G. Tackaberry and Family Home Long-Term Care Emergency Plan

United Counties of Leeds and Grenville

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INTRODUCTION

The G. Tackaberry and Family Home (Home) has an Emergency Preparedness Plan (Plan) to ensure the health and safety of our residents, staff, volunteers and visitors. The Plan complies with the requirements under the Fixing Long Term Care Act, 2021 (FLTCA), Ontario Regulation 246/22.

EMERGENCY PLAN OVERVIEW

Purpose and Background

The purpose of the plan is to have a consistent and effective response to emergencies that may impact the Home. The Plan builds upon, and is an appendix to, the United Counties of Leeds and Grenville Emergency Response Plan.

Legislative and Regulatory Framework

The Fixing Long Term Care Act, 2021, (FLTCA) outlines the requirements for each long-term care home to have a written plan to prepare for and respond to an emergency that may affect a long-term care home.

The Ontario Regulation 246/22, section 268, identifies emergency plan requirement for each long-term care home. This includes an emergency plan that prepares for specific types of emergencies and evacuations and includes the key components of development, training and evaluation. Additional legislative requirements for emergency plan considerations are in the following:

- Health Protection and Promotion Act, 1990
- Emergency Management and Civil Protection Act, 1990
- Occupational Health and Safety Act, 1990
- Fire Protection and Prevention Act, 1997

Definition of an Emergency

For the purposes of this Plan, an "emergency" means an urgent or pressing situation that presents an imminent threat to the health or wellbeing of residents and others attending the Home, that requires immediate action to ensure the safety of persons in the Home.

Emergencies can include human induced (e.g., communicable disease outbreak, terrorism, chemical transportation incident), naturally occurring (e.g., floods, severe weather) and technologically induced (e.g., loss of power, loss of critical technology). Emergencies can be distinguished from normal operations in that they exceed the usual capacity to respond and require extraordinary support and coordination.

Plan Maintenance and Document Control

The Environmental Services Manager will be responsible to initiate an annual review of the Plan. All members of the leadership team at the Home will be responsible to review, adjust and improve the plan as needed. All changes to this Plan must be approved by the Administrator of the Home.

This document will be maintained by the Administrative Services team at the Home. All edits, revisions and enhancements to the Plan must be approved by the Home's Administrator. The Administrative Services team will be responsible to ensure that hard copies that are located within the Home are replaced with the most current version and that the most current version of the Plan is posted (PDF version only) on the website for the Home. The Administrative Services team will share a link upon request and upon the approval of the Administrator for a PDF version of this Plan.

Testing and Evaluating the Emergency Plan

On an annual basis the following scenarios will be tested within the Home as to ensure the readiness of staff, visitors and residents should such an event occur. The testing of these scenarios will raise awareness of staff and identify gaps that require adjustment.

Annual Testing

Type of Event	Month to be Tested/Drill
Flood	January
Outbreak of communicable disease	February
Fire	March
Missing resident	April
Loss of one or more essential services	May
Medical emergency	September
Natural disaster	October
Boil water advisory	November

Testing Every Three Years

- Community disaster – Code Orange
- Violent outburst – Code White
- Bomb threat – Code Black
- Chemical spill – Code Brown
- Gas leak
- Evacuation – Code Green

It is the responsibility of the Manager of Environmental Services to take the lead and coordinate with the leadership team to conduct required testing/drills. All leadership staff that are on the premises are required to participate in any test/drill. Testing/drills should **not** be deferred if not all leadership team members are present.

One tabletop exercise will be developed annually to test one or more scenarios identified as requiring testing once every three years. A tabletop exercise is a discussion-based session whereby team members meet to discuss their roles during an emergency and run through potential scenarios. The coordination of an annual tabletop exercise will the responsibility of the Manager of Environmental Services. All records and minutes of testing completed will be the responsibility of the Administrative Services team.

