Emergency Preparedness and Response Program and Plans

Last reviewed: February 2025

Note: This document is an overview of extendicare's emergency preparedness and response program. For further details, refer to the Emergency Planning and Management manual in addition to home-specific emergency response plans (ERPs) and Fire Safety Plans (FSP) which include reference to business continuity, and

Appendices:
- Appendix 1 – IMS Roles and Job Actions
- Appendix 2 – Understanding HIRA
- Appendix 3 – Emergency Response Plan Overview
- Appendix 4 – Fire Safety Plan Overview
- Appendix 5 – Fire Safety Training/ Education
- Appendix 6 – Disaster Box Contents
- Appendix 7 – Emergency Codes
- Appendix 8- Outbreak Management and Pandemic Plans

Required documents:
- Emergency code procedures and checklists- Emergencies are managed using procedures noted in the emergency codes procedures and checklists within the Emergency Response policy in Extendicare's Emergency Planning and Management Manual.
- Education modules – Training for emergency codes and Fire Safety is provided to staff.
- Home Specific Emergency Response and Fire Safety Plans- In conjunction with the Emergency code procedures and checklists, emergencies are managed using the business continuity plan, the home specific contacts, agreements and schematics within the ERP.

Program

Every Extendicare home has an emergency preparedness and response program in effect that reflects the model of The Incident Management System (IMS) and includes a comprehensive home-specific Emergency Response Plan (ERP) and Fire Safety Plan (FSP) that defines and communicates clearly the standard response in an emergency, specific to the home.

Each home utilizes the emergency codes as per Extendicare's Emergency Response policy and procedures for handling an emergency situation. These can be seen in

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Program

section 2 of Extendicare's Emergency Planning and Management Manual. The emergency codes Extendicare utilizes can be found in Appendix 7.

Each home has an Emergency Response Plan and Fire Safety Plan that meets provincial and municipal regulations as well as national Fire Code and IMS emergency response standards, and that is based on information identified in a home-specific Hazard Identification and Risk Analysis (HIRA).

The home's ERP is available and understood by all staff and volunteers who participate in emergency preparedness activities, training, drills and evacuation procedures. Note the following:

a. Each home practices response to all codes at least once per year;

b. Colour codes, fire safety and IMS training is included in orientation of new staff; and

c. Colour codes, fire safety and IMS training is provided annually to all staff.

All staff members will participate in training using IMS principles that includes practicing emergency management with a multidisciplinary approach (involving two or more services or departments).

Note: *Local municipality disaster/emergency response plans may supersede this program.*

Background

The Incident Management System (IMS) is an internationally accepted system for managing emergency situations. Extendicare adopted the IMS to improve the management of emergencies and to ensure an effective nationwide system is in place. Thoughtful planning and practice before an emergency occurs will provide staff with effective knowledge. Regular in-service sessions in preparing staff to respond in a timely and appropriate manner in emergency situations are required.

Procedures

Administrator/ Executive Director / Staff Educator / Designate

Overview

1. Incorporate emergency preparedness and response training into staff development programs.

2. Identify the location of an Emergency Operations Centre and if you are the Incident Manager during an emergency, designate staff to carry out IMS role(s) as per the *IMS Roles and Job Actions, Appendix 1*.

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3. Ensure all staff receive and participate in training annually to fulfill the requirements of the program in the event of an emergency that includes at minimum:

   a. Emergency Colour Codes;

   b. Fire Drills;

   c. Evacuation;

   d. R.E.A.C.T. fire procedures;

   e. Emergency lifts and carries; and

   f. Tabletop Scenario Exercises

   Note: *Additional information on fire safety-related training and education can be found in Fire Safety Training and Education, Appendix 5.*

Hazard Identification And Risk Analysis (HIRA)

1. Complete a HIRA to prioritize prevention, mitigation and training priorities for the home based upon the analysis' determination of the various hazards that are pertinent to the home's specific location/geographic area. Refer to *Understanding HIRA, Appendix 2*.

Home-Specific Emergency Response Plan

1. Update the home-specific emergency response plan every 6 months and as required using a team approach comprised of home leadership staff and outside partners such as fire, paramedics, police and other local partners, using information identified in a home-specific Hazard Identification and Risk Analysis (HIRA). Refer to *Emergency Response Plan Overview, Appendix 3*.

2. Review the ERP with the Regional Director/ Regional Director of Operations and representative from Occupational Health and Safety Committee.

Fire Safety Plan

1. Update Extendicare's Fire Safety Plan template annually to ensure a home-specific Fire Safety Plan that includes home-specific information outlined in *Fire Safety Plan Overview, Appendix 2*.

Procedures

2. Ensure the Fire Safety Plan is reviewed and approved by the Chief Fire Official having jurisdiction as applicable. Edits can be made as requested by municipal fire officials.

Major Emergency Exercise

1. Every three (3) years the home must conduct a major emergency preparedness exercise involving at least two or more services in the home. Community response agencies should be included if possible. Consider creating a mock disaster, with possible partial evacuation, for a major emergency preparedness exercise. The mock major emergency disaster exercise could include:

   a. Loss of utility(s);

   b. Fire; and

   c. External/Natural disaster.

   Note: *Homes should plan the exercise in conjunction with regional ministry/health authority personnel and/or the local emergency response group.*

Annual Emergency Drill

1. Test portions of the emergency plan with drills and exercises annually. The drill must include at least two (2) areas of service. Examples include:

   a. Emergency fan out list (to be practiced 2 times a year);

   b. Triage;

   c. Assessment treatment centre;

   d. Code Brown;

   e. Code Orange (acting as a receiving centre); and

   f. Code Green (mock disaster with partial evacuation).

