

Policy:	Emergency Preparedness Overview		
Policy No.	Energency Preparedness Overview		
Created:	December 2024		
Revised:			
Appendices:	1 – Fire Response Procedures Poster		
	POLICY		
Policy Statements:	1 - Fire Response Procedures Poster 2 - Evacuation Procedures Poster POLICY All Southbridge homes will follow all emergency preparedness policies and procedures as outlined in the Emergency Preparedness manual to ensure the safety and well-being of residents, staff, and visitors in the event of an emergency. This manual complies with the requirements of the <i>Fixing Long-Term Care Act</i> , 2022 (FLTCA) and incorporates leading best practices in emergency preparedness and response. All homes will conduct three fire drills per month, at minimum, and conduct regu practice exercises of all emergency response codes as outlined in the Emergency Preparedness manual. Southbridge Care homes are committed to maintaining a safe and secure environment by implementing a comprehensive emergency preparedness and response program. The home will: 1. Identify and Assess Risks: Conduct regular hazard identification and risk assessments to identify potential hazards and vulnerabilities specific to th home. 2. Practice Emergency Plans: Refer to the Emergency Preparedness manual and provide education related to emergency response plans that address identified risks, including fire, extreme weather, power outages, infectiou disease outbreaks, and other emergencies. 3. Train and Educate Staff: Provide ongoing training and education to ensure all staff understand their roles and responsibilities during emergencies. 4. Test and Revise Plans: Conduct regular drills and exercises to test emergency services, public health authorities, and other community partners to enhance preparedness and responsibilities during emergencies. 5. Collaborate with Stakeholders: Work cl		
Objectives:	2. Ensure the annual completion of a Hazard Identification and Risk		



Emergency Preparedness	1. Risk Assessment and Hazard Identification:	
Components:		
	Conduct an annual risk assessment using tools and methodologies	
	recommended by provincial guidelines.	
	Identify specific risks such as fires, floods, severe weather, pandemics,	
	utility failures, and security threats.	
	 Maintain a hazard registry that is reviewed and updated annually. 	
	2. Emergency Response Plan:	
	The Emergency Response Plan (ERP) will include:	
	Evacuation Procedures: Clear protocols for partial and full evacuation,	
	including transportation and relocation plans.	
	• Shelter-in-Place Protocols: Guidelines for keeping residents safe within the	
	facility during emergencies.	
	Communication Plans: Methods for timely communication with residents,	
	families, staff, and external stakeholders.	
	Resource Allocation: Inventory and management of emergency supplies	
	such as food, water, medications, and medical equipment.	
	Continuity of Care: Procedures to ensure uninterrupted care for residents,	
	including those with complex needs.	
	3. Staff Training and Education:	
	 Orientation for all new staff on emergency procedures. 	
	Annual training sessions covering:	
	 Evacuation and shelter-in-place drills. 	
	 Fire safety and use of fire extinguishers. 	
	 Infection prevention and control during outbreaks. 	
	 Roles and responsibilities during emergencies. 	
	4. Drills and Exercises:	
	 Conduct at least one emergency drill per quarter, simulating various scenarios. 	
	 Document and review drill outcomes to identify strengths and areas for 	
	improvement.	
	 Implement corrective actions based on drill evaluations. 	
	5. Communication and Notification:	
	 Maintain updated contact lists for residents' families, staff, and external partners. 	
	• Utilize multiple communication channels (e.g., phone, email, public address	
	system) to disseminate information.	
	Designate a spokesperson to provide updates to media and the public if	
	required.	
	6. Collaboration with External Partners:	
	Establish agreements with local long term care and retirement homes in	
	case an evacuation is necessary. Also liaise with emergency services, public	



