



Emergency Management Plan

2023

INTRODUCTION

The Emergency Management Plan is an all-hazards disaster response plan which provides overarching principles and operational guidelines used to coordinate an effective response to all types of emergencies that may affect staff, Residents, and facilities. It is intended to address all emergencies that are not normally managed by staff, requiring the coordinated effort and resources of multiple departments, community agencies, and organizations.

This Emergency Management Plan has been created in response to the Emergency Management Plan Policy and meets the requirements under the applicable legislations.

- ON Fixing Long-Term Care Act, 2021 (FLTCA) & ON Regulation 246/22

An emergency will be defined as an urgent or pressing situation or condition presenting an imminent threat to the health or wellbeing of residents and others attending the care community/retirement residence that requires immediate action to ensure the safety of persons in the care community/retirement residence.

A recognized system of codes identified by colour or procedure will be used to ensure common understanding of the emergency. No codes or colours will be added or deleted by a care community/retirement residence.

Humber Meadows' Emergency Management Plan will provide directions to all team members using the Incident Management Team (IMT) framework to ensure leadership and command of any and all emergencies or potential emergencies within the care community/retirement residence.

Purpose & Scope

The purpose and scope of the Emergency Management Plan are to ensure that this Home:

- Maintain a continuous state of readiness to manage a disaster response.
- Minimize the actual or potential danger to individuals, Resident, staff, volunteers, or visitors, and addresses individual staff and Resident needs, including accessibility; and
- Ensure the continuity of operations to the highest degree possible.

Objectives

To this end, the objectives of this Emergency Management Plan are to:

- provide a common organizational structure and control method for the management of personnel, equipment, facilities and resources during an emergency.

- outlines the roles and responsibilities of key staff to prepare for, respond to and recover from emergencies
- enhance communication linkages between the Home, partner facilities, other community agencies, and resources in the preparation and implementation of emergency response activities.
- establish a clear line of authority during an emergency and clearly defined operational roles for management staff.
- provide a basis on which policies, procedures, training and exercises relating to emergency management may be developed.
- minimize the impacts of an emergency by maintaining a standard of operational readiness, awareness and preparedness.
- ensure, as much as possible, the well-being of patients, Residents, staff and all others on site in the event of an emergency or disaster.

Plan Development

Consultation in development of this plan was done with:

- Architectural and Building (Construction) Partners;
 - HOK Architectural Firm
 - Infrastructure Ontario
 - EllisDon
 - Humber River Hospital
 - City of Toronto
 - TSSA & Otis
- Toronto Fire
- Aramark Senior Living Canada
- Leadership Team

ROLES AND RESPONSIBILITIES

Executive Director & Manager of Facilities

- Develop an annual training and exercise program including personal preparedness training for staff, and preparedness exercises of the Emergency Management Plan and Emergency Code Procedures as defined in the Emergency Management Plan.
- Maintain records and documentation of emergency training, exercises, and maintenance of supplies and equipment.
- As Incident Commander for the Home:
 - Declare activation of the plan in response to an emergency incident.
 - Assess the situation and determine the appropriate action and code

- Initiate the Fan Out procedure, if applicable
- Lead the response to incidents
- Notify Board Chair and Board of Directors, if applicable
- Contact Community Partners if applicable, including landlord
- Follow procedures for the appropriate emergency code
- As necessary, solve problems
- Set priorities and define the organization of the incident response teams and the overall incident action plan.
- At own discretion, assign individuals, who may be from the same Home or from assisting agencies, to subordinate or specific positions for the duration of the emergency.
- At the All Clear, record how the plan worked, note areas that need revisions and updating o Chair a formal debrief of the incident after recovery
- Maintain an accurate and most updated emergency contact of all staff and functions listed in the Fan Out List.
- Follow the Serious Adverse Event Algorithm and Hot Issue Alert protocol to obtain support and direction while responding to an incident.
- Establish agreements with relocation facilities and essential vendors/suppliers.

