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**EMERGENCY PLAN: GENERAL PLAN OVERVIEW**

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Date Originated:	Date Re-Written (if applicable):	Date of Last Review:	Last Reviewed and Approved by:
96-04-05	19-04-09	22-06-27	K. Edge + Leadership Team

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**PART 1:**

**Replaces Policy:** n/a

**Scope of Policy:**

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

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

[3] Internal Policy C-115-05 – Critical Incidents: Reporting Of

**Exceptions & Limitations:** n/a

**PART 2:**

**Communication & Training:**

- An overview of emergency plans is covered in Corporate Orientation
- An annual in-service of emergency plans is provided. All staff are required to complete.
- Each employee will receive specific training to their role in the various emergency plans by their Departmental Manager or Supervisor as necessary and/or applicable.
- All emergency plans will be made available on the Home’s website as of July 11, 2022.
- During an emergency, the Home commits to regular and ongoing communication to residents, families, Essential Caregivers, staff, volunteers, students, Residents’ Council and Family Council, especially at the beginning of an emergency, when there is a significant status change during the emergency and when the emergency is declared over. This communication will occur through verbal announcements, emails, posted memos and social media.

**PART 3:**

**Goal (Policy Statement):** Mount Nemo Christian Nursing Home is committed to providing a safe living, working and visiting environment for residents, staff and visitors. The goal of this and the associated policies are to set out the steps that are to be taken under specific types of emergencies in order to lessen the impact of emergencies as much as possible.

**Procedures:**

*Requirements for Plans*

1. Each emergency plan shall be written.
2. Each plan shall contain the following elements:
  - a. Plan activation

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- b. Lines of authority
  - c. Communications plan
  - d. Specific staff roles and responsibilities
  - e. Plan discontinuation
  - f. Recovery from an emergency
3. When developing and updating the plans, the Home shall consult with applicable parties who may be part of the emergency plan, such as fire personnel, Public Health, Ministry of Environment officials, etc.
  4. Additionally, the Home will consult with the Residents' and Family Councils on the emergency plans.

*Required Plans:*

As per the Fixing Long-Term Care Act and Regulations, the following plans are required:

1. Outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics
2. Evacuation (code green)
3. Fire (code red)
4. Community disaster (code orange), including natural disasters, extreme weather events and floods
5. Violent outbursts (code white)
6. Bomb threats (code black)
7. Medical emergencies (code blue)
8. Chemical spills (code brown)
9. Situations involving a missing resident (code yellow)
10. Loss or disruption in one or more essential services (code grey), including gas leak and boil water advisory

*Additional Plans:*

On an annual basis, a hazard/risk assessment shall be conducted of the Home and surrounding community that may give rise to an emergency impacting the Home. It is the responsibility of the Administrator to ensure the assessment is completed.

*Availability of Supplies and Resources:*

1. The Home utilizes a staff fan-out list that is activated in the event there is an emergency at the Home for which additional staff are required, such as when a full evacuation of the Home is required.
2. The Home has an emergency telephone number listing that lists the external community agencies, health service providers and companies that may be necessary to contact in case of various types of emergencies. The majority of these individuals are either current suppliers or government agencies who are aware of their requirements in an emergency.

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Agreements with any additional contacts, such as our temporary relocation area, are renewed every 3 years.

3. In the event of an emergency, the Home has supplies available in pandemic stock including: hand sanitizer, disinfecting supplies, PPE, incontinence supplies, as well as non-perishable food supplies.
4. The dietary department has a 3-day emergency menu that would be utilized in case of emergency, including when supply chains may be cut off temporarily. Some items such as canned fruits, vegetables, juices, water etc. are stored in the emergency storage room. These items are restocked and rotated 3 times per year. Other items that are on the 3 day emergency menu are in the main kitchen.
5. The nursing department has an arrangement with our pharmacy provider to ensure residents will have timely access to necessary drugs, whether we are operating at our Home or temporarily off-site.