Orientation Of New Staff

1. Provide new staff with an orientation to the Emergency Planning and Management Manual:

   a. Ensure new staff read and understand the Emergency Response Plans applicable to their work area;

    b. Ensure new staff receive orientation on the contents of the Emergency Planning And Management Manual and the home's ERP; and

    c. Orient staff transferring to a new position to the fire safety procedures for that area.

Incident Manager

1. The Incident Manager may maintain all of the functions of IMS for low to moderate risks. For high risk or critical incidents, as determined by the Incident Manager, teams or individuals may be assigned to each function. The Incident Manager will have the authority to cancel any staff leave, if required, based on the nature and extent of the emergency.

2. Establish and organize the IMS functions.

3. Provide the individuals/ teams assigned to the IMS functions with their associated Job Action checklists and designate them using the appropriate colour if using colour designation. Colour designation for each function can be seen in Appendix 1, IMS Functions.

4. Assume responsibility for implementing the Emergency Preparedness procedures and directing staff to ensure the safety and security of residents, visitors, staff and volunteers.

5. Use Extendicare Incident Manager Checklists when responding to any emergency code, natural disaster or extreme weather event to assist with the direction of completing tasks during an emergency, including recording the time when each task was completed.

Disaster Boxes

1. Ensure disaster boxes are ready for any emergency situation.

2. Label disaster boxes boldly; ensure they are easily transportable, and store them at separate locations that include at minimum the following:

    a. Designated location of the Emergency Operations Centre; and

    b. Nursing station.

Procedures

> **Note:** Disaster box contents are outlined in Appendix 6, Disaster Boxes.

IMS Leaders
1. Be trained on and fully aware of your specific role(s) and responsibility(s) in any emergency situation.
2. Ensure these specifics are communicated to all staff.

All Staff
3. Apply preventive, preparedness, responsive and recovery procedures when managing an emergency, including:
   a. Training in evacuation procedures;
   b. Be familiar with the contents and location of the Emergency Response Plan and Fire Safety Plan and the responsibilities required of your position.
   c. Completing required education on Emergency Codes, Fire Safety and IMS; and
   d. Participating in Emergency Code exercises, as needed.
4. Respond to emergency situations by following instructions provided by the Incident Manager.
5. Respond to fire alarms and other emergencies as specified in the Emergency Response Plan.
6. Treat every drill as a real emergency and respond accordingly.

HAZARD IDENTIFICATION AND RISK ANALYSIS (HIRA)
The HIRA is a determination of the various hazards that are pertinent to a home's specific location. This is completed by assessing what types of emergencies could occur within the home and in its community. The second process is the risk assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it actually occur.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

IMS Functions

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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 – <u>not</u> 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.

The Incident Manager determines the need to appoint a person(s) to be responsible for a function or multiple functions or can maintain responsibility for a function or functions themselves. (For example, the Incident Manager may delegate select functions but remain as a liaison, maintaining direct communications with the emergency services and support agencies.)

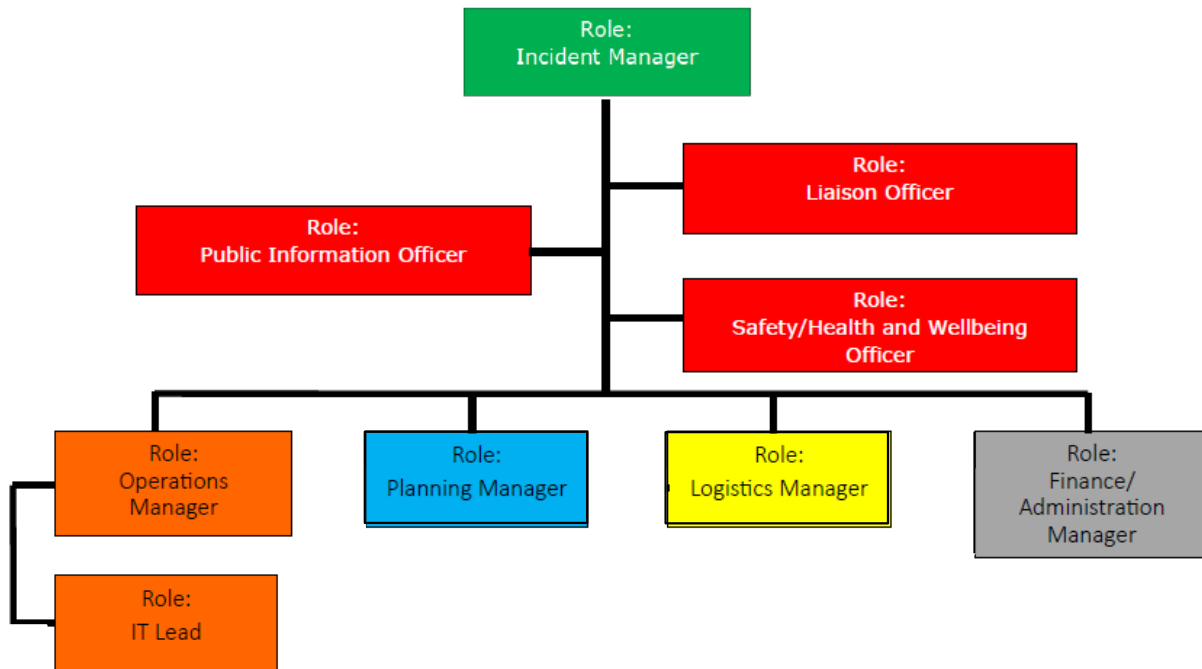When a person is assigned a functional responsibility, the functional titles to be used are as follows:

- Operations Manager
- Logistics Manager
- Planning Manager
- Finance/ Administration Manager
- Safety/ Health and Wellbeing Officer
- Liaison Officer
- Public Information Officer
- Information Technology Lead

These titles are in keeping with the international standards.
Note: **One person may hold more than one position.**

The Incident Manager may maintain all of the functions for low to moderate risks. For high or critical incidents, teams may be assigned to each function; these teams are determined by the Incident Manager.