	 health units, and community organizations and obtain their support during an emergency situation. Participate in regional emergency planning initiatives and information- sharing forums. 7. Resident and Family Involvement: Provide residents and families with information on emergency preparedness.
	 Encourage residents to participate in drills and provide feedback. Address concerns and questions promptly to build confidence in the home's emergency preparedness.
Emergency Preparedness Manual - Monitoring and Evaluation:	 The Manager, Policy Risk and Innovation will conduct annual reviews of the Emergency Preparedness manual and related procedures to ensure compliance with all regulatory requirements and evidenced-based best practices. The Executive Director/designate must identify and document all home specific information in the appropriate sections of the Emergency
	Preparedness manual. ROLES AND RESPONSIBILITIES:
Executive	1. Ensure compliance with the <i>Fixing Long-Term Care Act</i> and related
Director/designate:	regulations.
	 Allocate resources for emergency preparedness and response education, drills and emergency response when an emergency occurs. Ensure all staff attend emergency response education and participate in at least one fire drill per year. Encourage residents, families, volunteers, students, contractors and visitors to participate in monthly fire drills as much as possible.
	3. Post this policy and both appendices in conspicuous an easily
	accessible/visible locations throughout the home.
	 Lead the implementation and evaluation of the Emergency Response manual within the home.
	 Identify and document all home specific information, including the location of the main command post and all other home specific information in the appropriate locations throughout the Emergency Preparedness manual.
	6. Develop a Fire Safety Plan for the home and ensure it is reviewed and approved by the local Fire department. Review and revise this plan (as necessary) on an annual basis and more often if any renovations or changes are made to the building that could impact the site plan or the fire safety plan as a whole (ie) installation of a new sprinkler system in a home that previously did not have sprinklers.
	 Coordinate the communication of emergency response plans with staff, residents, contractors, Resident and Family Councils, volunteers, students and visitors and external stakeholders.
	 Ensure that three fire drills per month (minimum) are conducted in the home and that action plans to address opportunities for improvement are developed and implemented.



	9. Ensure that all emergency codes are practiced as outlined in the	
	Emergency Preparedness manual and action plans to address opportunities	
	for improvement are developed and implemented.	
	10. Coordinate and conduct a major emergency preparedness exercise	
	involving at least two or more services in the home. Emergency services	
	providers should be involved in the exercise if possible (Fire, Ambulance,	
	Police, etc). This emergency exercise must involve a partial evacuation of	
	the home. Consider contacting your local municipal emergency	
	management official for assistance when planning your major emergency	
	preparedness exercise.	
	11. Ensure that the Emergency Bin is stocked and ready for use in an	
	emergency situation. See Tab 15 – Emergency Bin contents list. The bin	
	must be checked monthly to ensure that it is appropriately stocked, in	
	addition to after each time it is used.	
	12. Review the Emergency Response plan with the Occupational Health and	
	Safety Committee regularly.	
	13. Conduct a Hazard Identification and Risk Analysis as scheduled in the QRM	
	App on the Bridge.	
Director of Care:	1. Oversee the implementation of emergency response plans related to	
	resident care.	
	2. Ensure staff are trained in emergency response protocols.	
All Staff:	1. Participate in training and drills.	
	2. Be familiar with your role in response to all emergency codes as outlined in	
	the Emergency Preparedness manual.	
	3. Follow emergency procedures and report any hazards or incidents	
	immediately.	
	REFERENCES	
Accreditation Canada, Long-Term Care Services https://accreditation.ca/solutions/senior-residential-care/		
Ontario Fixing Long-Term Care Act, 2021 https://www.ontario.ca/laws/statute/21f39		
Ontario Regulation 246/22 made under the Fixing Long-Term Care Act, 2021		
https://www.ontario.ca/laws/regulation/r22246		
Health Quality Ontario, Quality Improvement Guide for Long Term Care, 2024		
https://www.hqontario.ca/portals/0/documents/qi/qi-ltc-improvement-guide-en.pdf		



If you discover a fire, do the following:

If you are visiting our home and you discover a fire, please follow the following instructions:

1.	Warn persons nearby and leave the fire area immediately.
2.	Activate the fire alarm system by pulling the closest manual pull station/fire alarm.
3.	DO NOT USE THE ELEVATORS. Use the stairs, if necessary, and leave the building immediately.
4.	Call 9-1-1 and give them the building address and location of the fire.
5.	Do not return until it is declared safe to do so by the Chief Fire Official and/or the Executive Director/designate.

If you are working in our home and you discover a fire, all staff members are to immediately shout "Code Red: <location of fire>", and commence R.E.A.C.T. procedures.

