



Section: Emergency Preparedness Manual

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Emergency Plan

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EMERGENCY PLAN

HANOVER CARE CENTRE
&
McVEAN LODGE

REVISED JULY, 2022



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Emergency Plan Overview:

The requirement for long-term care homes (LTCHs) to have written emergency plans for specified emergencies began in 2010, under the Long-Term Care Homes Act, 2007 (LTCHA). In response to the COVID-19 pandemic, third party reviews such as Ontario's Long-Term Care COVID-19 Commission and Auditor General's reports, sector feedback, and an increasing frequency of extreme weather, the emergency planning requirements were expanded in the FLTCA and O. Reg. 246/22. Fire safety planning continues to be required under the Ontario Fire Code. The Act and Regulation require all licensed to be prepared to respond to emergencies effectively, with resident safety a priority.

It is important to note that a long term care emergency plan is not the same as a Fire Safety Plan. A long term care facility must have an Approved Fire Safety Plan. An emergency plan is a separate document. An Emergency Plan must include emergency situations that must be addressed. For example, evacuations, violent outbursts, a missing resident, loss of essential services or medical emergencies, epidemics and pandemics, fires, community disasters, chemical spills and bomb threats must also be addressed as applicable.

Goal:

The Emergency Plan includes identifying and avoiding or reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning. The Emergency Plan has been prepared to facilitate a controlled and coordinated response to an emergency or perceived emergency occurring within or affecting Hanover Care Centre/ McVean Lodge. The goal is to protect the health, safety and welfare of the residents if faced with an emergency.

The Emergency Plan outlines the responsibilities of Hanover Care Centre/ McVean Lodge and the various Community Partners that would respond in emergency situations.



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Hazard Identification and Risk Assessment:

Under ss. 3 (11) and (16) of the FLTCA, the Residents' Bill of Rights, licensees are required to provide a safe and clean environment with proper accommodation, nutrition, care, and services; under section 5, licensees must ensure that residents have the right to freedom from neglect by the licensee and staff. These provisions apply at all times, which is why it is important to identify any potential hazards that would give rise to emergency situations impacting the safety and care of residents.

Ss. 268(3)(b) of O. Reg. 246/22 requires that homes undertake a process of identifying what hazards and risks may give rise to an emergency impacting the home and thus could impact resident wellbeing. This is called a Hazard Identification and Risk Assessment, or HIRA.

- Plan: Articulate the objectives and process.
- Identify Hazards: Identify hazards that have the potential to cause harm.
- Build Community Knowledge: Determine exposure as an estimate of people and assets in harm's way, vulnerability as an identification of conditions that increase susceptibility to hazards, and existing capacity of people and assets to respond and recover from the effects of hazards.
- Conduct Risk Assessment: Estimate the risk by using quantitative and qualitative knowledge
- Follow-up: Document the findings and evidence of the HIRA, noting the recorded scores, and communicating the findings.

The facility will complete a Hazard Identification and Risk Assessment yearly to determine areas which may need to be changed or addressed in the emergency plan. This will include the consultation of community partners and stakeholders as well as taking into account the local area and surrounding businesses.

Resource: [HIRA Methodology Guidelines 2019 \(emergencymanagementontario.ca\)](https://www.emergencymanagementontario.ca)



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Hazard Identification Risk Assessment

Rate the hazards listed below from 0 (Not Applicable) to 5 (highest probability). Also use your municipal Emergency Plan Hazard Identification Risk Assessment to help determine probability.

Table 1 - Hazard Identification Worksheet

Code Orange	Code Grey
Emergency refuge for community	Critical Infrastructure Failure
Severe weather;	Explosion
Ice storm	Energy Emergency (Supply)
Earthquake	Code Black
Hurricane	Bomb Threat
Tornado	Suspicious Package
Heat Wave	
Cold Wave	Code Blue
Flood	Medical Emergency
Snow storm/Blizzard	<ul style="list-style-type: none"> ● Staff
Contaminated drinking water	<ul style="list-style-type: none"> ● Visitor
Air exclusion	<ul style="list-style-type: none"> ● Resident
Nuclear Incident	Code White
Hazardous Materials Incident	Violent Situations
Drought	<ul style="list-style-type: none"> ● Resident
	<ul style="list-style-type: none"> ● Staff
Code Brown	<ul style="list-style-type: none"> ● Visitor
Sewage back up	Civil disturbance
Chemical spill	Labour disruption
Code Grey	Code Yellow
Fire Alarm system failure	Missing resident
Loss of utilities (not community wide)	
Elevator malfunction	Other:
Magnetic locks failure	Other:
Structural failure	Other:
Additional Testing:	
Pandemics and Epidemics	

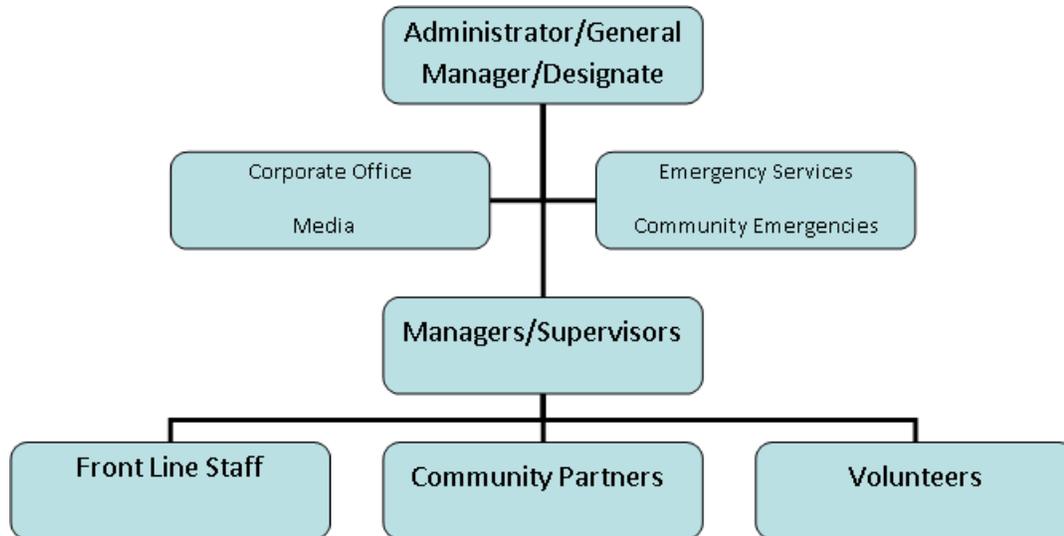
After completing this risk assessment, ensure that measures are in place to respond to those risks identified as most likely to occur. E.g.: train derailment may lead to evacuation, freezing rain may lead to “shelter in place”. The expectation is that training, practice, and resources are customized to react to the risks that are most likely to affect your residence



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Chain of Command:





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Roles and Responsibilities:

Policy:

All staff are responsible for participating in training of the Emergency Plan.

Procedures:

The Emergency Designate will:

1. Assess the situation and determine the appropriate action and code.
2. Designate a Command Post.
3. Obtain and copy of the Emergency Plan and have it available at the Command Post.
4. Contact Emergency Services, 911.
5. Contact Community Partners if applicable.
6. Follow procedures for the appropriate emergency code.
7. As necessary, solve problems.
8. At the All Clear, record how the plan worked, note areas that need revisions and updating.

Managers/Staff will:

1. Carry out responsibilities as assigned by Emergency Designate.
2. Adhere to safe work practices in an emergency.
3. Report to their supervisor any known hazardous situation that may result in the course of an emergency.
4. Communicate effectiveness of Emergency Plan at the end of the "all clear".



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Staff Training Requirements:

Staff working in the home must have received training on:

- i. Residents Bill of Rights
- ii. Fire prevention and safety
- iii. The emergency evacuation plan
- iv. The emergency plan, and
- v. Infection control

Training should be done on orientation and at least annually within each calendar year. Training records must be kept in a readable and usable format that is easily accessible.

Volunteers must be trained in how to “apply the emergency plan”. They should receive an overview of the plan and understand the role and responsibilities of volunteers in emergency scenarios that the plan is required to address.



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Plan Activation:

Policy:

Aspects of this plan can be put in place at the direction of the owner/General Manager/designate or at the direction of Community personnel. Once the plan has been activated, the staff of Hanover Care Centre/ McVean Lodge will follow the directions laid out within the plan and other policies and procedures as indicated.

Resource: [cercimmediate_response.pdf \(cdc.gov\)](#)



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Community Partners:

Policy:

Hanover Care Centre/ McVean Lodge has arrangements with Community Partners to assist the licensee in the event of an emergency within the residence and to consult with the Community Partners to ensure their services match the needs of the licensee and are available to the licensee during an emergency, agreements and memoranda of understanding documents will be negotiated regularly with Community Partners, both private and public.

