



Wikwemikong Nursing Home

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WIKWEMIKONG NURSING HOME EMERGENCY PLAN

We are committed to protecting the health and well-being of all occupants of our Home. As such we have put in place a comprehensive emergency plan for disasters including fire, missing residents, bomb threat, communicable diseases, and other risks to the Home, including the need for evacuation.

This plan provides for the information provided in the legislated requirements for licensed long-term care homes set out under the Fixing Long-Term Care Act (2021) and Ontario Regulation 246/22 and other applicable legislation, regulations, and directives.

The emergency plan is composed of individual code plans and a Pandemic Plan, each representing an emergency/disaster situation. Each plan provides for instructions and guidelines for effective response to an emergency situation/disaster/pandemic. Residents, staff, volunteers, and students receive regular education on all components of the Emergency Plan to ensure a coordinated response with the Home and emergency personnel to an actual or impending threat that may affect the lives and property of residents and staff.

This document describes the Emergency Operations Program and Plan (EOP). Our facility's EOP uses an "all-hazards" approach for emergency planning and response. This includes several elements:

- An integrated approach to emergency preparedness planning with a focus on essential capabilities/capacities for effective response to a wide range of emergencies and disasters
- An Emergency Operations Plan based on a risk assessment that addresses the array of hazards that this facility may face
- Policies and procedures with strategies that reflect our population's unique needs and vulnerabilities
- Collaboration with local, regional, provincial, and federal response partners
- Coordination with other health facilities
- A detailed communication plan
- Continuity of operations strategies for response and recovery

- Training that applies to all members of program administration and staff in all departments and non-staff members who perform work at the site including clinical providers, technicians, contractors, students, volunteers, and ancillary staff
- Annual testing of the plan with the goal of identifying areas improvement and further planning

Our Emergency Operation Plan states our organization’s understanding of how we will manage and conduct actions under emergency conditions. It is customized to our facility and incorporates the response strategies of our community. It is updated as needed, reviewed at least annually, and approved by our organization’s leadership.

The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:

- Maintain a safe and secure environment for residents, staff, and visitors
- Sustain our organization’s functional integrity, including our essential services and business functions (continuity of operations)
- Coordinate with the community’s emergency response system

RISK ASSESSMENT

Comprehensive emergency management includes four phases: preparedness, mitigation, response, and recovery. During this process we have considered both internal and external hazards that could result in:

- Health/care-related emergencies
- Equipment and power failures
- Interruptions in communication
- Loss of a portion or all of a facility
- Interruptions in the normal supply of essentials resources

Additionally, we have consulted with the local response authorities to ensure we are aware of all hazards specific to our community.

Generally, our vulnerabilities are ranked by the following priorities:

- a. Life safety threat (injury/illness, death, short- and long-term health risk)
- b. Disruption of facility operations
- c. Business system failure
- d. Loss of customer/community trust and/or goodwill
- e. Property and/or environment damage
- f. Liability and/or legal/regulatory exposure

Risk Mitigation

Mitigation is defined as activities taken to reduce the impacts from hazards. Mitigation planning establishes short and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

Mitigation strategies we consider include, but are not limited to, the following:

- Segregation of the hazard from that which is to be protected.
- Provision of protective systems or equipment.
- Establishing hazard warning and communications procedures.
- Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Top Five Risks

Our process has determined that the top five risks facing our facility include those listed below:

1. Fire
2. Missing Resident
3. Communicable Disease
4. Loss of essential services
5. Severe Weather

RESIDENT PROFILE

In our facility, all residents are at risk during emergencies due to their unique health needs. To ensure that we design procedures that will support these needs, we have completed a resident profile that identifies the common services our facility provides.

Number of residents we are licensed to provide care for: 59

Our average daily census: 57

CONTINUITY OF OPERATIONS

Authorities and Leadership

Our facility's Staff Organization Chart outlines the general chain-of-command and principal roles of facility administrators and senior management staff during normal operations. Everyday decision-making at the organizational level is typically conducted with deliberate, time-consuming methods such as scheduled committee meetings, executive deliberations, and board meetings. This approach may not be feasible in an emergency and so, as a concept of operations, this facility utilizes a modified version of the Incident Command System.

