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| Policy: | Emergency Preparedness Overview |
| Policy No. | EP-01-01 |
| Created: | December 2024 |
| Revised: | |
| Reviewed: | October 2025 |
| Appendices: | 1 – Fire Response Procedures Poster 2 – Evacuation Procedures Poster |

POLICY

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| Policy Statements: | <p>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, 2021 (FLTCA)</i> and incorporates leading best practices in emergency preparedness and response.</p> <p>All homes will conduct three fire drills per month, at minimum, and conduct regular practice exercises of all emergency response codes as outlined in the Emergency Preparedness manual.</p> <p>Southbridge Care homes are committed to maintaining a safe and secure environment by implementing a comprehensive emergency preparedness and response program. The home will:</p> <ol style="list-style-type: none"> 1. Identify and Assess Risks: Conduct regular hazard identification and risk assessments to identify potential hazards and vulnerabilities specific to the 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, infectious 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 plans and create action plans to address identified opportunities for improvement based on lessons learned. 5. Collaborate with Stakeholders: Work closely with residents, families, emergency services, public health authorities, and other community partners to enhance preparedness and response efforts. 6. Scope: This policy applies to all employees, contractors, volunteers, residents, students and visitors. |
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| Objectives: | <ol style="list-style-type: none"> 1. Establish a proactive approach to emergency preparedness. 2. Ensure the annual completion of a Hazard Identification and Risk Assessment as scheduled in the Southbridge QRM app on the Bridge. 3. Define roles and responsibilities to maintain emergency preparedness and effective management of emergencies when they do occur. |
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| Emergency Preparedness Components: | 1. Risk Assessment and Hazard Identification: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Orientation for all new staff on emergency procedures. • Annual training sessions covering: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Establish agreements with local long term care and retirement homes in case an evacuation is necessary. Also liaise with emergency services, public |

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| | <p>health units, and community organizations and obtain their support during an emergency situation.</p> <ul style="list-style-type: none"> Participate in regional emergency planning initiatives and information-sharing forums. |
| | <p>7. Resident and Family Involvement:</p> <ul style="list-style-type: none"> 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: | <ol style="list-style-type: none"> 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. |
| | <ol style="list-style-type: none"> 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 Director/designate: | <ol style="list-style-type: none"> Ensure compliance with the <i>Fixing Long-Term Care Act</i> and related regulations. |
| | <ol style="list-style-type: none"> 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. |
| | <ol style="list-style-type: none"> Post this policy and both appendices in conspicuous and easily accessible/visible locations throughout the home. |
| | <ol style="list-style-type: none"> Lead the implementation and evaluation of the Emergency Response manual within the home. |
| | <ol style="list-style-type: none"> 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. |
| | <ol style="list-style-type: none"> 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. |
| | <ol style="list-style-type: none"> Coordinate the communication of emergency response plans with staff, residents, contractors, Resident and Family Councils, volunteers, students and visitors and external stakeholders. |
| | <ol style="list-style-type: none"> 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. |

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| | <p>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.</p> <p>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.</p> <p>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.</p> <p>12. Review the Emergency Response plan with the Occupational Health and Safety Committee regularly.</p> <p>13. Conduct a Hazard Identification and Risk Analysis as scheduled in the QRM App on the Bridge.</p> |
| Director of Care: | <p>1. Oversee the implementation of emergency response plans related to resident care.</p> <p>2. Ensure staff are trained in emergency response protocols.</p> |
| All Staff: | <p>1. Participate in training and drills.</p> <p>2. Be familiar with your role in response to all emergency codes as outlined in the Emergency Preparedness manual.</p> <p>3. Follow emergency procedures and report any hazards or incidents immediately.</p> |
| 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:

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| 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.

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| R | Remove those in immediate danger. |
| E | Ensure windows and doors are closed. |
| A | Activate the alarm. |
| C | Call the Fire Department 9-1-1. |
| T | 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.
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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.
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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 decision-makers.
 - 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.