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 of Hanover Care Centre/ McVean Lodge are considered when developing and implementing plans and procedures.

Procedures:

- In preparing the emergency plan, the facility must consult with relevant community agencies, partner facilities and other resources that may be involved in their emergency response plans. Consultation ensures that the facility's planned responses align with the capabilities and/or the response of agencies and partners that would need to assist the ltc/retirement residence in an emergency.
 - It is important to have annual consultations with relevant partner facilities, which are necessary to plan arrangements for temporary accommodations for residents should the need arise.
 - In addition, consultation is important to identify what community partner and agencies will be involved in an emergency response. Community agencies and partners include any contract service providers that would be contacted to provide supplies or services for the well being of residents.
- Some of the services needed in the event of an emergency include accommodations, access to medication, food and transportation to an alternate facility, if required.

Documenting contact information and arrangements made and what services/supplies each would provide should be maintained. Written documentation is required {could be in the form of an email}. Verbal arrangements are not compliant.

Agreements and memoranda of understanding documents have been negotiated regularly with Community Partners, both private and public. These are completed and kept in the CONTACT section of the binder.



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Memoranda of Understanding
 Between
 Hanover Care Centre/ McVean Lodge
 and

_____ is committed to assisting **Hanover Care Centre/ McVean Lodge** during emergencies affecting the residents of **Hanover Care Centre/ McVean Lodge**.

_____ agrees to provide **Hanover Care Centre/ McVean Lodge** with the following:

Before emergency: this would be supplies/services/personnel to have on hand for use during an emergency.

During emergency: this would be supplies/services/personnel to access during an emergency

After emergency: this would be supplies/services/personnel to use following an emergency.

Hanover Care Centre/ McVean Lodge agrees to provide _____ with the following:

(Examples services or payment)

This Memoranda of Understanding, MoU, begins on the date signed and is valid for a period of **(insert timeframe)**. This MoU can be cancelled by either party with 90 days written notice.

Name and address of contact at _____

Name and address of contact at **Hanover Care Centre/ McVean Lodge**

 Insert Name of Residence Contact Insert Name of Community Partner Contact

 Signature Signature

 Date Date



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Emergency/ Disaster Preparedness Plan Form

Emergency Contact Information

Emergency Support Functions Contact listing:

Support Function	Agency	Primary Contact	Secondary Contact



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Emergency Telephone Numbers

Emergency Services

When contacting an emergency service, dial 9-1-1 and ask for the appropriate service. Give the building name, address, your name and state the nature of the emergency.

After placing the initial call, if additional information becomes available, contact the emergency service and provide the new information.

Emergency Service Providers:

Fire Department.....	911
Police Department.....	911
Ambulance.....	911
Wayne’s Electric.....	519-364-4020
Troy’s Plumbing.....	519-881-2617
Riddell (heating).....	519-376-0736
Mark Hopkins (Refrigeration)	519-901-2027
Town of Hanover (Water & Sewer).....	519-364-1481
Enbridge Gas.....	1-800-774-3111
Westario Power.....	1-866-978-2746
Wightman’s (Telephone & Internet).....	1-888-477-2177
Georgian Bay Fire, Safety & Call Bell System.....	519-376-6120
Randy’s Lock & Safe (McVean Lodge call bells).....	519-364-1573
Steve (Kitchen, Gas stove).....	226-568-4429
Sunbelt (General Rental).....	519-881-3333
Saugeen Mobility & Transportation.....	519-881-2504
Hanover Taxi.....	519-364-4342
Voyago.....	519-455-4579
Ambulance Bookings.....	1-800-265-1686
Ontario Poison Centre.....	1-800-268-9017
Hanover District Hospital.....	519-364-2340
Walkerton Hospital.....	519-881-1220
Owen Sound Hospital.....	519-376-2121
Brenda Wepler (Owner & Administraitor).....	519-374-3106
Mike Garcia (Owner &CEO).....	226-921-4173



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Nicole Lembke (DOC HCC).....519-270-8744
 Kate Schnurr (DOC McVean Lodge).....519-387-5484
 Dennis Laver (Maintenance).....519-364-4231
 Hanover Police.....519-364-2411
 Georgian Bay (report False alarms).....1-800-265-3118 Act#23100282
 Life Labs.....519-371-1054
 Medigas.....519-364-1148
 Hanover Medical Associates.....519-364-2820
 Serenity.....519-369-3990
 Public Health Sarah Lee.....519-376-9420 x 1392
 Public Health After Hours contact.....519-376-5420 (report Outbreaks)
 Ontario Home Health.....519-369-5655
 Dr. White.....Cell 1st 519-889-1724 (H) 519-364-1724
 Dr. Basilij.....Cell 1st 519-369-4949 (H) 519-364-5696
 CareRx.....1-866-768-4616
 Kunkel Buslines.....519-364-2530



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Plan Maintenance, Testing and Revisions

Policy:

Plan Maintenance

A review and evaluation of the complete Emergency Plan is to be conducted annually. A review of the Emergency Plan is to include updating contact information for Community Partners and all person(s) or companies involved in responding to any part of the Emergency Plan. The review process should include that partnerships continue to be relevant taking into account any changes in the retirement residence, e.g., staffing levels, increase in residents, etc.

Testing the emergency plan requires a focused activity that exercises all components of the emergency plan, and participants respond in accordance with the functions they would be expected to in the real event. This can be in a simulation or discussion-based exercise. These exercises can promote preparedness, clarify roles and responsibilities, highlight gaps in skill or planning weaknesses, and improve performance.

Testing and Revisions

Every year:

- Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics,
- Fires
- Situations involving a missing resident,
- Loss of one or more essential services,
- Medical emergencies,
- Natural disasters or extreme weather events,
- Boil water advisories, and
- Floods.

Every three years:

- Community disasters,
- Violent outbursts,
- Bomb threats,
- Chemical spills,
- Gas leaks, and
- Evacuation.

Exercises can be developed to test essential elements, interrelated elements, or the entire plan(s). These can take the form of table-top exercises, drills, functional exercises, and field exercises.

Note: a table-top exercise is defined as a discussion-based session where team members meet to discuss their roles during an emergency and run through potential scenarios. This is often more structured than other forms of discussion-based exercises.

LTCHs do have requirements under the Ontario Fire Code to conduct fire drills.

In addition, LTCHs are required under ss. 268(10)(c) of O. Reg. 246/22 to complete a planned evacuation every three years, to ensure that staff are familiar with the planned evacuation procedures and can transfer residents to a point of safety or out of the building in an emergency. A full-scale exercise or drill can be conducted to test the staff performance against the planned procedure. As per ss. 268(10)(d) of O. Reg. 246/22, the LTCH must keep a written record of testing emergency plans and any changes made to improve the plans. If during an evacuation or drill, problems or difficulties were identified, the written record should include what recommendations were made for corrective measures, responsibility for taking corrective action, and time frames for corrective actions.

Evaluations:

As per ss. 268(8) of O. Reg. 246/22, emergency plans must be evaluated and updated:



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

Emergency plans must be evaluated annually (or more often if necessary) to determine if changes need to be made. Changes may result from things like new hazards, different risk assessments, changes to building infrastructure, changing community partners, feedback from other emergencies plans enacted in the area, and the like. If the evaluation shows a need for plan updates, LTCHs are required under ss. 268(9) of O. Reg. 246/22 to consult with identified emergency service entities, and Residents' and Family Councils as part of the updating process.



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Emergency Kit- Resources and Supplies for Emergency Response

An emergency kit is found under the nurses station at the Hanover Care Centre. McVean Lodge is located in storage closet across from Nursing office.

Emergency supplies and equipment required for emergency response must be regularly tested to ensure in working order and there are enough supplies for an emergency. Ensure they are in the proper location and functional.

The following items are to be kept in the emergency kit at all times:

1. Binder with resident pictures and transfer sheets
2. Clipboards
3. Evacuation log sheets
4. Emergency Plan
5. Building floor plans
6. Flashlight and extra batteries
7. Whistle to signal for help
8. Power failure phone

Food, Fluid, and Drug Provision:

Under ss. 268 (4) paragraphs 6 and 7 of O. Reg. 246/22 homes are required to have a plan for food and fluid provision, and the timely access to drugs that have been prescribed. Critical to developing these plans are supply and staffing. To limit supply issues, homes are encouraged to think critically about their resource stockpiles and include non-perishable items or extra supply that may become necessary, as well as identify alternative supply options and/or partners that can be called upon in a timely way if the need arises.

The home has policies through the Carex pharmacy to provide drug provision in the event of an emergency. The food and fluid provision plan are kept in the dietary binder and updated annually. A copy of both of these policies is located at the back of this binder.