The Administrator has legal authority for the day-to-day operations of this facility and emergency response. In their absence, we have identified the following person(s) who is qualified and authorized to act as the legally responsible representative for our facility.

Alternate legally authorized representative: Director of Care/Charge Nurse

Other qualified person(s) trained to assume Incident Commander position during emergency response:

1. Environmental Services Supervisor
2. Maintenance Supervisor

In addition, the following staff are trained to assume key leadership roles during an activation of our emergency response:

1. Director of Care
2. Environmental Services Supervisor
3. Maintenance Supervisor
4. Registered Nurse
5. Registered Practical Nurse
6. Activity Manager

ACTIVATION OF THE EMERGENCY OPERATION PLAN

Whenever an emergency has the potential to impact the safety and well-being of residents, staff, or visitors and/or significantly disrupt our ability to provide resident care, the EOP will be activated by a senior staff on duty who will act as the Incident Commander (IC). The IC has the authority to make staff assignments and initiate specific procedures as warranted by the threat or onset of an emergency. Any of the trained and qualified staff can step into this role if necessary, but it will default to one of the individuals or positions listed above if they are present at the time of the activation.

The selection of who will be Incident Commander may not follow the hierarchy of our organizational chart. In some situations, the skills of a senior staff member may be critically needed in Operations, and they so they would not be able to assume over-all command. For example, in the case of an incident that results in injuries on an evening shift, the nursing supervisor may be the senior staff present but will be needed to oversee the operation of resident care. The incident leadership in this case would fall to the next qualified staff on the organizational chart. Succession planning for key leadership roles in an emergency moves from the top down on this chart.

Advance Notice vs. No Notice Incidents

In some cases, our facility may receive advance notice or warning of an eminent event such as severe weather. We will respond by taking protective actions to ensure the safety and

wellbeing of our residents, staff, and visitors. We may also elect to activate our EOP to support our preparatory actions.

In other cases, we may have no notice prior to an emergency. The element of surprise can significantly add to the stress of dealing with a sudden onset emergency but practicing emergency response via drills and exercises has significantly improved our performance during the emergency.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident will immediately notify their supervisor or the senior manager on site.

EMERGENCY STAFFING STRATEGIES

Employee Preparedness

It is the policy of this facility to ensure that we have adequate staffing during emergencies. Our employees are expected to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties if requested to do so. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that any medical needs generated by the incident impact will be addressed.

Preparedness planning in this facility is recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have a current “family disaster plan” so that they can fulfil their work obligations knowing that their families are well prepared and safe.

Staff Recall

This facility’s staff will be called in using the facility fan-out list, and/or availability may be prearranged. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency as determined by the Incident Commander.

Emergency Employee Call-ins

All staff in regular and temporary or contracted positions (appropriate with their role) should contact their immediate supervisor or manager if they are unable to report to duty as scheduled due to an emergency.

All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

Employees may be assigned to Team A or Team B and should report to duty as follows:

- Team A will report to the facility as scheduled once the EOP is activated and travel is safe. Team A will remain at the facility for the duration of the disaster event and its effects until relieved by Team B.
- Team B members are expected to report to duty to their department or labor pool to relieve Team A as directed by Incident Commander. Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency is over may be designated as either Team A or Team B and deployed to a labor pool.

Team A and Team B will be encouraged to bring the following to the facility:

- Staff identification
- Medications/personal items
- Flashlight with extra batteries
- Critical personal phone numbers
- Battery-operated cell phone charger

Staff Responsibility

Team A and B employees will be deployed and rotated, as deemed appropriate by the Incident Commander, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine but necessary duties that they are cross trained to perform. Team A and B employees will report as scheduled until an “All Clear” is called and normal operations are resumed.

Staff Support

Reasonable sleeping and showering areas will be assigned to off-duty staff who are asked to stay or unable to return home. Food will be provided from a limited menu to on-duty staff. Food for residents will be the priority.