R	Remove those in immediate danger.
E	Ensure windows and doors are closed.
Α	Activate the alarm.
С	Call the Fire Department 9-1-1.
Т	Try to extinguish the fire (if safe to do so)



EVACUATION PROCEDURES:

Definitions:

- **Evacuation:** The process of moving residents, staff, and visitors to a safe location due to an emergency.
- **Emergency:** Any situation posing a threat to life, health, or property, including fire, flood, hazardous material spill, power outage, or structural damage.

RESPONSIBILITIES:

- 1. Executive Director/designate:
 - Act as the Incident Commander (IC) during an evacuation.
 - Ensure compliance with the FLTCA, 2021 and all applicable regulations.
 - Communicate with emergency services and regulatory bodies.
 - Develop and maintain the home specific evacuation plan.
 - Ensure that regular training and drills are conducted.
- 2. Nursing Staff:
 - Prioritize the safe evacuation of residents, ensuring medical equipment and medications are accounted for.
 - Document the location and condition of each resident.
- 3. Support Staff (e.g., maintenance, dietary, housekeeping):
 - Assist with evacuation logistics, including clearing hallways and ensuring accessibility.
- 4. All Staff:
 - Familiarize themselves with the evacuation plan and participate in training and drills.

5. VISITORS/FAMILIES:

 Stay low to the ground if smoke is detected and leave the building as safely and quickly as possible via the closest emergency exit.



PROCEDURES:

1. Pre-Evacuation Preparation

- **Practice the Evacuation Plan:** Practice evacuation routes, designated assembly areas, transportation arrangements, and communication protocols.
- **Resident Profiles:** Maintain updated profiles for each resident, including mobility status, medical needs, and emergency contacts.
- **Emergency Kits:** Prepare and store emergency kits with essential supplies (e.g., first aid, medications, resident identification tags).
- **Training and Drills:** Conduct quarterly evacuation drills involving staff and residents, with a focus on mobility assistance and communication.

2. Evacuation Triggers

- Evacuation may be initiated due to:
 - Fire alarm activation.
 - Directive from emergency services.
 - Detection of an imminent threat (e.g., structural damage, gas leak).

3. Activation of the Evacuation Plan

- Charge Nurse/Incident Commander Responsibilities:
 - Announce the evacuation using the public address system or alarm.
 - Activate the Code Green Emergency Procedure and delegate roles (e.g., resident tracking, communication).
 - Notify emergency services (Call 911)
- Executive Director/Communication:
 - Designate a staff member to contact families and substitute decisionmakers.
 - Activate evacuation agreements if necessary
 - Liaise with emergency services officials and provide updates to the Regional Director and Vice-President Operational Excellence and Vice-President LTC and Retirement Homes as appropriate

4. Evacuation Steps



- Resident Prioritization:
 - Evacuate residents in immediate danger first.
 - Evacuate residents in proximity to the danger next, starting with residents who require less assistance and then evacuating residents with the highest need for assistance next.
 - Use mobility aids, evacuation chairs, and stretchers as needed.
- Route Selection:
 - Follow pre-identified evacuation routes. If blocked, use secondary routes.
 - Ensure clear paths by removing obstacles.
- Assembly Points:
 - Escort residents to designated safe zones within or outside the facility.
 - Conduct headcounts and verify resident locations.

Home Name:	Country Lane	
Home Specific Emergency Preparedness Plan		
	Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing.	
Last Poviowed:	9 Jan	25