All Staff

- Participate, review, and assist in the development of the Emergency Plans and Code Procedures
- Inform changes in contact information for emergency – contact during fan out procedure
- Attend and participate in emergency training and exercises; ensure signoff each time and seek additional support if needed
- Follow the directions given by the Incident Commander during the Incident and recovery phase.
- Adhere to safe work practices in an emergency
- Report to their supervisor any known hazardous situation that may result in the course of an emergency
- Communicate effectiveness of Emergency Plan at the end of the all clear
- Participate in formal debriefing as required

Food Services

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

- Attend and participate in emergency training and exercises

Facilities/Maintenance

- Participate, review and assist in the development of the home emergency plans and procedures
- Participate or lead the hazard site assessment to identify and mitigate physical hazards
- Provide and maintain information in the emergency plan, such as the location of utility controls and procedures for managing in an emergency
- Ensure Fire Plan is maintained and updated as needed; ensure Toronto Fire has reviewed and approved all changes
- Ensure all life-safety systems are functioning and continue to be integrated into the BAS system
- Oversee the Emergency Management Program ensuring training and exercises for Emergency Management are up to date and in accordance with this Emergency Management Plan

External Stakeholders – including landlord

- Communication linkages will be enhanced within Humber Meadows, other long-term care (LTC) home / community agencies and resources in the preparation and implementation of emergency response activities
- Community Partners will ensure appropriate plans and implementation procedures are developed for carrying out their roles and tasks. Community Partners will ensure that the health, safety, and welfare of the Residents are considered when developing and implementing plans and procedures.
- Ensure all evacuation agreements from community partners are current and reflective of practices, and contact information is accurate. Test this yearly, at minimum.

KEY ELEMENTS

- **Mitigation:** Reduction of exposure to, or probability of loss from emergency events.
- **Preparedness:** Establishment of authorities and responsibilities for emergency actions along with resource designation to support them. Includes education and practice of drills and exercises.
- **Response:** Time sensitive actions taken in the event of an emergency to reduce negative impact to residents and team members. Response to emergencies will first focus on Life Safety and will utilize the principles of Incident Management and follow Code Procedures as outlined in this manual.
- **Recovery:** The effort to restore infrastructure and resident life to normal.

TESTING OF THE PLAN

Code/Drill	Objective	Frequency	Proof
<ul style="list-style-type: none"> • Entire Emergency Plan • Code Grey • Code Yellow • Code Blue • Code White • Code Orange • Outbreak, Pandemic, Epidemic 	Test the Plan Meet regulation: Ontario: Reg 246/22 s. 268 (10)	Annually (Mandatory)	Code Specific Checklist, Attendance List, Action Plan Template & Corrective Action or Additional Training as needed
<ul style="list-style-type: none"> • Code Green – Mock Evacuation (planned) • Code Brown • Code Black 	Test the Plan Meet regulation Ontario: Reg 246/22 s. 268 (10)	Every 3 years (Mandatory)	Code Specific Checklist and Action Plan Template Mock Evacuation Check list
<ul style="list-style-type: none"> • Fan-Out List 	Test the Plan & Contacts	Every 6 months (Mandatory)	Updated Fan Out List
<ul style="list-style-type: none"> • Code Red 	Meet regulation & test the plan	One drill per month, per shift (Mandatory) Fire Dept. To observe 1 drill annually	Fire Drill Attendance and Checklists Complete; Action Plan as Needed

** Testing the Emergency Management Plan must include arrangements with community agencies, partner facilities, and resources that will be involved in responding to an emergency.*

The Executive Director and Management Team will develop exercises to test the plan as frequently as required above. There are three main types of exercises to test the Plan: Discussion-based, Tabletop, or Live exercises. The choice of which one to adopt depends on what the purpose of the exercise is. It is also a question of lead-in time and available resources. A combination of the three types can also be an option for testing of the Plan.

Manager on Call & Emergency On-Call Lists

There is a Manager on Call everyday; including weekends, holidays and nights. The Manager on Call Schedule is available for all staff and used by the building Charge Nurse in the absence of a manager in the building.

In addition to the Manager on Call Schedule, there is additional phone numbers and procedures for the Emergency On-Call Lists. The Manager on Call has a full and robust list available for any/all emergencies.

Residents and Family Contacts List

Families and responsible parties will be contacted promptly by staff in the event of an emergency situation.

At least, one list of all Residents and family contact information is maintained. As per Fire regulation, this is kept in the binder located in the building Fire Box.

The information on the list is revised and updated monthly or whenever necessary. It contains relevant information on Residents and families to be utilized in case of an emergency, such as a picture of the Resident, description of mobility needs, tags, family contact information, etc.