Use of Volunteers

It is the policy of our facility to maximize our staff availability and utilize approved staffing registries if we are unable to cover our staffing needs during an emergency. If this strategy fails to meet our needs, our facility may request additional staff through the Manitoulin Health Centre. Through the emergency management protocols of our local area, we may integrate provincial and/or federally designated health care professionals to address surge needs during an emergency. We may also utilize emergent volunteers for non-resident care if necessary. Before utilizing any volunteers however, we follow the steps outlined below if at all possible:

Set up systems for:

- Receiving volunteers
- Processing and registering volunteers

- Issuing assignments and providing briefing on tasks and responsibilities
- Credentialing as indicated by task assignments (if feasible)
- Badging for site access and function as indicated
- On-site training (as appropriate) and equipping as indicated for both safety and job efficacy
- Assign key staff to supervise the volunteers closely
- Reassignment as tasks are completed
- Demobilizing and out-processing (return badges, receive feedback from volunteers, address medical and psychological issues and arrange after-care, obtain contact information for any surveillance or medical follow-up, and thank volunteers for their service)

RESOURCE MANAGEMENT

Resource management is critical to maintaining safe and effective care of residents and staff. Emergencies can easily lead to unusual resource challenges like the disruptions to supply deliveries.

Our facility has a robust supply of emergency equipment and materials. We have a system for shelf-life management that includes rotation through usual stock, and established agreements with a variety of vendors for our re-supply and recovery needs.

RELOCATION SITES AND ALTERNATIVE CARE SITES UNDER 1135 WAIVERS

Relocation Sites

As part of our all-hazard preparedness, this facility coordinates with our local response authorities and other health facilities to arrange for care at alternate locations should evacuation become necessary. These arrangements also address the receipt of residents, when feasible, from other facilities unable to continue their operations. Our facility has also arranged to utilize the following location to conduct essential business functions at an alternative location when necessary:

Wikwemikong Arena

Wasse-Abin High School

Assignack Arena

DEMOBILIZATION AND TRANSITION TO RECOVERY

Demobilization involves the release of resources used to respond to the incident. As the response phase transitions to the recovery phase, increasing numbers of resources will be demobilized, until the transition is complete. A goal of our EOP is respond to emergencies in a way that allows for a return to normal operations as soon as possible.

COORDINATION WITH LOCAL RESPONSE AUTHORITIES

We recognize that most emergencies experienced by our facility will involve other response partners. Our facility has established relationships with the local response authorities and is familiar with local community's plans relevant to our coordinated role in emergency response.

In the case of a facility-specific incident requiring evacuation and/or a widespread event involving multiple sites of impact, we will contact the Ministry of Long-Term Care, Public Health, Regional Emergency Response Team. This will ensure we are coordinating with our community response partners for resource requesting, situational awareness, and information sharing within the medical and health coordination network and the local emergency operations center.

TRAINING AND TESTING

Education and training, including drills and exercises, are utilized in this facility to achieve proficiency during emergency response and ensure the effectiveness of our EOP. In compliance with legislation and regulations, our facility conducts initial training on the EOP during the orientation of new staff, and annually to all staff, individuals providing services under contract, and volunteers consistent with their role in the response.

Fire drills are done three times per month and a disaster drill is held annually under varied conditions for each individual shift of facility personnel. A written report of drills and exercises is maintained, and corrective actions are taken as indicated. The actual evacuation of residents to safe areas during a drill is optional.

Additionally, our facility participates in a Tabletop and a Full-Scale Community Exercise if available, annually. If a Full-Scale Community Exercise is not available or feasible, we will document this and conduct a facility-based exercise instead to test specific aspects of our EOP and identify areas for improvement. Both exercises will follow a formal exercise plan with objectives and a scenario designed to meet those objectives.

A Follow-Up is completed following these exercises with identified areas for improvement, and a plan for the improvement activities to be completed in a specific time frame. Documentation of these exercises includes sign-in sheets and is available for review in the Environmental Services Supervisor's office.

EVACUATION AND RESIDENT/STAFF TRACKING

It is the policy of this facility to pre-plan for all anticipated hazards with a goal to minimize the stress and danger to our residents, staff, and visitors. Recent research indicates there are increased risks of mortality and morbidity related to the evacuation of people who are elderly and/or suffer from chronic health conditions. For this reason, sheltering in place will always be our first response choice if it is feasible. When sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the Incident Commander will activate this Evacuation Policy.

The following terms are important to understanding how we evacuate our facility.