Resource Stockpiling:

Homes are required under ss. 268(4) paragraph 3 of O. Reg. 246/22, to set aside the resources, supplies, personal protective equipment (PPE), and equipment vital for emergency response. At minimum, the stockpile must include hand hygiene products, cleaning supplies, and a process to ensure that required resources, supplies, PPE, and equipment are not expired. Resources may include materials such as food, drugs, and sanitation products, as well as non-material resources, such as staff, transportation, funding, and information.

When developing a resource list and planning for its use, homes may consider:

- Completing assessments of each resident's resource needs,
- Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary,
- Consulting different departments within the home,
- How resource stockpiles may differ based on if and where residents will need to be evacuated,
- Where stockpiles can be stored and how they can be monitored and managed to avoid expiry,
- Determining how many weeks of supplies might be required, and other similar concepts.

The need of the items in the stockpile are assessed and taken in to account monthly while items are inspected for expiration and proper function. The facility will maintain a 3 week supply of these items at all times. Stockpiles of PPE, cleaning supplies, hand hygiene and equipment are kept in designated areas throughout the facility. There is a master list of all items included that is checked monthly to ensure rotation is occurring and prevent items expiring.



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Record of Changes, Manual Review and Maintenance:

Policy:

The Emergency Manual will be reviewed and tested in accordance with the established procedures/schedules.

All changes to the Emergency Manual will be documented on the form located on the next page; Record of Changes, Manual Review and Maintenance; and changes to procedures will be made by those with the responsibility and authority to do so.

Procedures:

1. The entire Emergency Manual will be reviewed at least annually by the Management Team and members of the Occupational Health and Safety Committee. This review and revision will ensure that, at minimum, the following are current and/or renewed as needed;
 - Staff call in list
 - Site description
 - Staff training
 - Internal resources, supplies and equipment (including Emergency Kit)
 - Arrangements with community agencies and partner facilities and resources that will be involved in responding to an emergency
 - Exercises and drills
 - Changes to procedures are recorded
2. All codes will be tested on an annual basis except code red which will be completed monthly. Changes made to Code Procedures as a result of test exercises will be documented. Changes to Appendices resulting from test exercises will also be documented. Documentation is on the form Record of Changes, Manual Review and Maintenance.
3. Changes to manuals will be documented.
4. Monthly inspection of the Emergency Manual and emergency supplies and resources will be conducted by the Joint Occupational Health and Safety Committee or designate and documented on the monthly workplace inspection checklist.
5. Any changes made to the Emergency Manual (including additions and deletions) will be the responsibility of the General Manager or designate and should be made to support site specific conditions that may not be included in a procedure. The code procedures cannot be removed or deleted from the manual.



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Record of Changes, Manual Review and Maintenance

The distribution of amendments to and review of the plan will be maintained and approved by the GM.

Distribution List

Number	Organization / Department	Title	Date

Amendment Record

Number	Page(s) of Sections Amended or Added	Amended by	Date

Review

Number		Checked By	Date
1	Staff Call in list		
2	Site Profile		
3	Staff Training		
4	Internal Resources Supplies and Equipment		
5	Arrangements with Community Agencies, Partner Facilities and External Resources that will be involved in responding to an emergency.		
6	Exercises and Drills		
7	Changes to Code Procedures		
8	Changes to Appendices / Resources		



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Emergency Communication:

Policy:

A small communication team may be set up to answer phones and act as a relay and liaison for the Incident Command, depending on the nature of the call and will consist of sympathetic, articulate persons who have an understanding of the residence's Incident Command responsibilities to correctly route calls.

Procedures:

Communication: Directing Incoming Calls

1. The communications team receiving calls on behalf of the residence will play a large role in maintaining a calm, ordered environment by knowing how to direct calls and manage inquiries.
 - Status updates on emergency/residence/residents: Liaison Officer
 - Offers to help/resources or staff coming from other facilities: Liaison Officer
 - Staff calling to find out work schedule: Operations Lead
 - Medical information or doctor's office: Operations Lead

Communication: Residents and Family Members

1. Notify all families who have requested their relatives be discharged to their care.
2. Prepare a telephone tree and have various employees call family members to assure them of their family member's safety and advise them of the residence's plan for the crisis. Provide two numbers where someone can be reached who can answer their questions and advise them of the sheltering in place or evacuating status.
3. Remind family members that in a crisis such as severe weather, telephone contact may be lost and that staff will do their best to take care of their loved one. Emphasize that staff will be focused on providing resident care and protection so telephone inquiries should be short, but that staff will keep them advised. Ask them for several numbers where they can be reached. The goal is to help family members feel comfortable and confident that staff are doing all they can to ensure their loved one's safety.
4. The team will compile a "key point bulletin" for resident and family member communication consisting of these basic elements:
 - Type of threat (e.g., tornado),
 - Estimated time and severity of impact,
 - General outlook at the time,
 - Expected disruptions to services and routines,
 - What the residence administration has done and is doing to lessen negative outcomes,
 - When to expect an update/status report,
 - What the residents and family members can do to help.

Prepare announcements that can be made over the public address system as appropriate. This ensures that important information will be communicated in a calm, predictable manner.

Communication: Alternate Methods

In an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures),
- Telephones (both cellular and landline if operating),
- Two-way radio (always keep in a charger because a residence may be without power at any point),
- Fax machine (if phones are operable),



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- Internet or local area networks (if computer systems are operative),
- Through the media, TV and radio announcements.

*Communicate with the facility's administrator about their emergency response capabilities.

The local media may also be utilized to communicate residence evacuation information, as well as other needs of the residence. This is an appropriate function of the Public Information Officer.

1. Communication: MOLTC, LHIN
The purpose of the communication is to keep the MOLTC/LHIN informed.
2. Communication: Local Office of Emergency Operations

Communication in case of pandemics and epidemics

Communication is one of the most important elements of pandemic and epidemic management. Hanover Care Centre/ McVean Lodge must keep staff, resident, family members, visitors and stakeholders informed about the pandemic/epidemic, including frequent and ongoing internal and external communications during an outbreak. Hanover Care Centre/ McVean Lodge must follow directives, guidelines for signage, visitors, etc. as directed by the local Public Health Unit and Medical Officer of Health.



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Emergency Codes:

Emergency Codes are color-coded indicated used in health care facilities to alert all staff members of potential issues arising in the facility. These codes include unique prescribing criteria for how staff members should respond to a specific situation.

Policy:

Code Procedures specific to the residence will be developed for use in emergencies and these procedures will be categorized by colour code. These emergency colour codes will be used to communicate essential information quickly and with minimal misunderstanding to staff, while not unduly alarming residents and visitors.

All staff will receive specific orientation on ALL Emergency Code roles and responsibilities.

Procedures:

The following colour codes summary will be used to identify emergency situations:

1. **Code Red (Fire):** Procedures that guide staff in the event of fire and/or fire alarm. These procedures are detailed in the residences "Fire Safety Plan". A Fire Safety Plan will be developed and maintained.
2. **Code White (Violent Outbursts/Behavioural Situations):** Procedures for staff to manage escalating violent situations. Violent situations may involve residents, staff or visitors. Examples include: an aggressive resident, an intruder (armed or unarmed), etc.
3. **Code Yellow (Missing Resident):** Procedures for staff to respond to a missing resident. Procedure is initiated in accordance with the facility or facility's area's individual definition of "missing".
4. **Code Blue (Medical Emergency):** Procedures for staff when a resident, staff or visitor is experiencing a medical emergency which could result in loss of life and may necessitate resuscitation. Examples are; cardiac and/or respiratory arrest, respiratory distress and chest pain.
5. **Code Orange (Community Disasters):** Procedures that provide safe and effective responses to external disasters or events that impact the community. This code may involve temporarily housing members of the external community for safe refuge, or preparing the residence for an external disaster such as, but not limited to, severe weather, community utility failure, earthquakes, and external air exclusion (biological, radiological, etc.).
6. **Code Black (Bomb Threat/Suspicious Object):** Procedures that guide staff to maintain safety, assess the threat, locate and/or isolate the area at risk, in the case of a bomb threat or suspicious package/object.
7. **Code Brown (Chemical Spill/Leak):** Procedures that guide staff in an emergency involving an "in facility" spill or leak of any hazardous material. These spills/leaks can result in an immediate danger to life/health/property or the environment. Examples include: carbon monoxide, natural gas, major sewage back up, chemical spills or leak.
8. **Code Grey (Building System Failure, including Loss of Essential Services):** Procedures that guide staff in an immediate response to a significant infrastructure loss or failure. Examples include: fire detection or suppression system failure, magnetic locks failure, loss of utilities, elevator malfunction, and structural damage.
9. **Code Green (Emergency Evacuation):** Procedures to be followed in an emergency necessitating evacuation of the building. The objective of these procedures is to remove all or part of the resident population as quickly and safely as possible from an area in the residence, or completely away from the building.
10. **Additional Testing (no colour code) - Epidemics and Pandemics:** Procedures may focus on situation monitoring and planning, reducing the spread of disease, continuity of care, and communications, etc.