The Executive Director/designate will delegate staff to make the necessary phone calls. When establishing initial contact with families, staff will convey emotional support and reassurance that safety and well-being of the Resident is the home's priority. When families are contacted in an emergency, they should be notified of:

- Type of emergency
- Time of emergency

- Status and/or location of Resident
- Mechanism in place for access to updated information

Evacuation – Code Green

Standard

Emergency Code Red will be used:

1. To evacuate Residents from immediate danger in the event of an emergency
2. To evacuate Residents in the event of an impending emergency disaster

Procedure

ALL EMPLOYEES ARE RESPONSIBEL FOR UNDERSTANDING THE USE OF A CODE GREEN AND WILL PLAY AN ACTIVE ROLE IN THE EVACUATION PROCEDURES.

Code Green - "Horizontal Evacuation"

- a. Code Green will used to completely evacuate Residents from disaster area to a designated safe space determined at the time of the evacuation
- b. All Residents to be horizontally evacuated to a safe area beyond the fire barrier doors

Code Green Stat - "Vertical Evacuation"

- a. Code Green Stat will be used to completely evacuate Residents from the disaster area in a vertically downward direction

The decision to initiate a Code Green or Code Green Stat is the responsibility of the person in charge at the disaster scene or the Fire Department if present.

Evacuation Locations

Reactivation Care Centre (Finch Site)

Address: 2111 Finch Ave W, North York, ON M3N 1N1

Phone Number: 416-744-2500

Reactivation Care Centre (Church Site)

Address: 200 Church Street, North York, M9N 1N8

Phone Number: 416-249-8111

Fire – Code Red

Standard

Emergency Code Red will be used:

1. To alert all occupants when a fire is discovered.
2. When conducting Fire Drills
3. When there is a suspicious event that may lead to a fire (e.g., smoke, smelling something burning).

Procedure

**A. If you discover a Fire/Smoke Call out "CODE RED", and fire location;
R.E.A.C.T:**

- R** - Remove Residents from immediate area.
- E** - Ensure windows and doors are closed.
- A** - Activate Alarm.
- C** - Call the Fire Department.
- T** - Try to extinguish the fire (if possible).

REMEMBER: Pulling the alarm is the quickest way to get help. The First responsibility is the safety of the residents

B. If you hear the alarm

1. Check pull station locations to see if activation is on your Resident home area.
2. Clear corridors.
3. Staff not in their area must return to their assigned home areas after the code location is announced.

DO NOT USE ELEVATORS. DO NOT ENTER FIRE ZONE DIRECTLY FROM STAIRWELL.

4. Initiate room-to-room search. Assign a staff member to each hall. All rooms to be checked as follows:
 - a. Close windows
 - b. Check closets
 - c. Check bathrooms
 - d. Close doors
 - e. Note location of Residents
5. Proceed with pre-planned fire procedures for your area.

Medical Emergency – Code Blue

Standard

Code Blue will be used to alert individuals in the home of a medical emergency and provide a systematic approach for responding to it.

NOTE: A medical emergency is defined as a medical condition requiring immediate treatment, for example a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, respiratory distress, syncope and/or any other situation where clinical assistance is needed.

Procedure

A. Upon discovering the emergency:

- i. Pull the nearest call bell and alert nearby staff by shouting Code Blue.
- ii. Stay with the individual.
- iii. If no response to the call bell or the call for help, page "CODE BLUE", floor number, room number, then return to the resident and begin assessment and/or resuscitation.

B. Upon receiving the page for "Code Blue":

- i. The RN/RPN of the floor above and/or below or his/her designate will bring the emergency equipment, which contains suction, oxygen, and ambubag to the area called.
- ii. The Nurse Manager/ADOC, the DOC and/or the Executive Director will go immediately to the area of Code Blue and direct it until ambulance personnel arrives. At all other times, the Charge Nurse will attend the code and assume responsibility.

C. The Nurse Manager/ADOC on duty will direct the code and ensure appropriate resuscitation endeavors:

- i. The Nurse Manager/ADOC will direct 911 to be called where appropriate and the person will give name, address, floor, and room location.
- ii. A PSW will be assigned to put elevator on 'service' and wait for ambulance on main floor (after reception hours)

Missing Person – Code Yellow

Standard

Code Yellow will be used each time a Resident is discovered missing.

An immediate and thorough search of the home and the immediate environment will be conducted upon the suspicion/notification that a Resident is missing.