- There are two types of evacuation: *emergent* which unfolds in minutes to hours, and *urgent/planned* which unfolds in hours to days.
- *Partial evacuation* which can be *horizontal* - moving residents, staff, and visitors to a safe area on the same floor or *vertical* - moving residents, staff, and visitors either up or down to a safe area within the facility. A partial evacuation can also involve moving some residents out of the facility to relocation sites while others remain to shelter in place.
- *Complete evacuation* involves moving all residents, staff, and visitors to a pre-designated area outside of the building, and if needed to relocations sites.
- *Relocation* involves moving residents to an alternate facility (also called a receiving facility) offsite.
- The *staging area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity or as part of the transport loading process.

Transportation and Relocation Sites

The facility will work with transportation companies to transport residents to evacuation sites. Our facility also maintains agreements with at least one evacuation site for relocation.

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & RELOCATION FACILITIES

Non Ambulance Transportation Wikwemikong Health Centre 16 A Complex Drive 705-859-3164	Alternate Community Living 11 Fox Lake Road 705-859-2174
Relocation Facility 1 Wikwemikong Arena 2338 Wikwemikong Way 705-859-3142	
Relocation Facility 2 Wasse-abin High School 34 Henry Street 705-859-2870/705-859-3834	
Relocation Facility 3 – Outside the Local Area Rabbit Island Centre Rabbit Island Road	
Relocation Facility 4 – Outside the Local Area Assignack Arena 25 Spragge Street 705-859-3196	

In the event of a wide scale event resulting in evacuation of multiple sites in the area, transportation resources and relocation sites will be coordinated with the regional/local response authorities.

Triage Residents Based on Unique Needs

Based on the unique needs of our residents including mobility status, cognitive abilities, and health conditions, our SNF community has developed evacuation logistics as part of our plan.

- Residents who have high acuity and/or unstable conditions: will be transferred by ambulance and will be transported as soon as possible to minimize transfer trauma.
- Residents who are independent in ambulation: may be evacuated first unless there are extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- Residents who require assistance with ambulation: will be accompanied by designated staff member. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services. This may include residents with assistive devices.
- Residents who are non-ambulatory: will be transferred by designated staff members via wheelchair vans or ambulance. This may include residents in wheelchairs or those who are bedridden.
- Residents with equipment/prosthetics: essential equipment/prosthetics will accompany residents and should be securely stored in the designated mode of transportation.

Resident Care Information

During an evacuation, all residents will wear an emergency wristband with their full name and date of birth and the facility's name and contact info.

Additional information regarding their care requirements will be sent to the intake facility, including:

- diagnosis, allergies, code status, physician's name, and contact info, and the next of kin or responsible party,
- a current medication administration record,
- a photo identification if possible.

Medications

Each resident will be evacuated with a supply of medications if available. If medications require refrigeration, a cooler will be sent if available to keep medications cool.

Evacuation Supplies

Water, snacks, sanitation supplies, and emergency equipment such as flashlights, cell phones, and first aid kits may be sent with staff accompanying residents in all non-ambulance vehicles. Amounts will be sufficient to meet the basic health and safety needs of the vehicle passengers for a minimum of 4 hours.

Resident and Staff Tracking

A log reflecting the transfer of residents will be maintained (see Master Resident Evacuation Tracking Log in Evacuation Forms) or a comparable documentation system. A log reflecting the location destination of on-duty staff will also be completed as soon as possible during the event. Designated nursing staff will be responsible for ensuring this log is completed, and to ensure all residents have been evacuated. The Incident Commander will assign staff to document the location of on-duty staff.

Important Safety Information

1. Monitor residents during transportation for change of condition.
2. The incident causing the evacuation – flood, fire, hazardous materials release – may continue to pose dangers to residents and staff being evacuated. Some conditions may pose significant risks to evacuated residents, such as smoke. This should inform evacuation route planning.
3. Keeping emergency lights activated may increase visibility that is poor (due to rain, nighttime, or smoke).