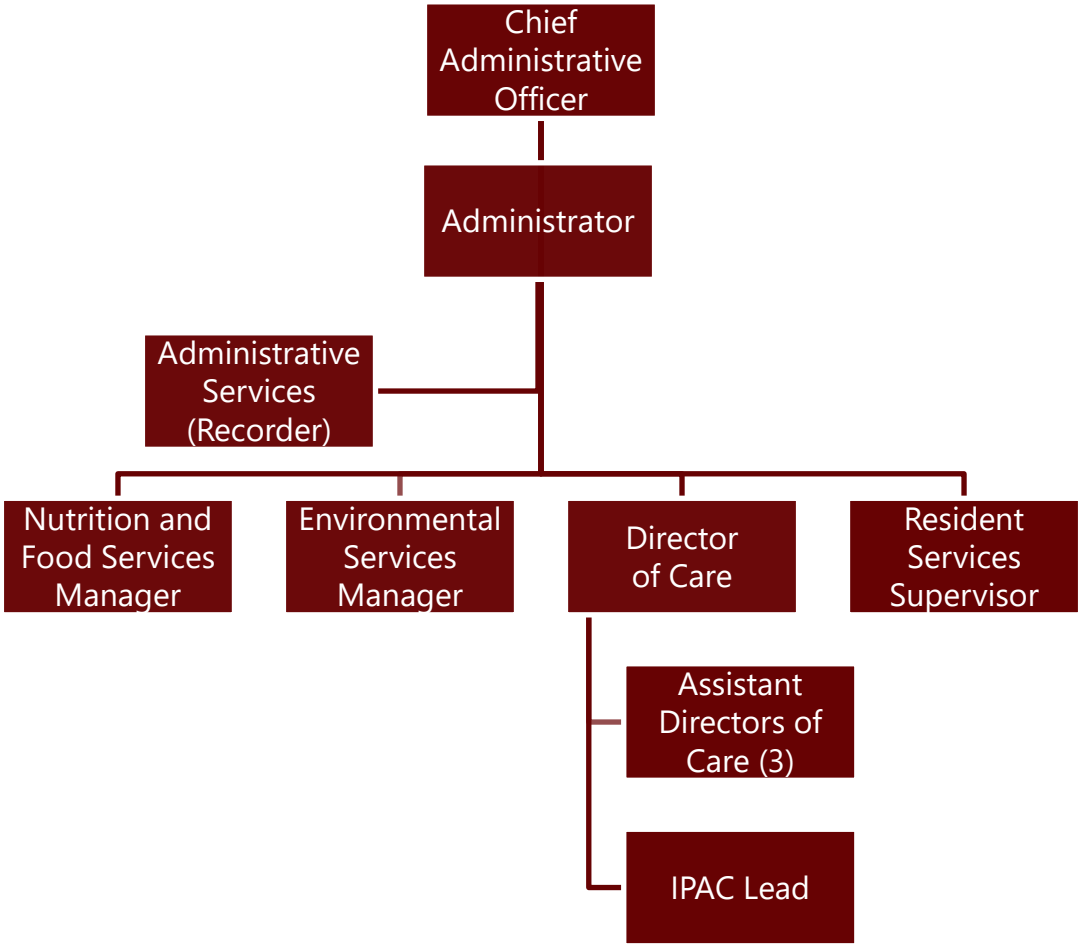
It is important that during testing, drill or an exercise, that challenges and difficulties are identified, recorded and details of corrective action are documented and actioned. The Administrative Services team will ensure that the annual attestation for emergency preparedness for the Home is completed and signed by the Administrator and submitted to the Ministry.

Debrief

In the event of an actual emergency occurring, it is required that a full debrief of the senior leadership team occur within 30 days of the emergency ending. This debrief must be documented and details recorded as to what worked well and what areas need improvement be captured along with an action item list and timelines. The debrief meetings will be coordinated by the Manager of Environmental Services.