Procedure

Initial Search

1. In the event a Resident is suspected to be missing from a home the staff member will notify the person in charge immediately.
2. The person in charge/designate will check the sign out book and health record to see if the Resident is signed out of the home. If applicable, the Resident wanderer's observation checklist will be checked to determine the time and location the Resident was last recorded as being seen.
3. Registered staff will check with Recreation staff to account for all Residents engaged in social/ programming activities and report findings to the Charge Nurse.
4. After a thorough check of the Resident Home Area, Registered Staff will notify the Charge Nurse immediately of a suspected missing Resident.
5. The person in charge/designate will page three times "CODE YELLOW, NAME OF MISSING RESIDENT, ROOM NUMBER", e.g., "Code Yellow, Mrs. Smith, Room 213" followed by a brief description of what the missing Resident is wearing.
6. Registered staff will initiate Missing Resident Search Checklist to record the time, sequence, and details of the search.

Note: if not using Code Yellow Identify Chart, complete specify identify chart supplied by local police department or Alzheimer Society.

7. Registered staff will instruct staff to conduct a thorough search of all areas identified on the Missing Resident Search Checklist. Home-specific areas not listed should be added to this checklist.

Second Search – when the Resident is not found:

Immediately on completion of the first search and before an exterior search is carried out, the Charge Nurse/designate will notify the Police. Staff will begin a second search, following the procedures outlined in Steps 1 through 7 above, and continue utilizing the Missing Resident Search Checklist/ Refer to the Emergency Plan Manual for additional procedures for Code Yellow.

Code of Violence/Violent Situation – Code White

Standard

Code White will be used to obtain immediate assistance in a situation related to violent/aggressive behaviours.

Procedure

1. Call out "Code White". Unit staff to respond immediately to area of concern.
2. Remove residents/visitors from immediate area.
3. Page "Code White", floor number and location (e.g. "7th Floor, Room 220")
4. Return to Resident and ensure environment is safe. Using principles noted in the aggressive behavior policy, attempt to diffuse the situation.
5. Charge Nurses must always respond to Code White.
6. Once situation is assessed then:
 - a. If able to diffuse violent behaviours, stay with Resident, provide reassurance and assess contributing factors. Document on EHR/PCC interventions and outcomes.
 - b. If unable to diffuse violent behaviours, call 911 for emergency response. Notify physician, family, DOC/ Executive Director. Complete Unusual Occurrence report and document strategies in Risk Module on PCC

Hazardous Chemical Spill – Code Brown

Standard

The spill or leak of any hazardous material can result in immediate danger to life or health, disruption of resident care and threaten both the property and the environment.

These procedures must be carried out immediately for:

- a. The unplanned and/or uncontrolled release of any hazardous or potentially hazardous chemical in any quantity.



- b. The spill or leak of any UNIDENTIFIED SUBSTANCE.
 - a. In the event of a spill or leak of any substance as defined above, the person(s) involved or discovering the spill/leak shall:
 - S: Safely evacuate everyone from the immediate area.
 - P: Prevent the spread of fumes by closing doors, if possible.
 - I: Initiate notification of Dietary Manager or Health & Safety Rep. Over the P/A system and state the unit and exact location of the spill as well as the chemical if known.
 - L: Leave all electrical equipment, appliances and switches alone. Do not turn them on or off.
 - L: Locate any information regarding the chemical spills from the M.S.D.S.

Emergency Disaster Response Plan in Effect – Code Orange

Standard

Code Orange is paged to alert employees that the home will be receiving an influx of Residents as a result of an external disaster.

Procedure

1. The Executive Director/designate will approve the receipt of Residents from another facility or the community following an external disaster.
2. On request, the receptionist/designate will communicate "Code Orange Alert" to advise employees
3. of a potential influx of Residents. "Code Orange" or "Code Orange Confirmed" will be communicated to declare a confirmed influx of Residents.
4. The reception plan will be implemented to handle the influx of Residents.

Outcome

Code Orange is paged, and the reception plan is implemented upon notification of an influx of Residents after an external disaster

Loss of Essential Service/Natural Disaster – Code Grey

Standard

Code Grey is any unplanned interruption or loss of a critical essential service or a natural disaster event. The Home will contact local authorities for further information on specific actions for each individual Code Grey situation. Its purpose is to provide an immediate plan of action to ensure the safety of everyone and allow the Home to continue its operations.

