – policies & code placemats
   - Building RN office – policies & code placemats
   - Care Coordinator office – policies & code placemats
   - Maintenance office – code placemats only
   - Each nursing station – code placemats only
   - Kitchen – code placemats only
   - Laundry– code placemats only

Critical Incident Reporting – Manor:
1. The CEO or designate is responsible for ensuring required critical incidents are submitted, in accordance with O. Reg. 246/22. Specific reporting requirements are outlined in each specific Code policy.
2. Where a critical incident has been submitted, a written report must be submitted within 10 days of becoming aware of the incident that outlines: description of the incident; the individuals involved in the incident; actions taken in response to the incident; analysis and follow-up actions; and other details related to the initial report.

COMMUNICATION
Applicable parties will receive communication at the beginning of the emergency, when there is a significant change throughout the course of the emergency and when the emergency is over. Specific communication protocols are outlined in each specific Code policy.
   a. Residents will be communicated with in a manner that is appropriate with their level of cognitive functioning (printed memos, told in person, etc.)
   b. Families will receive electronic communication.
   c. Staff will receive electronic communication and through emergency updates posted at work stations. These updates will be reviewed at shift change.
   d. The Manager of Programs and Support Services or designate is responsible for communicating with Residents' and Family Council. Each Council is able to determine the method for and frequency of communications.

This General Emergency Plan is available on the Home's website and is available in alternate forms upon request from the Receptionist.

Remaining Code Policies are available upon request from the Receptionist.

MONITORING (RISK MANAGEMENT):
- As outlined above

QUALITY IMPROVEMENT (EVALUATION):
- As outlined above

APPENDICES:
[A] Emergency Plan Testing Form
[B] Emergency Staff Fan-Out List
[C] Emergency Telephone Numbers List
[D] Hazard Identification and Risk Assessment

SEE ALSO: CODE POLICIES
[E] Fire Emergency (Code Red)
[F] Fire Safety Plan
[G] Community Disaster (Code Orange)
[H] Violent Outbursts (Code White)
[I] Bomb Threat (Code Black)
[J] Medical Emergencies (Code Blue)
[K] Chemical Spill (Code Brown)
[L] Spill Control Procedure (Appendix)
[M] Missing Resident (Code Yellow)
[N] Loss of Essential Services (Code Grey)
[O] Resident Evacuation (Code Green)
[P] Water Leakage – Emergency Response
[Q] Water Leakage – Valve Locations (Appendix)