The General Manager or designate will:

1. Ensure all staff receive specific orientation and training on all Emergency Codes, and identify roles and responsibility using a General Orientation checklist,
2. Ensure all staff are re-trained annually in accordance to their roles/responsibilities as per the Emergency Manual.



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Fire-Code Red: Separate section.



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Violent Outbursts (Behavioural Situation)- Code White:

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedures:

1. Using the paging system announce CODE WHITE three times (Charge nurse or designate)
2. Isolate the violent person (if safe to do so) and/or remove all other persons to a safe area,
3. If staff are unable to diffuse the situation, call 911, be clear and calm. Give descriptive and detailed information as it is available.
4. Do not attempt to physically restrain a violent person or intervene physically between two violent people. Assess area for any potential items that may be used as a weapon ie. Kitchen utensils, pens, chairs while keeping a safe distance. If appropriate remove items that may endanger others and store in a safe place.
5. Lock down the area,
6. If offender is outside the building, lock down points of entry. Using paging system announce LOCK DOWN MODE three times
7. Keep GM notified.

After dealing with the immediate emergency and if further action is required, DEVELOP A PLAN

Note: In the event of life-threatening violence that is occurring or imminent, such as a hostage situation, active shooter, or known intruder with a visible weapon *inside* the building, it is important for the facility to follow procedures that will be unique to the circumstances (following direction of police) and the facility. The police should be consulted in the development of lockdown procedures.

Several procedural considerations include:

- The lockdown will be communicated by the Charge Nurse
- **Where are the safest areas/rooms in proximity? Can they be secured/locked?**
- **Once residents, staff, visitors, etc. are moved to a safe area/room, what is to be done?**
 - **For example – lock and stay away from doors, cover hallway door windows if applicable, turn off lights/shut blinds, take cover if available, don't use cellphone, etc.**
- A designate will be in charge of communicating with family members about not entering. Police will be involved in assisting with the lockdown if needed.
- End of lockdown will be communicated (after direction by police if needed) by the Charge Nurse

Note: any staff members who may have reason to suspect themselves and others in their presence may be placed in danger from (a) person(s) outside the workplace must inform their employer of such circumstances to prepare the workplace and safety plan. The employer will assist with developing safety measures appropriate for the workplace for the arrival and departure of the staff member.



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Missing Resident- Code Yellow

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedures:

A. If a resident cannot be located: search all known/frequented areas of site/outside site

B. If resident is still not located then:

The Person in Charge will:

1. Announce Code Yellow,
2. Organize a general search - See "Missing Resident Search Checklist",
3. Staff familiar with resident will participate in search,
4. Call 911,
5. Call family and advise of situation,
6. Gather photo, description, clothing last seen wearing, care plan and contact information,
7. Check sign out books, meal census, MAR to determine when last seen,
8. If resident not found secure chart, care plan, MAR, census checks, sign out books and all other relevant information,
9. Continue to assist police with search,
10. Recheck building/grounds- search as often as required (at least every shift),
11. Call in additional staff if required,
12. Keep GM informed.

When resident is found conduct physical examination and document

After dealing with the immediate emergency and if further action is required; DEVELOP A PLAN



Section: Emergency Preparedness Manual

Subject: Emergency Plan

Code Yellow- Missing Resident Search Checklist

Resident's Name: _____ Suite #: _____

Physician's Name: _____

1) Time last seen: _____ Date: _____

2) Physical Description

Age: _____ Hair: _____

Eyes: _____ Glasses: Yes No

Height: _____ Weight: _____

Colour Photo available: Yes No

Special identifying features:

Clothing last wearing: _____

3) Level of Risk: _____

4) Significant Medical Information:

5) Possible Favourite Places: _____

6) Areas to be searched – using detailed interior floor plan with room numbers and exterior map of the grounds to search all areas identified in chart. Attached completed floor plan log to checklist

Search Chart:

Area	Search Completed	Area	Search Completed
Bathroom/Shower Room		Elevators	
Lounge		Closets	
Storage/Service		Resident Rooms	
Stairwells		Under Furniture – Bed, sofas etc.	
Hidden Areas		Main Kitchen	
Underground Parking		Dining, room and server	
Parking lot & cars		Balcony	
Grounds		Laundry	
Bushes		Staff lounge	
Sheds		Washrooms – resident and public	
Roads			

Resident Found:

Location: _____ Time: _____

Search Completed – Resident not found and confirmed missing Time: _____

7) Notification

	Time	Notified by
--	------	-------------



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Family		
General Manager		
Police		
Physician		
Head office		
Transportation services – bus, wheel trans, taxi		

8) Police Notification Time: _____
 Name of Officer: _____ Badge #: _____

9) Next of Kin
 Called: _____ Time: _____ Initials: _____
 Name: _____
 Address: _____
 Telephone #: _____

10) Assessment of Residents Condition when found
 Location: _____ Time: _____
 Assessment: _____

11) Physician's Orders received:

12) Notification Resident Found

	Time	Notified by
Family		
General Manager		
Police		
Physician		
Head office		
Transportation services – bus, wheel trans, taxi		

13) Safety precautions to prevent reoccurrence: _____

14) Incident Report Documented: Yes No

15) Charting Completed: Yes No



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Name of Search Coordinator: _____

Signature of Search Coordinator: _____

Date: _____

INSERT FLOOR PLAN



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Medical Emergency- Code Blue

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE,

Code Procedures:

1. Reassure the resident,
2. Charge Nurse to check DNR status (or delegate),
3. If DNR then do not begin CPR,
4. If no DNR, then commence CPR and designate someone to call 911
5. Remove all residents and others from scene,
6. Continue with CPR or comfort measures until arrival of 911,
7. If CPR is not started then ensure privacy and dignity while proceeding as per residence's expected/unexpected death policy,
8. Keep GM informed.

After dealing with the immediate emergency and if further action is required, DEVELOP A PLAN



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Community Disasters- Code Orange

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedures:

FOR AIR EXCLUSION:

1. Tune in to local or provincial radio/television,
2. Announce Code Orange - include information available,
3. If decision is made to remain in place:
 - Gather all staff/residents/visitors in room/hallway with least windows,
 - Take emergency supplies, communication devices,
 - Turn off all ventilation systems,
 - Close lock and seal windows and doors,
 - Seal exhaust fans and any other openings with plastic and tape.
4. Recheck all rooms
5. Once all residents/staff/visitors are moved to a safe area then the decision must be made to “Shelter in Place” or evacuate residents to another location ,
6. Announce update to Code Orange as information becomes available,
7. Keep Administrator notified.

FOR WEATHER WATCH:

Weather Watch (Note: weather watch means the potential exists for severe weather)

1. Tune in to local or provincial weather to receive statements, or warnings,
2. Announce Code Orange - Weather Watch - include information available,
3. Move all residents/visitors/staff indoors,
4. Ensure all windows and exterior doors secured closed
5. Ensure flashlights and cell phones available if situation worsens,
6. Secure any objects outside/inside that may become airborne,
7. If the weather watch progresses to a weather warning, proceed to Code Orange Weather Warning,
8. Keep Administrator notified.

FOR WEATHER WARNING:

Weather Warning (Note: Weather Warning means severe weather is occurring or imminent)

1. Follow procedures for Code Orange Weather Watch first
2. Tune in to local or provincial weather
3. Announce Code Orange - Weather Warning - include information available
4. If severe wind, thunderstorm, rainfall or tornado, all residents/staff/visitors will be moved to a secure area of the building, away from windows, doors and appliances. Shelter on ground floor or below ground interior hallway or small rooms, - ie. Tub room and garage
5. Place emergency supplies in shelter area(s)
6. Recheck all rooms
7. Use mattresses and/or blankets to shelter from flying debris
8. Instruct staff/residents/visitors to take position of greatest safety (crouch down on knees with head down and hands locked at back of head)



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9. Shut off electricity, water and fuel lines
10. Remain until weather warning is lifted
11. Keep Administrator informed.

SITE USED FOR SHELTER FOR EXTERNAL GROUP:

- The staff member receiving a request to use the residence as an Emergency Shelter will notify the Person in Charge immediately.

The Person in Charge will:

1. Determine whether a prearranged reception partnership exists
2. If no prearranged reception partnership, determine whether the residence can meet requested need for temporary shelter
3. Inform all staff of the pending arrival of persons needing shelter
4. Keep administrator informed.