Procedure

Each home will have a home specific process in place to deal with the loss of essential services/ natural disaster such as the ones listed, but not limited to.

1. Loss of hydro
2. Loss of natural gas
3. Loss of water/Boil Water Advisories
4. Loss of telephone
5. External Air Exclusion
6. Flooding
7. Tornado/Hurricane
8. Extreme cold
9. Withdrawal Services - No staff
10. Interruption of Food Services
11. Emergency Power Hook-up

Bomb Threat – Code Black

Standard

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called.

Procedure

VIA MAIL

The individual receiving the threat via mail will:

1. Remain calm. Note the delivery method and location of the threatening piece of mail.
3. Inform the Incident Manager immediately.

The Incident Manager will:

1. Immediately contact the police at 911, all other managers, team members, and support services office.
2. Determine whether to initiate Code Green evacuation procedures.
3. Follow police direction.

TELEPHONE THREAT

The individual receiving the threat by telephone will:

1. Be calm and courteous, do not interrupt the caller.
2. Keep the caller on the line as long as possible & obtain as much information as possible by completing the Bomb Threat Telephone Checklist.
3. Call 911/contact police & notify Incident Manager.

The Incident Manager will:

1. Alert ED, all other managers, team members.
2. Determine whether to initiate Code Green evacuation procedures.
3. Take direction from Emergency Services personnel.

All Team Members will:

1. Notify the Incident Manager if a suspicious object is found.
2. Not touch the object; take direction from the Incident Manager.

SUSPICIOUS PACKAGE/DEVICE

Any person who becomes aware of a suspicious package or device will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Instruct team members to clear the area where the package was discovered.
2. Notify team members and provide the following information:
 - Object location, Object description & Any other useful information
3. Call 911.
4. Instruct team members who have been in close proximity to or in contact with a package/device which is suspected to have been contaminated with chemical or biological agent to:
 - Wash their hands with water
 - Remove contaminated clothing and place in a sealed container (i.e. plastic bag) to be forwarded to emergency responders once on site. Shower (with soap and warm water) as soon as possible
 - List all people who may have been in contact with or in close proximity to the suspicious package/device and provide this list to appropriate authorities once they arrive onsite
 - Seek medical attention as soon as possible

Team Members will:

1. Not touch, shake, or bump the package. Do not open, smell, examine, touch, or taste.
2. Take direction from Incident Manager.

In the event of an explosion, the Incident Manager will:

1. Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
2. Photograph all damage as a result of the incident.
3. Preserve evidence in order to assist the police in their investigation.
4. Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
5. Designate a team member to notify next of kin of any resident or team member who suffered trauma in the event.
6. Notify VPRO and others as appropriate (i.e. provincial regulatory authority).

The ED will:

1. Conduct a general meeting within a week of the incident to debrief team members, residents, visitors, and volunteers on the outcomes and recommendations following the emergency.
2. Implement the recommendations resulting from the debriefing sessions as well as from Emergency Services who responded to the emergency.

Additional Emergencies - Outbreaks, Epidemics, Pandemics

Humber Meadows is proactive in the identification and prevention of outbreaks. In the event of an outbreak, an outbreak management plan will be in place and will be implemented as expeditiously as possible to interrupt further transmission of a disease-causing agent.

- Outbreaks will be reported to the Medical Director and Board Chair, and provincial public health agencies as required.
- Humber Meadows has a pandemic plan in place to guide infection prevention and control practices and provide interventions in the event of an active pandemic.
- Humber Meadows will follow the provincial/regional outbreak management protocols as applicable

Fire Safety Plan

This Fire Safety plan is established to ensure that our Residents, families, and team members, as well as our properties, are protected to the greatest extent possible and are cared for in the safest possible manner. Humber Meadows' environment will be 100% compliant with fire code standards

Hazard Identification Risk Assessment (HIRA)

Completing a Hazard Identification Risk Assessment will ensure that measures are in place to respond to those risks identified as most likely to occur.

Drug Provision Plan

In the event of a disaster, fire or other forced evacuation at the home:

Pharmacy will work closely with the home to provide the following in a timely manner:

- Replacement and dispensing of all required medications
- Delivery of required medication to alternative locations
- Delivery and Printing of MAR Sheets and/or Prescriber's Medication Review
- Provide ongoing refills to the alternate location for the duration of the evacuation.

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