EMERGENCY PLANNING AND RESPONSE FRAMEWORK

The Home's Incident Management Structure



High Level Incidents

Emergency Operations Centre and Control Group

In the event of a declared emergency that impacts the United Counties of Leeds and Grenville, the Emergency Operations Group will be assembled, and the Administrator for the Home will sit at this table which meets at 25 Central Avenue in Brockville. In the event the Brockville site (25 Central Avenue) is compromised, the secondary Emergency Operations Centre is designated at the training boardroom on the second floor of Maple View Lodge.

In the situation of an emergency that only affects the Home and is not a declared emergency; such will involve the assembly of all members of the Home's leadership team and in accordance with the incident management structure as outlined in the earlier section.

Roles of Varying Levels of Government

All levels of government have varying roles within an emergency scenario. An abbreviated summary of the key players and their respective roles during a state of emergency can be found as Appendix 1 – Roles of Varying Levels of Government.

LONG TERM CARE AND EMERGENCY PLANNING AND PREPAREDNESS

Hazard Identification and Rick Assessment

In accordance with Subsection 268 (3) of O. Reg. 246/22, the Home has undertaken the process to identify the potential hazards and risks that may give rise to an emergency that would impact the Home and negatively impact resident wellbeing.

The Hazard Identification and Risk Assessment (HIRA) is a systematic process to identify hazards by quantifying and ranking the risk based on probability and potential impact as to prioritize planning. The methodology used to conduct the HIRA is from Emergency Management Ontario.

The current HIRA completed for the United Counties of Leeds and Grenville can be found as Appendix 2 – Hazard Identification and Risk Assessment. Supplementary to this HIRA are the specific risks as they pertain to the Home as having been determined to be of "high risk" based on their probability and consequence of impact.

- Medical emergency (i.e., pandemic)
- Loss of essential services (i.e., water, electricity)

- Flood
- Weather emergency (i.e., ice storms, snowstorms, preventing staff to be at the Home)

Stakeholder Engagement

In accordance with Subsection 268 (3) of O. Reg. 246/22, the Home will consult with the following stakeholders:

- Local Health Unit including Medical Officer of Health
- Township of Athens – Memorandum of Agreement – Use of Space During an Emergency - Appendix 3
- Upper Canada District School Board – Memorandum of Understanding – Use of Space for Evacuation at Athens District High School – Appendix 4.
- Family Council
- Residents' Council
- Community Emergency Management Coordinator (CEMC) (email communication - November 2025)
- St. Lawrence Lodge
- Sherwood Park Manor
- Lanark Lodge

PLAN ACTIVATION

The Plan for the Home may be activated by the Administrator (or their designate in charge). In the event of an emergency situation and senior leadership staff are not on site, the Charge Nurse would make contact with "on call" leadership staff to advise of the situation. On call leadership staff would be responsible to contact the Administrator immediately. Until such time that emergency services arrive to the Home, and until such time that the Administrator or their designate can attend to the site, the Charge Nurse is in the lead role of the situation. Upon emergency services attending the site (i.e., fire, police), direction from emergency services as the site commander is to be followed.

During an emergency situation, the following staff positions may be called upon to work in a "floating role" to support the Home. These staff positions may include but are not limited to Behavioural Support staff, Resident Services staff, Maintenance staff, RAI Staff, IPAC Lead, Housekeeping staff, Administrative staff and the Social Services Worker.

Communications Equipment

The phone system within the Home is networked to the office of 25 Central Avenue West in Brockville and is supported by the IT Department for the United Counties of Leeds and Grenville. The IT Department ensures proper service contracts are up to date to maintain the communication and computer systems for the entire corporation.

The phone system is attached to an "uninterrupted power unit" to support continuity of service through any brief power interruption (i.e., three-five minutes) and through an outage until such time that the Home's generator comes online. The Home also has two analog phones (older model dial-out phones) in the event of a loss of services. One phone is located in the front Administrative Services office and the second is located in the office of the Environmental Services Manager.

All senior leadership staff of the Home have a corporate-issued cellular phone, and these can be used in the event of a local phone system failure.

Each resident home area (RHA) has two walkie talkies/two-way radios located at each care team station. These can be used as a back-up communication system.