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Bomb Threat or Suspicious Package/ Object- Code Black

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedures:

1. If the bomb threat is received by telephone, keep the caller on the phone while attempting to get as much information as possible,
2. Get the attention of a co-worker and ask them to call 911 (try to do this without alerting caller). If unable to alert co-worker, then call 911 after caller hangs up. Request guidance from 911, based on information given, whether to:
1) Initiate search 2) Evacuate residents and staff or 3) Do nothing until police arrive on site,
3. If advice is to search: Assemble staff currently in building,
4. Initiate interior building search,
5. Any staff finding a suspicious package are to report back immediately, Reassemble with all staff once entire building is searched,
6. If a suspicious package is found during the search (or if suspicious package that is considered dangerous is found at any time) initiate Evacuation Procedure, moving residents away from suspicious package,
7. Keep Administration informed at all times.

Do not use cell phones or portable phones.

The decision to 1) Stop the search and resume normal activities OR 2) Evacuate, or continue other precautions, will be made in conference with the Person in Charge, Administration and the police.



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Chemical Spill/ Leak- Code Brown (within facility)

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedures:

MINOR SPILL OF A KNOWN SUBSTANCE

1. Protect yourself, avoid contact with skin, eyes and inhalation
2. Cordon off area
3. Announce **Code Brown**, if needed
4. Use spill kit to absorb and contain which is in maintenance room.
5. Dispose of contaminated material according to supplier instructions
6. Keep administrator informed.

MAJOR SPILL

1. If risk of explosion or chemical reaction, announce Code Brown and location,
2. Call 911
3. Contact product supplier (Emergency Telephone Numbers)
4. Contact emergency response contractor or work with HAZMAT emergency team to clean up/decontaminate,
5. Keep Administrator notified.

CARBON MONOXIDE OR GAS LEAK

1. In the case of a natural gas leak (natural gas smells like rotten eggs) OR Carbon Monoxide detector is activated, announce Code Green
2. Immediately evacuate area
3. Don't smoke, operate light switches or use phones.
4. Shut off Gas, if applicable (contact Enbridge 1-866-763-5427),
5. Once all residents are moved to a safe area, then the decision must be made whether to "Shelter in Place" or evacuate to another location
6. Keep Administrator notified.



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Building System Failure (includes loss of essential services)- Code Grey

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedures:

FOR BUILDING STRUCTURAL FAILURE:

1. Announce Code Grey- Building Failure,
2. Enter area of building failure only if safe,
3. Evacuate residents from area of building failure to a safe area,
4. Call 911.

Once all residents are moved to a safe area then:

The Incident Commander/Designate will:

1. Decide to Shelter in Place or evacuate residents to another location ,
2. Restrict access and shut down utilities to area of building failure,
3. Keep GM notified.

FOR DOOR ALARM FAILURE:

1. Announce Code Grey- Door Alarm Failure- (Location)
2. Assign staff to: exits and emergency doors
3. Attempt to reset door alarms
4. Call **Georgian Bay Fire and Safety 519-376-6120 or 1-800-265-3197** for service,
5. Complete resident census to ensure all residents accounted for,
6. Keep Administration notified.

FOR LOSS OF UTILITIES; ELECTRICITY, NATURAL GAS, WATER/SEWER:

1. Check with utility provider to determine estimated length of service disruption. (for hydro call: **Westario power - 1-866-978-2746**), for gas call: **Enbridge 1-866-763-5427** , for water or sewer call: Town of Hanover # **519-364-2780**),
2. If natural gas disruption, then Enbridge will need to be advised regarding restarting gas appliances,
3. Contact contractor if outage is not due to utility – for names of service provider see emergency contact list.
4. Keep Administration informed.

The Person in Charge will:

- Decide to Shelter in Place or evacuate residents to another location .

FOR FIRE DETECTION / SUPPRESSION SYSTEM FAILURE:

1. Announce Code Grey - Fire Detection/Suppression System Failure,
2. Notify fire department – 911,
3. Notify monitoring company (Georgian Bay, 1-800-265-3118,



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4. Begin Fire Watch (Fire Watch Checklist),
5. If fire found, call 911 (do not use pull stations as they are inoperative),
6. Notify residents and post signage at pull stations that Fire Alarm System is temporarily not working,
7. Keep administration notified.



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Code Grey - Fire Watch Sign

Please be advised our Fire Alarm System is
down and a

Fire Watch is in place.

The building is being patrolled by designated
fire watch persons.

Call 911 if a fire is observed and alert staff.



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Code Grey – Fire Watch Checklist

Date: _____ Area Monitored: _____

Time Fire Watch Started: _____ Time Fire Watch Completed: _____

Name / Title of person assigned to Fire Watch Duties: _____

All Rooms Checked		All Rooms Checked		All Rooms Checked	
Time	Signature	Time	Signature	Time	Signature
7:00		15:00		23:00	
7:30		15:30		23:30	
8:00		16:00		24:00	
8:30		16:30		24:30	
9:00		17:00		1:00	
9:30		17:30		1:30	
10:00		18:00		2:00	
10:30		18:30		2:30	
11:00		19:00		3:00	
11:30		19:30		3:30	
12:00		20:00		4:00	
12:30		20:30		4:30	
13:00		21:00		5:00	
13:30		21:30		5:30	
14:00		22:00		6:00	
14:30		22:30		6:30	



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Emergency Evacuation- Code Green

Code Green policies will be implemented at the order of the Administrator or designate or Community Based Emergency Personnel.

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

Code Procedure:

1. Life Safety First – Get everyone out of harm's way; ensure staff do not put themselves at risk.
2. Announce Code Green EVACUATION three times over the paging system.
3. Priority of evacuation:
 - I. Those individuals in immediate danger,
 - II. Ambulatory residents,
 - III. Residents in wheelchairs, residents with limited mobility may need assistance in wheelchairs,
 - IV. Residents fully dependent on staff or resistive are moved last and may need to be placed on a blanket and dragged to a safe area.
 - V. Ensure staff assigned to remain with evacuees
4. Bring Emergency Kit and Emergency Manual from Nursing Office. If possible retrieve resident charts, medications, and MARS.
5. Once resident and staff have been evacuated complete a resident and staff count using report sheet and schedule.
6. Keep GM informed.

Note: If any resident is missing, then activate Code Yellow - Missing Resident.

Once all residents are moved to a safe area and accounted for:

The Person in Charge will:

1. Decide whether to Shelter in Place or evacuate residents to another location
2. If decision is made to evacuate, see Evacuation Checklist. See also contact information for sheet for residences able to accommodate.
3. If necessary to relocate residents, implement relocation plan.

After dealing with the immediate emergency and if further action is required; DEVELOP A PLAN



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A Temporary License

A Temporary Emergency Licence (TEL) is issued by the Director set out in section 115 of FLTCA, either by email or letter, where there are circumstances affecting a licensed LTCH that makes it necessary to move one or more residents from a “source home” to a “recipient home” to protect the health and safety of the residents.

A TEL is issued to a recipient home in two circumstances:

- If residents are accommodated above the licensed capacity of at a licensed LTC Home; or,
- At a New Stand Alone Temporary LTC Unit:

A TEL will be issued if residents are expected to be out of their source home for more than 24 hours. In the event of an emergency and temporary housing is needed, this temporary emergency licence remains effective until such time as the source home is safe for residents to return (for a maximum term of up to a one year).

Please refer to page 7 of The Guide on the Policy, Process, and Procedures during Emergency Evacuations that is located at the back of the binder.



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Evacuation Checklist

After resident staff and visitor life safety is assured, and after the decision has been made to evacuate, use the following as a guide. All steps should be documented.

X	
	1. The Person Charge (RPN, UCP or designate) in the building or first responder assumes the role of Incident Command. Follow Develop a Plan “ALL CODES”.
	2. Establish Command Centre location.
	3. Develop Incident Objectives.
	4. Contact General Manager (tel. #) for (a) Media Support (b) Financial Support (c) Logistics Support beyond what is available at the site level.
	5. Inform all residents, staff and visitors of the evacuation.
Stage 1	
Develop an Action Plan to carry out the Incident Objectives. The resources listed below may be used to develop the Action Plan.	
	1. Appoint “Operational Lead” to direct all operational staff and ensure appropriate resources are assigned.
	2. Contact and confirm availability of relocation centres (Insert company and phone number).
	3. Contact additional staff (See - Emergency Staffing).
	4. Establish communications – See Emergency Communications.
	5. Contact and confirm transportation (Insert company and phone number).
	6. Establish resident identification system (Resident Identification System).
	7. Contact any required community resources (See Emergency Telephone Numbers).
	8. Reassure residents and ensure their needs are met.
Stage II	
	1. Regroup and receive update
	2. Assign staff as appropriate to:
	3. Identification of residents
	4. Marshaling of supplies / resources / food
	5. Assign to buses
	6. Staging and loading areas identified.
	7. Ready residents for journey, informing, attaching ID, packing (purses, wallets).
	8. Systematic loading of residents onto buses / vehicles, and accounting for all residents (census).
	9. Numbers and types of staff assigned to each vehicle and documented.
	10. Communicate with resident families.
	11. Medical records transferred / secured.