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| Home Name: | Seaforth LTC |
| 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 Reviewed: | 6/26/2025 |

| Assistance | |
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| FLTCA | <p>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:</p> |
| | <p>ADDRESS: CALL 911 First For IMMEDIATE ASSISTANCE FROM FIRST RESPONDERS For Police - Fire -Ambulance</p> |
| 1 | <p>911 FIRST Coordinates: 100 James St., Seaforth, ON, NOK 1W0 - Closest intersection is Wilson St. & James St.</p> |
| 2 | <p>On Call Manager CALL: On Call Manager Cell (519) 274-3967 to initiate additoinal support. On Call Manager to contact ED and if directed, initiate Fan Out List</p> |
| 3 | <p>The POLICY provides step by step procedures for all Emergency Situations Emergency Preparedness and Response Manual , the Binder is RED</p> |
| 4 | <p>First On Scene First on scene to pull specific incident policy and check list from the manual. Hard Copy of POLICY Manuals are located: Nurses Station</p> |
| 5 | <p>MOHLTC HOT LINE NOTIFICATION 1-855-819-0879 Received information to be provided to ED who will share with Internal and External Response teams as per policy.</p> <p>Executive Director Work Cell: (519) 441-3850 Director of Care Work Cell: (226) 581-2170 On Call Manager Cell: (519) 274-3967 Regional Director: Shannon Ideson (519) 318-3590</p> <p>Regional Nursing Consultant: Cindy Britton (416) 557-2299 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</p> <p>Public Health: Megan Speiran (226) 261-2650 Medical Director: Dr. Ameet Karaul 519 527 0030 Seaforth Community Hospital: (519) 527-8404 Public Health Medical Director: Dr. Miran Klassen (888) 221-2123</p> |
| 6 | <p>Other community agencies and health service providers</p> <p>1. Community Emergency Management Co-Ordinator: Chad Kregar (519) 524-8394 2. OHT 3. Huron Perth FOG 4 5 6 7</p> <p>Hazards And Risk The home will ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.</p> <p>HIRA is Completed and Posted in the home (Yes or No): Yes If no, complete and the document is normally posted on the Occupational Health and Safety Bulletin Board Consultation with Resident and Family Council related to hazards and risks has taken place: RC: Monthly & FC Quarterly</p> |
| 7 | <p>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 significance, epidemics and pandemics - Pandemic Plan Fire - Code Red Violent outbursts - Code White Bomb threats - Code Black Medical emergencies - Code Blue Chemical spills - Code Brown Situations involving a missing resident - Code Yellow Loss of one or more essential services, this includes hydro, communication, 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. - Code Grey</p> <p>Evacuation - Code Green Hostage Situation - Code Purple Active Assailant - Code Silver Natural disasters and extreme weather events - Code Orange Floods - Code Orange Boil water advisories - Code Orange Gas Leak - Code Orange Community Disasters - Code Orange</p> |
| | <p>Pandemic Plan has been educated and practiced: 2024/10/10</p> <p>Code Red has been educated and practiced: 2025/06/08 (3x per month fire drills) Code White has been educated and practiced, 2025/10/25 Code Black has been educated and practiced: 2025/03/11 Code Blue has been educated and practiced: 2024/11/21 Code Brown has been educated and practiced: 2024/07/25 Code Yellow has been educated and practiced: 2024/02/04 Code Grey has been educated and practiced: 2025/06/27</p> <p>Code Green has been educated and practiced: 2025/01/31 Code Purple has been educated and practiced: 2024/09 Code Silver has been educated and practiced: 2024/09 Code Orange has been educated and practiced: 2025/04/30, 2025/05/27</p> |
| 8 | <p>Review Requirements Planned evacuations must take place at least once every three years, and licensees must keep a record of the test and any changes made to improve the plan</p> <p>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. Entrance Binder Is Completed and reviewed Contingency Staffing Plan is Completed</p> |
| | <p>Planned for September 18, 2025</p> <p>1. CIS is Completed 2025/05/07 2. Home Specific Emergency Plan has been review following an event 2025/05/16</p> <p>1. Most recent review: 2025/03 1. Most recent review: 2025/02</p> |