### *Plan for Outbreaks, Epidemics or Pandemics:*

1. Each type of illness or disease requires a separate plan to be created in order that the requirements of Public Health are incorporated. Public Health typically provides direction during these types of emergencies:
  - a. Outbreak plans exist for both upper respiratory and enteric outbreaks.
  - b. A COVID pandemic plan currently exists.
2. When isolation is required:
  - a. If it is a current resident, the resident will be isolated in their room, in addition to their roommate who would have been at high risk of exposure. If the individual lives in a basic accommodation and 4 individuals are sharing a washroom, an alternate toileting plan is created in which only 2 residents are able to access the washroom and the other 2 residents will utilize commodes.
  - b. If the resident is a new admission or returning from hospital and has not yet had exposure to other residents, the individual will be isolated in either the East Wing lounge or North Wing kitchenette.
  - c. Appropriate signage is placed on the door(s) alerting people to the type of precautions and how to don PPE, as required, with necessary items hung on the door in a PPE caddy. Additionally, instructions for how to doff PPE and a garbage with a closed lid is inside the isolation room.
3. When cohorting is required:
  - a. Mount Nemo is divided into 3 separate units, each with its own dining room and activity spaces. In the event units need to be cohorted, the entrance doors to the unit are closed and all residents are encouraged to stay within their unit. For residents for whom this may be a challenge, a mask is required when in common spaces (ie. front lobby).
  - b. When an entire unit needs to be isolated:
    - i. All residents are isolated to their rooms.

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- ii. Tray service and 1:1 assistance by staff is provided.
    - iii. Recreational programs are offered on only a 1:1 basis.
    - iv. For any resident needing to leave their room for any reason, a mask must be worn.
  - c. Staff may be cohorted by their primary unit of work. When this is done, various rooms in the basement are used as staff break rooms including the Staff Room, Rose Room, Library and Spousal Lounge. Signage is posted at the entrance to each of these rooms, including maximum number of people. Each of these rooms has its own fridge and microwave.
- 4. Staffing contingency plan: At all times, we strive to maintain consistent staffing and maintain life in the Home as close to normal as possible. The following is available, but is only implemented as needed:
  - a. Nursing Department:
    - i. Staffing agencies to provide PSWs, RPNs and RNs as needed.
    - ii. In the event of a staffing emergency, certain activities would take priority such as toileting, feeding and medications
  - b. Medical Services: services are provided through Carlisle Medical Center. In the event the Medical Director and/or the Attending Physician cannot attend the Home, remote visits can occur.
  - c. Life Enrichment:
    - i. Posted recreational calendars are typically paused, or are altered
    - ii. Only small group or 1:1 programs are provided
    - iii. When weather allows for it, programs will be offered outside to encourage fresh air
    - iv. Types of programs are adjusted, such as no programs with shared implements or an alteration to how programs are offered
  - d. Dietary Services:
    - i. Alter the menu so that only one option is offered
    - ii. Stagger meal times
    - iii. Utilize staff in other departments to assist
    - iv. Engage with a staffing agency
  - e. Environmental Services:
    - i. Engage with a staffing agency
  - f. Administration:
    - i. Ability to work remotely, if necessary
    - ii. Prioritize tasks
  - g. All Departments:
    - i. Use of longer shifts, such as 12 hour shifts
    - ii. Utilize cross-trained staff into other departments
    - iii. Utilize designated Essential Caregivers to assist with care for their loved one, as able and willing

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5. Managing staff exposure to an infectious disease:
  - a. Individual is added to the line listing and reported to Public Health
  - b. Individual is required to remain at home for the time required by Public Health
  - c. Report is made to WSIB within 3 days of the Home becoming aware of the exposure
6. Managing symptomatic individuals:
  - a. Staff are required to screen themselves for symptoms of any kind before attending work. If they are exhibiting any symptoms, they are required to call the Home to report their illness and not attend work.
  - b. If the staff member is at work when they begin developing symptoms, they will need to report this to their manager/supervisor, and will be required to go home immediately.
  - c. All staff are required to monitor residents ongoing and report any symptoms they notice, such as coughing, runny nose, sore throat; any vomiting or diarrhea; or any skin changes such as rashes. The resident will be immediately isolated in their room. In addition, the resident's roommate will also be isolated.
  - d. The DRC, Charge RN and IPAC Lead will determine when the individual can come out of isolation or return to work.
  - e. Line listings are started for both residents and staff, as required.
7. Our Outbreak Management Team includes:
  - Director of Resident Care
  - Charge RN
  - IPAC Lead
  - Administrator
  - Nutrition Manager
  - Life Enrichment Coordinator
  - Maintenance
  - Additional Resource People: Medical Director, members of JHSC, Public Health
  - a. The entire Outbreak Management Team takes direction from Public Health.
  - b. Managers are required to implement the necessary measures.
  - c. The Administrator is responsible for ensuring communications both internally and externally.
  - d. The IPAC Lead is responsible for completing audits and ensuring the implemented measures are being followed.
8. The local Medical Officer of Health or designate will be invited to participate in developing, updating, evaluating, testing and reviewing the emergency plans related to outbreaks of a communicable disease.