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PREPAREDNESS: Item potentially needed for evacuation

Evacuation Checklist

X	Item
	Ramp to load residents on buses
	Medication Administration Records (MAR) – entire chart if possible
	Special legal forms, such as signed treatment authorization forms, do not resuscitate Orders, and advance directives
	Clothing with each resident’s name on their bag
	Water supply for trip – staff and residents (one gallon/resident/day)
	Emergency drug kit
	Non-prescription medications
	Prescription medications and dosages
	Communications devices: cell phones, walkie-talkies (to communicate among vehicles), 2-way radios, pager Blackberry, satellite phone, laptop computer for instant messaging CB radio (bring all you have)
	Blankets, sheets, pillows
	Facility chequebook, credit cards, pre-paid phone cards
	Cash
	Important papers
	Emergency prep box
	Non-perishable food items-staff and residents
	Disposable plates, utensils cups, straws
	Diet cards
	Rain ponchos
	Hand Sanitizer
	Incontinence products
	Personal wipes
	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Denture holders/cleaners
	Toilet Paper
	Towels
	Latex gloves
	Plastic bags
	Bleach/sterilizing cleaner



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Receiving Residence- Evacuation

Internal Disasters (1-5 KM)

Community Disasters (20-50 KM)

Contact Name:	Contact Name:
Day Number:	Day Number:
Night Number:	Night Number:
Capacity: (# of residents they can accommodate)	Capacity:
Resources:	Resources:
Supplies Required:	Supplies Required:
Confirmation Date:	Confirmation Date:
Contact Name:	Contact Name:
Day Number:	Day Number:
Night Number:	Night Number:
Capacity: (# of residents they can accommodate)	Capacity:
Resources:	Resources:
Supplies Required:	Supplies Required:
Confirmation Date:	Confirmation Date:
Emergency Services	Transportation
Contact Name	Contact Name
Day Number:	Day Number:
Night Number:	Night Number:
	Capacity:
	Confirmation Date:



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Emergency Evacuation Procedures Sign

EMERGENCY EVACUATION PROCEDURES (NON-FIRE RELATED)

Procedures to follow in the event of AN EVACUATION:

**“Upon hearing the instructions to evacuate...”,
“exit the building by the nearest available exit if safe to do so and proceed
towards the designated meeting place which is the parking lot island in the
front”**

Requirements: Must be posted in addition to fire evacuation procedures. Must be legible and posted in a conspicuous, easily accessible location.



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BOIL WATER ADVISORY PROCEDURE

First on Scene/Designate will:

- ASSESS,
- BEGIN CODE PROCEDURE,
- CALL FOR ASSISTANCE.

When Public Health Authorities or Town of Hanover suspect or have confirmed the presence of harmful microorganisms in the drinking water supply. The facility will be notified via telecommunications of the Advisory being in effect.

To avoid possible illness, you must bring the water to a rolling boil for at least one minute before drinking it. Let the water cool down before using or drinking. Boiling the water will kill the harmful microorganisms in the water.

Until further notice, use boiled water or an alternate source of safe drinking water (such as bottled water- which is in facility near water coolers) for:

- drinking
- making ice cubes, juices or other mixes
- preparing food, including washing fruits and vegetables
- gargling or brushing teeth or dentures

Hand Washing

- Wash hands with bottled water, or boiled then cooled water.
- If using non-boiled tap water, wash hands with liquid soap and dry thoroughly. Then rinse/sanitize using one of two solutions:
 - Alcohol-based hand disinfectant containing more than 70% alcohol, or

Bathing

- Adults, teens and older children can safely take showers.

Washing and Cleaning

- Dishes, cutting boards and countertops can be washed with soap and water and then disinfected with a strong bleach solution.
- Laundry can be done as usual.



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Develop a Plan:

Policy:

The Person in Charge (Charge Nurse or Designate) will assume the role of Incident Commander and establish an Operations Centre to manage the emergency.

The Incident Commander will:

1. Brief all staff on the situation
2. Assign staff to specific roles and tasks including Command Roles below
3. Establish Objectives (with input from assigned staff)
4. Develop Action Plan
5. Present written assignments to Command
6. Begin operational phase by carrying out assignment
7. Ensure staff evaluate their area of responsibility
8. Return to “establish objectives” until situation stabilized

Command Roles

- Incident Commander: set objectives, establish Action Plan, take charge
- Planning Lead: coordinate all documentation
- Operations Lead: assist Incident Command with resource and staff assignment
- Liaison Officer: coordinates with cooperating and partner agencies
- Safety Officer: monitor site for unsafe conditions affecting residents or staff
- Logistics Lead: arranges resources including staff for operational needs



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Deciding Whether to Evacuate or Shelter in Place:

Who will ultimately make the decision:

- Decision will be made by a decision-making team consisting of Incident Command, the GM, Support Services and Municipal Emergency Control. The decision will determine whether the residence will shelter in place or evacuate.

Internal Factors:

- Resident Activity – do some residents, regardless of decision to Shelter in Place or Evacuate, need to be transferred to acute care due to complex needs. A partial evacuation of these residents may need to occur.

Physical Structure:

- Can the facility's physical structure withstand impending or current events. The ability to withstand wind, debris impact, flooding, freezing, and remain a safe and viable shelter will impact the decision. Evacuation is necessary if it is determined the structure is unsafe, or will become unsafe to provide protection.

Lay Down Factor:

- Determine if hazards immediately around the residence, specifically trees, but also rivers, currents, etc. are likely to impact the residence.

Emergency Power Capacity:

- Determine if emergency power is sufficient to support critical functions, lights, air temperature in at least a safe zone where residents can be congregated. The anticipated longevity will influence the evacuation decision.

Security:

- Security must be sufficient to protect residents, staff and property

Transportation:

- If a planned evacuation is possible, confirm that transportation commitments can be met at a specified future time or date. Also keep in mind weather and road conditions.

Destination:

- Types: close proximity, within area and outside of area. The choice of preplanned destination is dependent on the pending or actual emergency. The availability of relocation destinations should be confirmed in advance of planning to evacuate and may make a bearing on the decision. If suitable relocation destinations are not an option, then Shelter in Place may be the most logical choice.

Staff:

- Staff availability may affect the decision whether to evacuate or Shelter in Place. Staff should be contacted to determine availability for Shelter in Place and also if they can move with residents to a relocation destination.

Supplies:

- A decision to Shelter in Place requires the facility to be self-sufficient including whether deliveries of essentials is likely. Adequate quantities of:
 - Alternate energy sources
 - Portable water (6 litres/resident/day)



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- Medications
- Hygiene supplies

If sufficient quantities are not available or accessible, then evacuation may be necessary. It is also important to determine that a destination has adequate supplies.

Hazard Assessment

The Incident Command should determine the immediacy of the threat to residents and staff and the likely scope of the emergency. The hazard assessment will weigh the relative risks of Sheltering in Place versus evacuating.

- The nature of the emergency will affect the decision
- Time – Immediate threat versus impending threat
- Scope – Residence specific versus community wide

Immediate emergency events (example fire, gas leak, structural collapse) allow for very little planning and response is often reactive based on training. The resident population may evacuate initially from one part of the building to another, or from the building to an outdoor staging area. Immediate emergencies may necessitate: moving temporarily to a different part of the residence, moving to a temporary triage centre or community resource until permanent arrangements are made.

Impending disasters (tornado, winter storm) are tracked prior to impact and allow for decisions to be made involving local emergency operations and weigh the options.

There may also be time to consider when a decision must be made to safely evacuate, and to make all the facts available to make the decision. Considerations are:

1. Estimated arrival time of weather event
2. Time required to mobilize and transport residents

Decisions to Shelter in Place or evacuate should also take into consideration:

- The estimated time before return to the facility, if evacuation is chosen
- Whether the emergency event is within the facility only, local or widespread
- The resources available within the community

Incident Command should be prepared to address the points above when providing input to the decision-making team deciding whether to Shelter in Place or evacuate.