Individuals assigned to roles in each section must be designated by specific colours, these colours are identified in the below chart and "Key Sections and Actions" area.

Organizational chart:
- Role: Incident Manager (green)
  - Role: Liaison Officer (red)
  - Role: Public Information Officer (red)
  - Role: Safety/Health and Wellbeing Officer (red)
  - Role: Operations Manager (orange)
    - Role: IT Lead (orange)
  - Role: Planning Manager (blue)
  - Role: Logistics Manager (yellow)
  - Role: Finance/Administration Manager (grey)

Key Sections And Actions

Incident Management Section- Red, with the exception of the Incident Manager who is identified in Green.

Incident Manager
- Organizes and directs the emergency response for the emergency/incident.
- Gives overall direction for the residential care home's operations and, if needed, authorizes evacuation.
- There will always be an Incident Manager for every incident on all shifts, they are typically the most senior team member in the home or the individual with the most experience during an emergency.
- The Incident Manager role will be assumed by the first supervisor, or the charge nurse arriving on an emergency situation, until relieved by a more senior and/or capable manager.
- The Incident Manager must provide a comprehensive briefing to the new incoming Incident Manager before passing on the function.
- All other IMS Team members must be informed of any change in the Incident Manager or any other IMS functional responsibility.
- In longer events (more than 2 hours), the Incident Manager will schedule regular meetings of the IMS Team to:
  i) obtain a status update;

ii) gather information, assess challenges/needs;

iii) make decisions on the strategic direction of the response, assign tasks; and

iv) ensure effective communications.

Safety/ Health And Wellness

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.

Public Information

The Public Information (Communications) function organizes communications with the families, stakeholders and the media (as appropriate), and provides information updates. The Public Information Officer must work closely with Corporate Communications or the role may be filled directly by Corporate Communications.

Liaison

Liaison acts as the contact for representatives from other agencies.

Operations Section- Orange

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, Operations will coordinate and ensure ongoing resident care during emergency operations.

Information Technology

The IT function manages IT requirements or issues during an emergency situation at the home level and acts as a liaison between the corporate IT department and the home, as required.

Planning Section- Blue

Planning

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

Logistics Section- Yellow

Logistics

Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water and supplies to support Operations.

It is also responsible for maintaining environment services of the physical building. Logistics will also conduct or collect information for damage assessments of the residential care home.

Finance Section- Grey

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.

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 staff 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.

Understanding HIRA

Appendix 2

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A Hazard Identification Risk Analysis (HIRA) ensures that 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 assessment**.

Phase 1: Hazard Identification

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

Historical

- What types of emergencies have occurred in the community, at this home, at other homes in the area, and at similar organizations? Examples:
  - Fires, Missing Resident, Severe weather, Hazardous material spills, Transportation accidents, Earthquakes, Hurricanes, Tornadoes, Utility outages, etc.

Geographic

- What can happen as a result of the home's location? Consider:
  - 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.); and/or
  - Proximity to nuclear power plants.

Technological

- What could result from a process or system failure? Examples:
  - Fire
  - Explosion
  - Hazardous materials incident
  - Safety system failure
  - Computer system failure
  - Power failure
  - Heating/cooling system failure
  - Emergency notification system failure

o Telecommunications failure

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:
    - o Limited training and education
    - o Lack of situational awareness
    - o Misconduct
    - o Substance abuse
    - o Fatigue
    - o Complacency
    - o Rushing a task

Physical

- What types of emergencies could result from the design or construction of the home? Does the physical building design enhance safety? Consider:
    - o The physical construction of the home; and
    - o Evacuation routes and exits.

    Once the team has identified the potential hazards at the home, these are listed in the "Threat" column of the HIRA Assessment.

Phase 2: Risk Assessment

The second phase is the risk assessment that determines the risk level based upon the probability of a potential emergency occurring and the consequence of the emergency should it actually occur.

- Determine Likelihood: The likelihood for each emergency's occurrence is rated using a simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest taking into consideration the potential human consequence (the probability of injuries or death), the potential property (damage, ability to quickly relocate) and the potential business impacts (business interruption, staff unable to report to work, etc.). *This number is entered into the Likelihood column of the HIRA Assessment.*
- Determine Consequence: The consequence for each emergency's occurrence is rated using a simple scale of 1 to 5 with 1 as the lowest consequence (insignificant) and 5 as the highest (catastrophic). *This number is entered into the Consequence column of the HIRA Assessment*.

Rating numbers of Likelihood and Consequence are applied to a risk matrix to determine risk priority level.

Prioritizing Prevention, Mitigation And Training

Rating numbers of Likelihood and Consequence from the second phase are applied to a risk matrix to determine risk priority level (it should be noted that the level of risk is simply a planning tool, not a scientific determination of what will occur).

The Risk Priority Level determination can assist the home to prioritize prevention, mitigation and training in the home by identifying areas/risks that are the highest priority items (addressed first), followed by the medium risks and, where applicable, the low-risk items.

The information gathered on the HIRA can guide the home-specific procedures of the home's Emergency Response Plan (ERP).