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*Testing, Review and Attestation of Plans:*

1. Emergency plans shall be tested using real life scenarios, case study method or table top exercise method. At the completion of the incident/test, a record will be kept using the Emergency Plan Testing Form (Appendix A).
  - a. On an annual basis, the following emergencies shall be tested:
    - i. Loss or disruption of essential services (Code Grey), including separate tests for:
      1. Gas leaks
      2. Boil water advisory
    - ii. Situations involving a missing resident (Code Yellow)
    - iii. Medical emergencies (Code Blue)
    - iv. Violent/aggressive outbursts (Code White)
    - v. Community disaster (Code Orange), with separate tests completed for:
      1. Natural disaster
      2. Extreme weather event
      3. Flood
    - vi. Outbreak of a communicable disease, outbreak of a disease of public health significance, epidemic or pandemic
  - b. Every three years, the following emergencies shall also be tested:
    - i. Community disaster (Code Orange), using an alternate example to the annual requirement
    - ii. Bomb threat (Code Black)
    - iii. Chemical spill (Code Brown)
    - iv. Evacuation procedures (Code Green) – must include a full evacuation every 3 years
  - c. Fire (Code Red) is tested every month as per the Fire Code.
2. The Home shall prepare an attestation attesting to compliance with the required testing and will maintain a record of each attestation. The attestations will be submitted to the Ministry on an annual basis.

*Updating of Information:*

1. All emergency plans will be reviewed and updated annually by the Administrator, with input from the Leadership Team.
2. In the event of a real emergency, the Home will complete an evaluation using Appendix A within 30 days of the emergency being declared over.
3. The Administrator is responsible for ensuring arrangements with community agencies, partner facilities and other resources. Arrangements include:
  - Bethel Christian Reformed Church
  - Attridge Transportation
  - Emergency Staff Fan-Out List (Appendix B)
  - Emergency Telephone Numbers List (Appendix C)

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*Distribution of Emergency Plan:*

1. The master copy of the emergency plan and confirmed arrangements are stored in the office of the Administrator.
2. Additional copies of the emergency plan are provided to and should be stored in:
  - Director of Resident Care office
  - Life Enrichment office
  - Nutrition Manager office
  - Maintenance workshop
  - Nurses' Station (2)
3. All emergency plans are available on the Home's website.
4. A printed copy of the emergency plans in regular or alternate format are available upon request from the Office Coordinator.

**PART 4:**

**Monitoring (Risk Management):** As outlined above

**Evaluation (Quality Improvement):** As outlined above

**Definitions:**

*Emergency Situation* – any condition which potentially or actually threatens the safety, health and well-being of residents, staff and visitors

**APPENDICES:**

- (A) Emergency Plan Testing Form
- (B) Emergency Staff Fan-Out List
- (C) Emergency Telephone Numbers List
- (D) Shut-Off Valves Locations

**SEE ALSO: CODE POLICIES** (all policies can be requested from the Home)

- C-87-02a – Fire Emergency (Code Red)
- C-87-03 – Community Disaster (Code Orange) - Includes natural disasters, extreme weather events, floods, man-made emergency
- C-87-04 – Violent Outbursts (Code White)
- C-87-05 – Bomb Threat (Code Black)
- C-87-06a – Medical Emergency – resident (Code Blue)
- C-87-06b – Medical Emergency – visitor (Code Medical)
- C-87-07 – Potential Exposure (Code Brown) - Includes chemical spill, biological agent, carbon monoxide
- C-87-08 – Missing Resident (Code Yellow)
- C-87-09 – Loss of Essential Services (Code Grey) - Includes gas leak, adverse water results
- C-87-10 – Evacuation & Relocation of Resident (Code Green)