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Shelter in Place Forms:

Duties of the Incident Commander

Name: _____ Date: _____

Title: _____

Administration		
Time Completed	Initials	Item
		Notify staff of disaster or impending disaster
		Determine extent/type of emergency
		Activate emergency plans
		Active emergency staffing (provide transportation of emergency personnel, as needed)
		Assign responsibilities
		Ensure relevant notification have been made (police, fire, EMS, City Emergency Management)
		Appoint staff as needed to handle media-related activities (Public Information Officer), communicate with other agencies (Liaison Officer), ensure safety of residence and residents (Safety Officer), and person needed that have special technical knowledge (medical or hazardous materials expertise)
		Authorize operations of Command Centre
		Ensure Command Centre staff have needed checklists
		Ensure staffing needs are continuously evaluated
		Authorize resources as needed or requested (food, water, medications, staff, supplies etc.)
		Authorize cancellation of special activities (e.g., trips, activities, family visits) and deliveries and services
		Receive briefing from Department Heads on pending operations
		Authorize need for additional security or to lockdown residence
		Closely monitor weather reports
		Determine need for evacuation and begin procedures if necessary, based on information provided
		Authorize arrangements for emergency transportation of residents
		Authorize activation of additional staffing
		Authorize preparations of residence to shelter in place, as applicable
		Provide routine staff briefings
		Oversee notification of family members



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Dietary/Food Services

Name: _____ Date: _____

Title: _____

Dietary/Food Services		
Completed	Initials	Item
		Oversee kitchen management
		Notify staff if there will be an evacuation
		Ensure gas appliances are turned off before departure
		Contact dietary/food service staff who need to report to duty
		Supervise movement and separation of food stores to designated areas
		Supervise loading of food in the event of an evacuation
		Supervise closing of the kitchen
		Ensure preparation of food and water to be transported to the receiving residence
		Ensure disposable utensils, cups, straws, napkins are packed
		Ensure adequate food is available and packed for staff going to receiving residence
		Brief commander as needed

Staff Duties as assigned by Manager

Dietary/Food Services		
Completed	Initials	Item
		Check water and food for contamination
		Check refrigeration loss if refrigerator not on emergency power circuit
		Ensure 7-day supply of food stored for residents and staff
		Ensure availability of special resident menu requirements
		Assess needs for additional food stocks
		Assemble required food and water rations to move to evacuation site, as necessary



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Housekeeping Services

Name: _____ Date: _____

Title: _____

Housekeeping Services		
Completed	Initials	Item
		Brief supervisor as needed
		Ensure cleanliness of resident's environment
		Ensure provision of housekeeping supplies for three days
		Clear corridors of any obstructions such as carts, wheelchairs, etc.
		Ensure adequate cleaning supplies and toilet paper are available
		Check equipment (wet/dry vacuums, etc.)
		Secure residence (close windows, lower blinds etc.)
		Assist with moving residents to departure areas as needed
		Perform clean up, sanitation and related preparations
		Ensure adequate supplies of linens, blankets, and pillows
		Ensure emergency linens are available for soaking up spills and leaks
		Supervise loading of laundry and housekeeping supplies into transportation vehicles



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Maintenance Services

Name: _____ Date: _____

Title: _____

Maintenance Services		
Completed	Initials	Item
		Brief supervisor as needed
		Ensure communications equipment is operational and extra batteries are available
		Check and ensure safety of surrounding areas (secure loose outdoor equipment and furniture)
		Secure exterior doors and windows
		Ensure readiness of building and grounds
		Call fire department if applicable
		Identify shut off valves and switches for gas, oil, water and electricity, and post charts to inform personnel
		Identify hazardous and protective areas of facility and post locations
		Close down/secure residence in event of evacuation
		Ensure all needed equipment is in working order
		Document and report repairs/supplies needed for the building
		Ensure emergency lists are posted in appropriate areas
		Be watchful for potential fire hazards, water leaks, water intrusion, or blocked residence access
		Determine need for addition security*
		Ensure supplies and equipment are safe from theft*
		Identify and mitigate outdoor threats to residence*

*If residence does not have dedicated security staff



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Nursing/Medical Services

Name: _____ Date: _____

Title: _____

Nursing/Medical Services		
Completed	Initials	Item
		Brief supervisor as needed
		Ensure delivery of resident medical records
		Assess special medical situations
		Coordinate oxygen use
		Relocate endangered residents
		Ensure availability of medical supplies
		Secure resident records
		Maintain resident accountability and control
		Supervise residents and their release to relatives, when approved
		Ensure proper control of arriving residents and their records
		Screen ambulatory residents to identify those eligible for release
		Maintain master list of all resident, including their disposition
		Contact pharmacy to determine <ul style="list-style-type: none"> ● Cancellation of deliveries ● Availability of backup pharmacy ● Availability of 7 days of medical supplies
		Assist with resident transportation needs
		Supervise emergency care
		Use Medication Administration Records (MAR) to verify resident locations
		Ensure adequate medications are available
		Periodically check medication and medical supplies
		Review and prioritize resident care requirements
		Coordinate staffing needs
		Supervise resident transfer from the residence



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Resident Services

Name: _____ Date: _____

Title: _____

Resident Services		
Completed	Initials	Item
		Brief supervisor as needed
		Notify resident families/responsible parties for disaster situation and document this notification
		Coordinate information release with senior administration
		Monitor telephone communication
		Answer telephone and direct questions/request to appropriate areas
		Order supplies as directed
		Cancel special activities (trips, activities, family visits etc.
		Make arrangements for emergency transportation of residents
		Contact additional staff when authorized
		Monitor and document costs associated with the incident
		Secure non-resident records
		Supervise and/or assist in cleaning hallways, exits
		Coordinate movement of residents
		Assist in transfer of residents to transportation vehicles
		Ensure adequately trained staff are available for emotional needs of residents and staff
		Ensure appropriate staff are available to provide bedside treatments



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Supply and Equipment Checklist for Shelter in Place

X	Item potentially needed for Shelter in Place
	Non-perishable food items – staff and residents
	Disposable plates, utensils, cups and straws
	Battery operated weather radio and extra batteries
	Hand sanitizer
	Hurricane tracking chart
	Drinking water (staff and residents) (1 gallon/resident/day)
	Ice
	Extra means of refrigeration
	Food (staff and residents) – amounts and types
	Extra batteries
	Incontinence products
	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors)
	Denture holders/cleaners
	Toilet paper
	Towels
	Latex gloves
	Plastic bags
	Bleach/sterilizing cleaners
	Plastic sheeting for covering broken windows
	Duct tape
	Coolers
	Nails
	Lighters
	Mops/buckets
	Extension cords
	Office supplies (pens, pencils, tape, scissors, stapler, note pads etc.)
	Laptop computer with charger, flash drives or CDs with medical records



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Shelter for External Group:

Policy:

The residence may act as an Emergency Reception site for other healthcare institutions/residences or for the community in crisis and in the event of certain Community Disasters.

Procedures:

The staff member who receives a request to use the residence as a shelter for an external group will:

1. Notify the Incident Command immediately.

The Incident Command will:

1. Assess the type of persons the residence is able to receive and inform the caller if the residence can accept them if they are not a prearranged “reception partner”.
2. Inform staff of the upcoming reception.
3. Determine the number of staff to be called back should additional staff be required to support the emergency situation.
4. Meet the evacuated public or residents in the main lobby upon their arrival.
5. Delegate staff to designated areas of the residence where public/residents will be accommodated. The following two areas will need to be established:
 - a. Assessment Area
 - b. Holding Area
6. Appoint one staff to identify each individual or resident by placing a temporary identification bracelet on their wrist and completing the Emergency Reception Registration Log.
7. Appoint staff members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
8. Direct staff to provide beverages and a light snack to evacuated public or residents.
9. Direct dietary manager/staff to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the residence.
10. Direct care and applicable support staff to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).
11. Notify the Owner and others as appropriate (MOH/LTC).

Staff will:

1. Take direction from the Incident Command (Charge Nurse or designate)



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Resident Identification System:

Policy:

The facility will have a resident identification system in place.

Procedures:

1. Prepare transfer sheets for each resident with the following information:
 - I. Resident name
 - II. Name of residence
 - III. Resident Date of Birth
 - IV. Resident Health Card Number
 - V. Resident photograph
 - VI. Serious health conditions
 - VII. Medications
 - VIII. Name and contact information for next of kin/power of attorneyOR
Use PCC at relocation site
2. Enclose each transfer sheet in plastic (zipper or other) and attach to resident.
3. Once transfer information are attached to residents, load residents on appropriate buses for their relocation.
 - I. Assign staff to accompany residents to relocation centre
 - II. Ensure adequate food, water and other supplies have been loaded on buses.
 - III. Ensure Evacuation Resident Log in duplicate: one copy to Incident Command; one copy with each bus



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Search Procedure:

Policy:

The search procedure is to be used for suspicious package, bomb threat, missing object and evacuation check.

Procedures:

Written instruction clarifying the search will be given verbally by the Incident Command or designate.

The Incident Command will:

1. Give staff members conducting the search a copy of the floor/site plan of the area they are responsible to search.
2. Ensure to provide specific detail and information to complete the search (e.g., resident description, specific or general search, do not disturb if found, etc.).

Staff will:

1. Conduct search procedure as assigned, and return to Incident Command with “areas assigned” searched and initialed on floor/site plan.