Emergency Response Plan Overview   Appendix 3

Last updated: February 2025

The home-specific EMERGENCY RESPONSE PLAN (ERP) must:

1. Be reviewed every 6 months;
2. Updated, as needed, to reflect necessary updates;
3. Be reviewed with the Occupational Health and Safety Committee;
4. Include a contingency plan for the care of residents that includes:
   a. Detailed roles and responsibilities during an emergency (including evacuation drills) every year;
   b. Arrangements with local authorities and institutions to provide shelter and resources;
   c. Alternate sources to supply emergency power, water, food and fuel;
   d. A communications plan; and
   e. Resident identification procedures, including photographs and identification bracelets.
5. Include the following elements:
   a. Communication protocol for enacting the ERP;
   b. Employee roles and responsibilities, including IMS leaders;
   c. Accountabilities for employees before, during and after an emergency; and
   d. Actions steps for all risk levels of an emergency.
6. Be completed with the site-specific information required.
7. Contain:
   a. Emergency telephone numbers, including public utilities and government agencies;
   b. Corporate emergency telephone numbers, including Corporate Communications;
   c. Staff Call-back List (updated as required in order to be current);
   d. Key suppliers, contractors and support services;
   e. All emergency code checklists;
   f. Senior IMS Team checklists;
   g. Building site plan showing access roads, evacuation meeting area(s), etc.;
   h. Floor plans identifying key life safety and exit information;
   i. Floor plans identifying each room and attached room search checklists;
   j. Maps showing the search area quadrants around the home; and

k. Mutual aid agreements with other LTC facilities for evacuation assistance.

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Fire Safety Plan Overview

Appendix 4

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1. To meet fire safety regulations, the Fire Safety Plan includes, at a minimum, the following information:
   a. Emergency telephone numbers, including public utilities and government agencies;
   b. Corporate emergency telephone numbers, including Corporate Communications;
   c. Building site plan showing access roads, evacuation meeting area(s), etc.;
   d. Floor plans identifying key life safety and exit information;
   e. Other documentation as indicated in the Fire Safety Plan template.

2. Ensure the Fire Safety Plan has been reviewed and approved by the Chief Fire Official having jurisdiction.

3. Invite fire department personnel to your home on an annual basis to:
   a. Acquaint them thoroughly with the home's layout and assist them with pre-planning and tactical surveys; and
   b. Request assistance with in-service programs for your staff, especially in the use of fire extinguishers, fire blankets, evacuation practices, lifts and carries.

4. Discuss emergency shelters and evacuation notification procedures with local authorities.

5. Ensure the Fire Safety Plan is completed with the site-specific information required.

Fire Safety Training and Education

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Fire Safety Education

1. Fire safety education includes at a minimum instruction in:
    a. Basic steps taken in response to a fire emergency;
    a. Evacuation procedures (involve the fire and police departments in these sessions when possible);
    b. Emergency carries of residents;
    c. Location and use of the fire alarm system, annunciator panel, fire extinguishers, fire blankets;
    d. Use of communication systems such as telephones, 2-way radios, and intercom systems during an emergency, as applicable; and
    e. Explanation of layout of the home and location of all exits and related stairways.

2. Staff procedures are outlined in the home's Fire Safety Plan.

3. Staff are required to complete education on fire safety.

Records

Copies are kept of individual staff attendance at fire safety training and annual Emergency Preparedness Plan reviews are recorded.

Volunteers/Families/Residents

Invite volunteers, families and residents to attend all fire safety in-service training.

Monthly Fire And Annual Evacuation Drills

1. Regular in-service sessions are provided as part of staff meetings or debriefing and analysis sessions following regular fire drills. The in-service session must:
    a. Provide a review to improve employees' knowledge and skill in fire safety procedures;
    b. Provide an opportunity for all staff to complete the orientation, including casual staff on all shifts.
    c. Identify areas of improvement in the existing program; and
    d. Ensure timely and appropriate responses to an emergency situation.

2. Monthly fire drills are conducted and documented on each shift.

3. Annual evacuation drills are conducted with all staff.

Disaster Box Contents

Appendix 6

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The Administrator/Executive Director must review contents of disaster boxes annually and replace any required items. Check batteries, supplies breakdown and missing items .

1. Include the items that apply to your home (not all items may be required):
   b. A copy of the IMS checklists;
   c. Labels, stickers, arm bands or vests in green, red, orange, blue, yellow and grey to identify IMS team members;
   d. Foil blankets;
   e. Emergency Response Plan Binder including:
      i. Staff Call-Back List;
      ii. Telephone list of government agencies and emergency services;
      iii. Floor plans; and
      iv. Situation Report and Tracking Sheets (25 copies each).
   f. ID bracelets, white tags or adhesive labels for name tags for employees, residents, volunteers, and other agencies, along with markers;
   g. Pens, felt markers, and grease pencils;
   h. Flashlight(s)/separate batteries or wind-up flashlights (minimum of 2);
   i. Adhesive-backed directional arrows;
   j. Clipboards;
   k. Notepads;
   l. 2 orange/neon safety vests;
   m. Roll of "Caution tape" to block off access (e.g. triage area);
   n. 2 pairs of paramedic shears/scissors;
   o. 2 pairs of work gloves;
   p. 2 bottles hand sanitizer;
   q. Small first aid kit with pressure dressings;
   r. 1 box of surgical masks;
   s. 1 box of disposable medical gloves – large size;
   t. Battery Backups (marine battery for high-low beds, CPAP machines, etc.);
   u. Colored Stickers or Arm bands to identify home staff in the event of Code Orange.

Emergency Response Codes

Appendix 7

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Red   Fire   🔥

Code Red is the designated phrase used to alert staff to smoke and/or fire and to initiative an appropriate response in the case of a fire, fire alarm or smell of smoke.

Upon discovery of fire or smoke, initiate the R.E.A.C.T. sequence:

R Remove people from immediate danger (evacuate);

E Ensure room doors and windows are closed;

E Activate fire alarm pull station closest to the site of the fire. Activate the second stage of the   fire alarm system if evacuation is necessary.

C Call 9-1-1 and give home name and address, exact location of the fire, including floor, home area, and room number; and

T Try to confine (contain/extinguish) fire, if possible, without undue risk using the nearest fire extinguisher).

- Announce Code Red and area of the fire three times
- Refer to your Home's Fire Safety Plan (FSP) for emergency procedures based on your role within the home.
- Await arrival of the fire department

When the emergency has ended:

- Announce 3 times "Code Red ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.