EMERGENCY POLICIES AND PROCEDURES

EMERGENCY	ACTION TO REDUCE RISK	EXTERNAL PARTNER
CODE RED: FIRE	<ul style="list-style-type: none"> ✓ Approved fire plan ✓ Approved procedure for fire event ✓ Three drills per month ✓ Annual evacuation drill ✓ Fire Department inspections ✓ Fire prevention inspections ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	Local Fire Department Fire Chief Resident Council
CODE GREEN: EVACUATION	<ul style="list-style-type: none"> ✓ Approved policies and procedures for horizontal, vertical, and total evacuation ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Alternate shelter arrangements ✓ Transportation plans in place including supplies and equipment required during evacuation ✓ Emergency evacuation kit ✓ Debrief process in place 	Local Fire Department Local Municipalities Local Emergency Management Services Paramedics Local Hospitals Community Partners Resident Council
CODE BROWN: HAZARDOUS SPILL	<ul style="list-style-type: none"> ✓ Approved policies and procedures for horizontal, vertical, and total evacuation ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Alternate shelter arrangements ✓ Transportation plans in place including supplies and equipment required during evacuation ✓ Emergency evacuation kit ✓ Debrief process in place 	Local Municipalities Local Emergency Management Services Local Fire Department Community Partners
CODE YELLOW: MISSING RESIDENT	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Search procedures in place including internal and external searches ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	Local police department Resident Council
CODE WHITE: VIOLENT PERSON	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	Local police department Behavioural Support Ontario Resident Council
CODE SILVER: WEAPON	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	Local police department Behavioural Support Ontario Resident Council
CODE PURPLE: HOSTAGE SITUATION	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles 	Local police department Behavioural Support Ontario Resident Council

	<ul style="list-style-type: none"> ✓ Debrief process in place 	
<p>CODE ORANGE: EXTERNAL DISASTER (transit disaster, bomb/explosion, biological/chemical spill, radiological event, natural gas leak, earthquake, flood)</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place ✓ Emergency staffing plan ✓ Staffing fan-out procedure 	<p>Local police department Local fire department Local Emergency Management Services Resident Council</p>
<p>CODE BLACK: bomb threat</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	<p>Local police department Local fire department Behavioural Support Ontario Resident Council</p>
<p>CODE GREY: LOSS OF INFASTRUCTURE (loss of power, loss of heat, loss of water, loss of air conditioning, loss of fire monitoring system, loss of nurse call system, internal flood)</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place ✓ Weekly generator testing ✓ Emergency menu in place ✓ Emergency supplies in place 	<p>Local hydro company Local water supplier Generator repair company Local HVAC system service repair Local fire service monitoring company Local telephone/internet provider Natural gas supplier</p>
<p>CODE GREY BUTTON DOWN: (harmful outside air/contaminants)</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	<p>Local police services Local fire services Local Municipality Local Emergency Management Services Resident Council</p>
<p>BOIL WATER ADVISORY</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	
<p>SEVERE WEATHER WARNING</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	<p>Local Police Local Fire Department Resident Council</p>
<p>MEDICAL EMERGENCIES</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures ✓ Staff education, pre-employment and annually ✓ Assigned staff roles ✓ Debrief process in place 	<p>Paramedics Medical Director Attending Physicians Registered Staff Local Hospitals</p>
<p>INFECTIOUS DISEARSE OUTBREAK: (internal</p>	<ul style="list-style-type: none"> ✓ Approved policy and procedures for infectious outbreak, outbreak of disease with public health significance, epidemics, and pandemics 	<p>Infection Control Practitioner Infection Control Committee</p>

<p>outbreak, pandemic, epidemic, endemic)</p>	<ul style="list-style-type: none"> ✓ Outbreak Management Team ✓ Emergency staffing plan ✓ Communication plan ✓ Isolation plan within the facility ✓ Staff cohorting plan ✓ Symptom management ✓ Case management ✓ Staff education, pre-employment and annually ✓ Hand hygiene program ✓ Infection Control Audits ✓ Assigned staff roles ✓ Debrief process in place ✓ Immunization policies ✓ PPE polices ✓ Visitor policies 	<p>Professional Advisory Committee Medical Director Attending Physicians Registered Staff Local Public Health Medical Officer of Health Local Hospitals Home and Community Support Services Ministry of Long-Term Care Chief Medical Officer of Health Occupational Health and Safety Team Ministry of Labour</p>
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