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Epidemic and Pandemic Preparedness and Response

Policy:

The facility will include epidemic and pandemic preparedness and response in their emergency plan. These plans will be based on the outbreak management policies in place and will be adapted to reflect the specific virus in accordance with the local Public Health Unit and appropriate regulatory authorities' directives and plans. In the event of an epidemic or pandemic, preparedness and response is crucial.

Definitions:

Epidemic:

An epidemic disease is one "affecting many persons at the same time, and spreading from person to person in a locality where the disease is not permanently prevalent." The World Health Organization (WHO) further specifies epidemic as occurring at the level of a region or community.

Pandemic:

Compared to an epidemic disease, a pandemic disease is an epidemic that has spread over a large area, that is, it's "prevalent throughout an entire country, continent, or the whole world." Pandemic is also used as a noun, meaning "a pandemic disease." The WHO more specifically defines a pandemic as "a worldwide spread of a new disease."

Endemic:

Endemic is an adjective that means natural to, native to, confined to, or widespread within a place or population of people. Endemic is perhaps most commonly used to describe a disease that is prevalent in or restricted to a particular location, region, or population. For example, malaria is said to be endemic to tropical regions.

Differences Between a Flu Epidemic and a Flu Pandemic

A seasonal flu epidemic is usually caused by an existing flu strain that increases in a certain geographic area. A pandemic flu virus is a new flu strain that hasn't circulated for a long time, if ever. Because of this, humans have little to no immunity against the virus and it spreads quickly and globally, causing widespread sickness and deaths.

Flu Epidemic

- Happens every year, usually in winter
- Caused by flu viruses that are similar to those already affecting people
- Specific to one city, region, or country
- Vaccine available at the beginning of flu season
- Infants and elderly most at risk for serious complications

Flu Pandemic

- Rarely happens
- Caused by a new flu virus that people have not been exposed to before
- Spreads worldwide
- Vaccine not available in the early stages of a pandemic
- Number of deaths can be significantly higher

The following guideline on epidemic and pandemic preparedness and response will assist in heightened monitoring and surveillance, as well as developing a plan to address pandemic and epidemics:

Developing an Epidemic and Pandemic Preparedness and Response Plan



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Facilities must develop a plan to address epidemics and pandemics as part of their emergency plan, and specific requirements may be outlined by Public Health, the MOLTC, or another authority for a specific virus as applicable. These plans should include but are not limited to the following components:

- Planning
- Chain of Command / Command Center
- Resident Needs
- Essential Services
- Antivirals and Vaccine
- Supply Chains
- Personal Protective Equipment
- Human Resources
- Communications
- Traffic Flow, Control, Security
- Surveillance
- Education / Training
- Visitors and Signage
- Issues Related to High Mortality
- Relocation of Residents and Staff

Procedure - Epidemic and Pandemic Preparedness

The local Public Health Unit will have a plan to deal with epidemics and pandemics, and the facility should refer to this as necessary. Pandemic preparedness planning should include the following assumptions (MOHLTC, 2005):

- A pandemic will affect the entire health care system and the community; therefore, the facility may not have the same level of support they typically receive from other sectors in the health care system or other community services.
- The number of workers available to provide services may be reduced by up to one-third. The residence should have a staffing contingency plan to prepare for this.
- Usual sources of supplies may be disrupted or unavailable. The residence should have a supplies strategy, such as back-up PPE suppliers/sources to access as needed.
- A vaccine may not be available for at least 4-5 months after the pandemic strain is identified. Once available, the vaccine may be in short supply and high demand.
- The only specific drug treatment option for influenza during a pandemic will be antiviral drugs which must be started within 48 hours of the onset of symptoms, and will be in short supply and high demand. The residence will have to rely on routine practices and additional precautions as the main defense.
- Care protocols may change and practice may have to be adapted.
- The residence will need effective ways to communicate with residents' family and friends in order to meet their needs for information.

Procedure - Pandemic Response

The following is the planned pandemic response based on the pandemic phase that has been declared, but note that interventions may be implemented for the specific virus strain:

A. No epidemic or pandemic activity in the Country, Province or Community

If an epidemic or pandemic has been declared elsewhere in the world, the residence can continue to use standard surveillance procedures as outlined in the Management of outbreak policies, which includes:

- i. Allowing visitors to self-screen
- ii. Staff looking for signs and symptoms in residents while providing services



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- iii. Staff reporting signs and symptoms to their department manager
- iv. Residents and staff identified with symptoms will be added to the residence's line listing that will be updated daily and sent to the local Public Health Unit
- v. Any suspected outbreak will be reported to the local Public Health Unit and the MOLTC

B. Epidemic or Pandemic Activity in the Country or Province, but not in the Community

When there is epidemic or pandemic activity in the country or province, the residence will initiate active surveillance including:

- i. Having a staff member or volunteer screen visitors (e.g. posting of signage with current signs/symptoms to look for and info about visiting when sick)
- ii. Actively seeking out signs and symptoms of residents and staff by:
 - a. Conducting rounds
 - b. Reviewing report and staff communication books
 - c. Reviewing progress notes on identified residents' files
 - d. Review available lab reports
- iii. The Director of Care will review all available sources of surveillance information and will continue to use normal reporting practices to the local health unit

C. Epidemic or Pandemic Activity in the Community

If the epidemic or pandemic has spread to the local area, the Public Health Unit will notify the facility and the facility will:

- i. Activate its epidemic and pandemic plan
- ii. Activate its emergency plan if appropriate (e.g., loss of essential services) (see Emergency Plan – Building System Failure - Code Grey).
- iii. Maintain active surveillance, using line listing forms from the local Public Health Unit

D. Epidemic or Pandemic Activity in the Retirement Residence

When an outbreak of the epidemic or pandemic strain is suspected or confirmed in the facility, the residence will do the following:

- i. Notify the local Public Health Unit and local Medical Officer of Health or designate
- ii. Implement control measures as per Outbreak Management policy
- iii. Notify appropriate individuals (e.g., Medical director, residence pharmacy, etc.)
- iv. Hold an initial management meeting
- v. Monitor the outbreak and continue surveillance as per Management of outbreak policies
 - Distribute antivirals if available
 - Distribute vaccine if available

E. Outbreak in Facility has been declared over

When the outbreak has been resolved, the residence will complete the outbreak investigation file and review the outbreak as per the Management of outbreak policies.

Testing the Plan:

The residence will test the emergency plan on epidemics and pandemics at least annually. Following the procedures outlined in the scenarios above, the facility's test will also include reviewing arrangements with community agencies, partner facilities and resources involved in responding to the emergency, including but not limited to:

- Working with Public Health, MOLTC, hospital partners, and others as applicable
- PPE and other critical supply providers
- Staffing sources such as agency partners, partner communities, etc.



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- Alternate accommodation as application
- External training providers as applicable (e.g., fit test)



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Plan for Recovery:

After an emergency, LTCHs are required under ss. 268(13) of O. Reg. 246/22 to have plans in place for recovery. This must include a debrief for residents, substitute decision-makers, staff, volunteers, and students, a plan for how to resume normal operations, and supports for those who are experiencing distress due to the emergency.

It is important to acknowledge that recovery may take many years or even decades. Short and medium-term recovery may look like reoccupation of the home, return of non-essential services, debriefing, and financial reconciliation. Longer-term aspects may include rebuilding, relocating, and retrofitting. Throughout the recovery process, communication is critical and can be a great tool for relieving anxiety and preparing individuals to return to normal function.

As such, debriefing is an opportunity to build morale, listen to concerns, document lessons learned, and plan for regular operations. Returning to normal function may be a slow process, and it will be dependent on the emergency. This can include repair of damaged infrastructure, accessing and installing safe equipment, working with municipal service providers and first responders to clear the LTCH for residency, returning residents from evacuation sites, and working with staff and union representatives to return staff to their regular roles and compensate them for overages and other urgent roles they took on. Homes may also consider and plan for financial aspects and requirements for recovery..

Procedure:

Management and stakeholders come together to assess damage (if present), discuss with community partners for needs based on which emergency has taken place.

Management will work with MOLTC and with Public Health, community partners. Plan steps involved for recovery and what actions are needed, length of time etc.

Meet with staff and update on status of recovery. Listen to feedback, debrief, concerns. Support for those in distress can take many forms. Some examples include grief counselling, mental health days, support groups, and other supports to address continued distress.

Administrator will come up with media update and communications to the public. A call command will be delegated to assist families with concerns and answering questions on the phone.

Delegated nurse and BSO team member will plan to assess and meet with each resident individually, debrief and listen to their fears. Monitoring and assessments of residents will be ongoing as they adapt to any changes that happen or for any residual trauma they may be experiencing due to the emergency.

Ongoing communication for staff, visitors, residents and volunteers will be completed by Administration and Management throughout the full recovery phase.



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Floor Diagram:

<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:4e88b2a7-ba1f-4bea-bb82-dc8d2427c203>