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Green Evacuation

Code Green is the designated phrase used alert and notify staff that they must leave an area and move themselves and residents/visitors to an area of safety. Code Green is a response to a condition/incident/event emergency where if occupational of an area or site continues, it could put persons in danger of injury.

A Code Green – evacuation may be caused by other emergency codes such as Code Red (fire), Code Brown (hazardous/chemical spill), Code Black (bomb threat), Code Purple (hostage situation), Code Silver (active assailant) or Code Grey (infrastructure disruption/failure).

Evacuation Procedures:

- Staff discovering an initial dangerous or hazardous condition will activate an evacuation of the immediate area of the danger.
- To notify staff of a Code Green, announce 3 times, "**Code Green** + *location*" (the location is the area to be evacuated).
- The level of evacuation (Stage 1, 2 or 3) will be escalated as determined by the Incident Manager or emergency official and degree of danger, risk and level of emergency.

  Stage 1: **fire zone** or partial evacuation is the initial response to the emergency situation. It involves removing residents from the rooms(s)/area threatened by the source of the disaster:

  - Room of emergency site
  - Rooms on each side of the emergency site
  - Room directly across from emergency site

  Evacuate these residents beyond fire/smoke separation doors to a safe area by Team and Chain Evacuation procedure outlined inside this plan. Consideration will be given to evacuation areas immediately adjacent, immediately above and immediately below the fire.

  Stage 2: **wing or floor evacuation -** If a fire cannot be contained to a single fire zone, evacuate residents beyond the fire separation doors to another safe zone within the building (internal area of refuge), this may be evacuating to another wing of the building or a lower floor of the building. Residents in immediate danger should be moved first.

Stage 3: **total evacuation** occurs if smoke and or fumes continue to spread throughout the facility, or the Incident Manager or Fire department gives the order to evacuate the entire building.

The person giving the order should allocate exits to be used by various wings so that movement will be quick and orderly.

Evacuate away from the fire area to the next zone and then out of the building or right to the closest exit. Check to ensure evacuation of fire zone is complete.

Take residents to a safe distance away from the facility. Stay out of the way of emergency vehicles.

A one-way traffic flow should be maintained where possible. Tally resident count to verify that evacuation is complete.

In a total evacuation situation, area of refuge and transportation information can be found in Tab 3 of the Home Specific Emergency Response Plan.

If it is believed the home will need to be evacuated for over a day, the MLTC, Public Health and Ontario Health at Home will need to be contacted to assist with plans. A temporary license will be required to open beds in another home.

- When an emergency evacuation is required and called, evacuate the area of the danger, then the rooms across and beside the area of the danger and then the remainder of the area immediately.

How to evacuate:

The Logistics leader will:

Designate all staff members to either be on the outer side of the fire doors taking received residents, or to go room to room evacuating residents. Try to have the same number of people receiving residents at the fire door as teams evacuating residents from rooms (for example, you have 9 staff members, 3 will receive residents at the fire doors and 6 will be broken into teams to evacuate rooms).

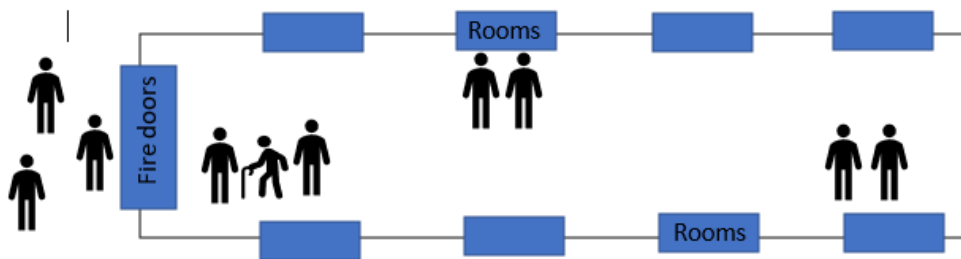Organize all staff members who are going room to room into teams of two.

Staff teams will:

1. Teams enter rooms and bring resident(s) to the closest fire doors.
2. Staff waiting on the other side of fire doors take the residents to safety.
4. After a team has confirmed there are no residents in a room they close the door and flag the room as empty.
5. Steps 1-3 continue until all the residents in the affected area have been evacuated.

When the emergency has ended:

- Announce 3 times "Code Green ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Code White is the phrase used to alert staff to any aggressive or violent situation. Staff need to call a Code White when facing a situation that makes them feel unsafe or creates a fear of violence due to the behaviour of another person. The goal is to preserve everybody's safety, and to address the behaviour in a safe, respectful, and caring manner.

If you are involved in a Code White incident:

- Remain calm and leave the area if able to do so
- If you cannot leave, maintain a safe distance from the aggressor
- Call for help and announce 3 times, "Code White **+ *location"*** if able
- Talk in a low non-threatening voice. Clearly and firmly tell the aggressor that his/her behaviour is unacceptable, unwelcome and they should stop
- If a resident is involved, employ responsive behaviour management strategies as outlined in the plan of care
- Listen and give the aggressor the opportunity to express their feelings or demands, and try other means to diffuse the situation (refer to Code White De-escalation Techniques)

If you discover a Code White Incident:

- Announce 3 times, "Code White **+ *location"***
- If the situation puts the safety of residents, staff or visitors at risk, immediately **CALL 9-1-1**
- Remove other individuals from the area for their own safety. Reduce traffic by closing door in affected area.
- The staff member who has the best relationship with aggressor should handle the situation, if applicable ad safe to do so
- Ask other staff to help as required and call 9-1-1 as appropriate

When the emergency has ended:

- Announce 3 times "Code White ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Blue — Medical Emergency

Code Blue is the designated phrase used to alert personnel and provide clear guidelines and direction on how to respond to any person experiencing an acute medical emergency, airway threat, respiratory and/or cardiac arrest.