	Assistance	
FLTCA	The home has consulted with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency, and keep a record of the consultation:	317079 Highway 6 and 10, Chatsworth, ON N0H1G0, 519 794 2244 CALL 911 First For IMMEDIATE ASSISTANCE FROM FIRST RESPONDERS For Police - Fire - Ambulance
1	911 FIRST	North of Massie Road
2	On Call Manager	CALL ED Karen Bailey at 226 668 5848 for support and call dispatcher one who will initiate Fan Out List
3	The POLICY provides step by step proceedures for all Emergency Situations	Emergency Preparedness and Response Manual , the Binder is RED
4	First On Scene	First on scene to pull specific incident policy and check list from the manual. Available on every computer on Bridge. Hard copy in grey filing cabinet.
5	MOHLTC HOT LINE NOTIFICATION	Executive Director - Karen Bailey 226 668 5848
	1-855-819-0879	Director of Care - Joseph Manu
	Received information to be provided to ED who will share with Internal and External Response teams as per policy.	On Call Manager - see chart in 24 hr binder Regional Director Christi Broderick
		Regional Nursing Consultant Jaclyn Goss
		Southbridge Care VP of Long Term Care and Retirement Andrea Loft 289 244 2297
		Southbridge Care VP of Operational Quality and Excellence Judy Plummer 647 539 3953
		Public Health 519 376 9420
		Medical Director Dr Gurdeep Singh
		Hospital Brightshores Owen Sound 519 376 2121
6	Other community agencies and health service providers	EXAMPLES
		1 Chatsworth police- 519 794 2827 2 Saugeen Mobility Transportation - 519 881 2504
		3
		4
	Hazards And Risk	5
	The home will ensure that hazards and risks that may give rise to an emergency	HIRA is Completed and Posted in the home: Yes
	impacting the home are identified and assessed, whether the hazards and risks	If no, complete and the document is normally posted on the Occupational Health and Safety Bulletin Board
	arise within the home or in the surrounding vicinity or community.	Consutlation with Resident and Family Council related to hazzards and risks has taken place: December 12,2024
7	Emergency Plans and Policy	
	The home has emergency plans provide for dealing with emergencies, including, without being limited to the following:	
	Outbreaks of a communicable disease, outbreaks of a disease of public health	Policy Number EP-14-01-01 has been educated and practiced, March 31st, 2024 NOTE: There is an additional Document in our
	significance, epidemics and pandemics	Policy specific to Outbreak Preparedness.
	Fire Community disasters	Policy Number EP-03-01-01 has been educated and practiced, January 7, 2025 Policy Number EP-10-01-01 has been educated and practiced, April 25, 2024
	Violent outbursts	Policy NumberEP-07-01-01 has been educated and practiced, November 10, 2024
	Bomb threats	Policy NumberEP-11-01-01 has been educated and practiced, March 29, 2024
	Medical emergencies Chemical spills	Policy NumberEP-04-01-01 has been educated and practiced, May 14, 2024 Policy NumberEP-08-01-01 has been educated and practiced, Juy 16, 2024
	Situations involving a missing resident	Policy NumberEP-06-01-01 has been educated and practiced, February 20, 2024
	Loss of one or more essential services, this includes hydro, communication,	Policy NumberEP-09-01-02 has been educated and practiced, June 26, 2024
	telephone, call bells, et al. Every licensee of a LTC home shall ensure that the home has access to reliable communications equipment, including for the purpose of	
	obtaining emergency assistance, at all times including in the event of a power	
	outage.	Delieu NumberED 00 01 05 bas been educated and wastiged Jug - 30 3034
	Gas leaks Natural disasters and extreme weather events	Policy NumberEP-09-01-05 has been educated and practiced, June 26, 2024 Policy NumberEP-14-01-01 has been educated and practiced, April 25, 2024
	Boil water advisories	Policy NumberEP-09-01-04 has been educated and practiced, June 26, 2024
	Floods	Policy NumberEP-09-01-03 has been educated and practiced, April 25, 2024
8	Review Requirements Planned evacuations must take place at least once every three years, and	July 2024 with Chatsworth Fire Chief
	licensees must keep a record of the test and any changes made to improve the plan	
	In the quest that an emergency however, where we take to evolve the description of the second s	
	In the event that an emergency happens, plans are to be evaluated and updated within 30 days of the event. CIS for the event would be required. Note Outbreaks would include the Debriefing Document.	1. CIS is December 18, 2024 2. Home Specific Emergency Plan has been review following an event December 4, 2024 - night shift fire evacuation excercise with Fire Chief
	Enterance Binder Is Completed and reviewed	1. Completed: January 3, 2025 2. Most recent review: January 3, 2025
L	Contingency Staffing Plan is Completed	1. Completed: May 1, 2024 Date 2. Most recent review: May 1, 2024