If you discover a medical emergency:

- Contact a nurse or medical practitioner, or summon help immediately by calling out: CODE BLUE. I need help in (location).
- If it is determined to be a cardiac arrest and you are the first person on the scene trained in CPR, you must identify whether or not to initiate CPR by reviewing the Goals of Care (if available) to determine the resident's wishes. When a resident's wishes are unknown, you must proceed with CPR. Begin CPR following current Basic Cardiac Life Support guidelines and using appropriate PPE as determined by a Point of Care Risk Assessment (PCRA).
  You are only to conduct CPR if you are trained to do so.

While a CPR trained staff member is attending to the medical emergency, the second staff member at the scene will:

- Announce "CODE BLUE" three times.
- Call 9-1-1 and state, "Medical emergency (describe the specific problem
- Upon arrival, Direct EMS to the location of the emergency.
- Assist as directed throughout the resuscitation.
- If a resident, ensure the resident's records are available for EMS.
- Clear away any excess equipment or supplies; assist other residents away from the area.
- If involving a resident, notify resident's family/SDM if EMS transfer is necessary.

When the emergency has ended:

- Announce 3 times "Code Blue ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

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Purple Hostage Situation

Code Purple is the designated phrase used to alert staff to an incident where any person is being held against their will by another individual.

If you are being held against your will:
- Remain calm. If spoken to, respond in a calm voice
- Do not be aggressive or use threatening language or body language
- Do not engage in conversation
- Never say "no"
- Review the Code Purple Taken Hostage Tip Sheet in the Code Purple tool

If you encounter a Code Purple situation:
- Remove other individuals from the vicinity for their own safety. If moving is not advisable, shelter in place behind secured doors. Prevent traffic by closing doors to the affected area
- Do NOT announce a Code Purple
- **CALL 9-1-1.** Be prepared to provide as much information as possible (i.e., location of the incident, number of hostage takers and hostages, physical description and names of hostage takers/ hostages (if known), weapons involved, your name, location and telephone number)
- In unaffected areas, close and secure doors if possible. Ask visitor and residents to remain where they are until the "All Clear" is announced
- Follow all instructions from police

When the emergency has ended:
- Announce 3 times "Code Purple ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

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Orange External Disaster

Code Orange is the designated phrase to alert and notify staff of the need to prepare for or respond to a disaster external to the home that is causing residents/patients from another facility to be relocated to this home, which is likely to exceed available resources, staffing levels, require additional or extraordinary assistance or possible multi-site responses.

Upon notification of incoming residents:

- Use the Code Orange Incident Manager checklist to gather all pertinent information and prepare for their arrival (such as number of residents, number of staff, equipment, supplies)
- Notify the Administrator/ Executive Director and Regional Director/Operations
- If residents are expected to arrive in less than 3 hours, announce 3 times, "**Code Orange**" (if they are arriving in more then 3 hours no announcement is necessary)
- Initiate the Incident Management System and assign roles to prepare
- Initiate the staff call back process if required
- Establish an in-home receiving area
- Set up a Family Information Support Centre

When the emergency has ended:

- Announce 3 times "Code Orange ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Yellow **Missing Resident**

Code Yellow is the designated phrase used to alert staff to an incident in which a resident is considered missing. A resident is considered missing when they are not in the location where staff expect to find them.

Stage 1:
- Search common areas.
- Check Leave of Absence books/ see if resident is signed out
- Contact family to determine if resident is with them
- Notify Charge Nurse/ Incident Manager
- Announce 3 times, "Attention please, would (Resident's Name) please return to (unit/program area) immediately"

If you believe the resident to be at risk of harm (i.e., has exited the building and the weather is extremely hot or cold, the resident is known to be exit seeking, there are clinical concerns, etc.) begin Stage 3 immediately.

Stage 2:
- Announce 3 times, "Code Yellow, all available staff please proceed to *LOCATION* (command center)"
- Search all areas of the home
- Search external sitting areas
- Ensure external exits are properly secured
- Call external locations the resident may be known to frequent for information.

Stage 3: (Resident at risk of harm or greater than 30 minutes)
- Call **9-1-1** and report the missing person
- Search external location within a 4-block radius of the home (report into the home by phone every 10 minutes)
- Follow direction from police

When the emergency has ended:
- Announce 3 times "Code Yellow ALL CLEAR"
- Assess the resident's condition
- Contact the Incident Manager and EMS at 9-1-1 if necessary
- Offer staff EAP as required

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- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Black Bomb Threat

Code Black is the designated phrase to alert staff of a verbal/ written bomb threat or discovery of a suspicious letter, package, or object.

- Treat all threats seriously. Remain calm and turn off all cellular phones and wireless devices. Do not activate light switches, call bells, move objects, or slam doors.

Receiving a Threat:

- Telephone Threat: Remain calm and courteous. Do not argue or hang up. Complete the Bomb Threat Report in the Employee Receiving the Threat Checklist. Gather as much information from the caller as possible.
- Electronic Threat: Do not reply to, forward, delete or destroy email/ text message/ fax
- Call 9-1-1

Suspicious Item found/Received:

- Report suspicious, unusual, or unknown items, packages and people to the Incident Commander.
- Do not touch or let others touch it. Initiate Code Green for that area. Assume there is more than 1 device, search relocation area before moving residents.
- Non-specific Threat: Announce 3 times, "**CODE BLACK** + Home Name- ALL VISITORS AND STAFF PLEASE TURN OFF ALL CELL PHONES AND WIRELESS DEVICES IMMEDIATELY".
- Specific Threat: Announce 3 times, "**CODE BLACK** + *location*- ALL VISITORS AND STAFF PLEASE TURN OFF ALL CELL PHONES AND WIRELESS DEVICES IMMEDIATELY. **CODE GREEN** + *location*, PLEASE CALMLY EVACUATE *location*".
- Call 9-1-1

When the emergency has ended:

- Announce 3 times "Code Black ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

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Brown Hazardous/ Chemical Spill

Code Brown is the phrase used to alert staff to a spill or leak involving a chemical, biological, or radioactive material that may pose a threat to your health or to the environment. This includes noxious odours/vapours.

- When a spill is discovered DO NOT TOUCH
- Announce 3 times, "CODE BROWN + *location"*
- Notify your supervisor/ the Incident Manager
  - Move people away from the spill to prevent exposure
  - Isolate the area and deny entry
  - Seek/provide medical attention if there are injuries
- Evaluate the spill: Assess for hazards such as fire, explosion or chemical fumes, evacuate the area as necessary
- Stop source of spill if it can be done quickly and safely
- Contain the spill if possible, if not and the spill is unsafe, CALL 9-1-1
- The individual(s) responsible for cleaning the spill will utilize MSDS to determine appropriate cleaning procedures and PPE and will clean only if safe to do so, if unsafe, CALL 9-1-1

When the emergency has ended:
- Announce 3 times "Code Black ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Grey	Infrastructure Disruption

Code Grey is the designated phrase used to alert staff of a loss of any critical infrastructure in the home. There are 5 categories to a Code Grey that each have their own set of procedures regarding how to respond in the emergency event. These Code Grey categories are; Air Exclusion, Essential Services, Building Flood, Water Supply and Carbon Monoxide.

Code Grey- Air Exclusion

- Stay indoors and prevent others from going outside
- Assess the need for Code Grey activation and call **9-1-1** if needed
- ANNOUNCE CODE GREY - PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS 3Xs
- Close all windows and doors
- Turn off exhaust fans in your department including: cooking hoods dryers in laundry tub room exhaust fans, and air exchange systems such as HVAC (including individual air conditioning units in residents' rooms, if required)
- Monitor residents, staff and volunteers for abnormal breathing difficulties and provide treatment if needed

Code Grey- Essential Services
HVAC system malfunction/ breakdown:

- Contact Maintenance and notify the Administrator/Executive if the situation is extended and temperatures create an uncomfortable situation for residents.

Heating failure:

- Ensure residents are provided extra blankets, hot beverages,
- Determine if portable convection heaters can be sourced
- Refer to applicable policy/procedure, Preventing Cold-Related Illnesses

Cooling Failure:

- Provide residents and staff extra cold drinks and food
- Close curtains and blinds
- Utilize fans where possible
- Open windows at night if cool.

Power failure:

- Ensure the generator is operating and adequate fuel is available for refilling to maintain all life safety and other systems on emergency back-up. Turn off any non-essential operating equipment.
- Do not turn on any electrical equipment.
- Be alert to the potential of elevator shutdown during a power failure. If the power has been "flickering", avoid the use of elevators.
- Assign staff to monitor non-functioning maglock outdoor and stairwell doors.
- Direct Care Staff, complete and document resident checks every 15 minutes when the nurse call bell system is not working using the 24-hour Resident Check Log.
- Direct Care Staff, use a designated cellular phone to notify families, as applicable and if required.
- Access backup eMAR from designated backup computer.
- Begin paper charting.
- Determine if fire alarm system continues to function, if not, begin fire watch of entire home (hourly checks).
- Refer to Job Action Checklists and Business Continuity Plan for continuity of services such as dietary and laundry.
- Use battery operated lights in resident rooms and washrooms if overhead lighting is not powered.
- If needed, replace residents' large oxygen units with smaller portable ones. Call oxygen supplier if more oxygen tanks are needed (number on Emergency Phone List).
- If applicable, move residents who sleep on pressure relief mattresses (air mattresses) onto regular mattresses.
- If power failure will be longer than 1 hour, initiate the Incident Management System Team

Code Grey- Building Flood

- Remove residents/staff from affected area and restrict access to the area
- ANNOUNCE CODE GREY – BUILDING FLOOD- *LOCATION* 3Xs
- Turn off the water supply at only the affected area if possible, or at the main valve if required (if the main valve is shut off, a Code Grey- Water Supply will be in effect)
- Contain the flood if possible, and mop up the water if a small amount, if a large amount a sump pump rental or assistance from the local fire department may
- be required
- Contact emergency restoration company for assistance

Code Grey- Water Supply
- ANNOUNCE CODE GREY – WATER SUPPLY- DO NOT CONSUME TAP WATER 3Xs
- Provide residents with bottled water for drinking
- Use bottled water for cooking
- If it is a boil water advisory, follow instructions on the *Boil Water Advisory Information Sheet* or information provided by local municipality
- Modify menus where required
- Alternate sources of washrooms must be identified, these may be nearby facilities or portable toilet rentals, information can be found inf the Business Continuity Plan in Tab 4 of the home specific Emergency Response Plan
- Dependent on length of loss, consider bringing in a water truck
- Provide adequate hand sanitizer and cleansing wipes

Code Grey- Carbon Monoxide
- Immediately evacuate all individuals from the area the alarm is sounding and restrict access to the area
- ANNOUNCE CODE GREY – CARBON MONOXIDE- *LOCATION* 3Xs
- Open all windows and outside doors in the area
- Shut down all fuel burning appliances in the area
- Call a technician to attend

For all Code Grey emergencies: Be prepared to evacuate if necessary

When the emergency has ended:
- Announce 3 times "Code Grey ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Silver Active Assailant

Code Silver is the designated phrase used to communicate and activate a standard organizational response to an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, attempting to kill or harm people within any of our Resident Care Homes.

- Hide and **Call 9-1-1** immediately. Provide as much information as possible about the situation.
- Remain calm and evacuate if safe to do so.
- Do NOT confront any individual that is armed with a weapon.
- If possible, assist residents and others to evacuate the area and redirect others attempting to enter the area.
- Hide if you are unable to evacuate.
- Fight, only if you have no other option. Work together with nearby team members and use objects around you to assist.
- Announce 3 times, "**Code Silver** + *location*" so that others know to stay away.

When the emergency has ended:

- Announce 3 times "Code Silver ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

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Natural Disasters and Extreme Weather are natural events that occur in the environment that may be dangerous and have the potential of incurring negative effects. This includes, earthquakes, floods, tornados or hurricanes, dangerously high or low temperatures, or storms causing large snow accumulations or high winds.

- Shelter in place until the disaster/event has passed
- Close all open outside windows and doors
- Instruct and help residents and visitors to move away from outside windows and doors
- Do not leave until it has been confirmed by a legitimate source that the disaster/event has ended
- Be prepared to evacuate if necessary

Tornado/ Hurricane or Earthquake:

- Crouch close to the floor away from any heavy and unrestrained equipment. If there is a sturdy table or countertop, crouch underneath it. Assist residents and visitors to do the same.
- Cover your head with your arms, pillows, blankets and mattresses if available. Assist residents and visitors to do the same. If a resident cannot be removed from a bed, cover them with a blanket.
- Assist residents in wheelchairs or walkers to put on the brake, sit on their walker/ wheelchair, lean forward and put their arms and hands over their neck and head. Place a blanket or pillow for protection if possible.
- Assist residents who cannot be removed from beds to roll into their stomach if possible and cover their back, neck and head with pillows and blankets.
- If there is fallen debris and you or anyone is trapped, do not attempt to move/remove them, call 9-1-1 and wait for assistance.

When the emergency has ended:

- Announce that the event has ended
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

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Secure Home

Secure Home is the designated phrase to alert staff of the need to remain inside the home with the doors and windows locked.

- Close and lock all outside windows and doors
- Close all curtains to the outside
- Announce 3 times, "Secure Home"
- If the secure home isn't informed by the police, **CALL 9-1-1** and provide them with as much detail as possible
- Stay away from all outside windows and doors
- Do not leave the building and instruct others not to leave
- Remain in Secure Home until instructed by Police that the threat has ended

When the emergency has ended:

- Announce 3 times "Secure Home ALL CLEAR"
- Assess residents and offer staff EAP as required
- Report incident to Regional Manager/ Regional Manager of Operations
- Conduct an Analysis and Debrief of the event with everyone involved
- Contact and report to regulatory bodies where required (MLTC, Ministry of Labour, Public Health, etc.)

Pandemic Plan and Outbreak Management Plan

Last updated: March 2025

Pandemic Plan

A pandemic is an outbreak of a disease that spreads human-to-human over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population. A pandemic plan is a documented strategy that provides a road map for continued essential service and supply provision through a sustained period with significant staff absenteeism.

Extendicare's four key strategies for preparation of and during a pandemic are:
- Readiness - planning and preparation in anticipation of a potential pandemic
- Watchfulness- practicing screening and surveillance measures to identify the earliest signs of a possible outbreak
- Decisiveness - establishing processes to manage the spread of an outbreak quickly and effectively
- Transparency - ensuring ongoing communication with team members, residents, and families

The Administrator/ Executive Director of the home must:
- Deploy the Corporate Pandemic Plan when at least one health authority at the local, provincial, federal, or international level have declared an official state of Pandemic outbreak.
- Ensure all staff are trained on pandemic management on orientation and annually.
- Ensure the home has home specific outbreak plans in the event of a Pandemic outbreak.

The corporate pandemic plan includes:

The purpose of this plan is to
- Minimize serious illness and death through infection prevention and control practices and protocols;
- Minimize disruptions in care and services to our residents;
- Ensure that all staff members are prepared to provide care and services safely to our residents;
- Maintain the health of residents and staff members during a pandemic.
- Maintain the consistent operation and business function of our Corporate offices, LTC Homes, and Retirement Homes.

During a pandemic, Extendicare relies on traditional infection prevention and control practices e.g. hand hygiene, appropriate personal protective equipment, physical distancing, isolation and cohorting staff and residents as the main line of defense.

To meet community needs during a pandemic, resources including staff, supplies and equipment may have to be reassigned or shifted. Care protocols may change, and practices may have to be adapted as the pandemic evolves.

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Extendicare has effective ways to communicate with residents' families and friends, in order to meet their needs for information but reduce the demands on staff, such as email, phone calls, townhalls, the use of call multiplier and media releases. Extendicare has a communications team that helps to facilitate this.

Accurate reporting and early diagnosis are essential. Reporting will include all signs and symptoms in order to determine if another strain of the virus is developing.

To reduce the risk to staff of acquiring an acute respiratory illness in the workplace, our health care settings are expected to:

- Ensure all staff have the education, training and supervision they need to protect themselves and provide effective care;
- Institute appropriate occupational health and infection prevention and control measures; and
- Provide appropriate personal protective equipment (PPE).

This plan is based on and reflects the pandemic planning and direction from the following:

- World Health Organization (WHO)
- Public Health Agency of Canada
- Canadian Pandemic Influenza Plan (CPIP)

Outbreak Management Plan

- In the event of an outbreak, a home-specific outbreak management plan will be in place and will be implemented as expeditiously as possible to interrupt further transmission of the etiological agent.
- Outbreaks will be reported to the Regional Director for the home, Extendicare Head Office, and health authority, as required.

During an outbreak:

- The home will implement a communication strategy to notify all employees, volunteers, Residents, and families/visitors/service providers as to the outbreak status.
- Employees will be advised of the specific infectious condition/agent, signs/symptoms of the infection and management protocols, including precautions taken, personal protective equipment to be worn and cleaning protocols.
- Ongoing surveillance of new and existing cases (Residents and employees) will be tracked daily using HealthConnex/24-hour symptom surveillance sheets and line listing.
- Homes shall ensure PPE supplies are adequate within the home.
- Homes shall follow their outbreak plan, which includes the following:

Home-Specific Outbreak Plan

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