In the event of disruption to both the landline and cellular phone system, as a last resort, the onsite lead will designate "messengers" as needed to travel to a location where phone use is possible or to initiate an alert to facilitate communication with the site.

Communications Plan

A communications team will be established by the Administrator (or designate) to ensure frequent and ongoing communication with residents, families, team members, volunteers and Residents' and Family Councils with the goal of keeping all parties apprised of the status of the emergency. The Communications Lead and Chair of the team will be the Resident Services Supervisor.

The Home will assign a team member to receive incoming calls and be prepared to respond with/to:

- Status updates on emergency/location/residents.
- Help/resources of staff coming from other facilities or the community.
- Staff calling to find out work schedule.
- Medical information/updates (if appropriate).
- Redirect media inquiries to Corporate Communications Coordinator.

A voicemail message may be used to share a status update and re-direct callers as needed.

Communication with Residents and Families

The Cliniconex system will be used to inform families via email and automatic phone messages will be used as much as possible. In a situation that communication has not been successful for families, a staff will be designated to directly call, share information and receive their most current contact information (i.e., email). Designated staff must track calls made, contacts made, frequency, date and time.

Residents will be informed of the emergency situation in person by the charge person or designate.

The communications team will compile a "key point bulletin" for the Home to provide to residents/families for emergencies that may extend beyond two days in length. The bulletin will be updated as new information becomes available or the status of the emergency changes. The bulletins will include a minimum of:

- Type of emergency, estimated timeframe, severity of impact.
- Expected disruptions, actions taken to mitigate.
- What can residents/families do to help?

The Administrator and the communications team may also choose to hold town hall meetings to provide situation updates and answer questions as appropriate.

Communication with Staff, Volunteers, Contractors

Scheduling software (as/if available) will be used for communication with home staff members.

Volunteers, contractors, contracted service providers, and students will be contacted by the applicable department manager or their designate.

In the event that communication is required to Counties staff outside of G. Tackaberry and Family Home, this will be initiated by the CAO or their designate. The Administrator will be responsible for ongoing communication with the CAO.

The Director of Care (DOC) will be responsible to ensure that nursing staff are assigned the task of getting applicable hospital updates for residents in hospital care a minimum of every three days.

The Administrator is responsible to ensure provincial authorities are kept informed, as required, during the emergency event.

Food, Fluid and Drug Provision

In the event of an emergency, the Nutrition and Food Services Manager will take the lead in ensuring the dietary operations of the Home continue to meet resident needs. The Manager will be responsible to maintain emergency supplies, alternate menus, infection control protocols and team member training and education to ensure preparedness. The Manager will be responsible to:

1. Purchase and set up all emergency supplies as needed for kitchen/nutrition services.
2. Conduct education on emergency menus and rotating use of supplies.
3. Implement emergency menu as instructed.
4. Utilize supplies on hand and make appropriate menu changes.
5. Stock a three-day, non-perishable and 24-hour perishable food supply.
6. Maintain a 72-hour supply of disposable dishes, cutlery, and aprons.
7. Maintain a 72-hour supply of drinking water.
8. Ensure emergency menus meet residents' nutritional needs.
9. Reassess the need for emergency menus weekly and change according to weekly staffing patterns, supplies on hand and status of emergency.
10. Ensure proper storage of food/supplies.
11. Rotate emergency menu stock through regular menu to prevent expiration of products.
12. As needed, contact Sysco for use of refrigerated truck to maintain supplies. Contract is in place with Sysco for this emergency service provision.

Types of Emergencies Based on Colour Codes

Code Black	Bomb Threat
Code Blue	Medical Emergency
Code Brown	Internal Emergency - Spill/Leak/Hazard
Code Green	Evacuation
Code Grey	Infrastructure Loss/Failure
Code Orange	External Emergency

Code Red	Fire
Code Silver	Active Shooter/Armed Intrusion/Hostage Situation
Code White	Physical Threat/Violent Outburst/Protest/Disturbance
Code Yellow	Missing Resident

*Details specific to the colour codes can be found as appendices to this plan.

Communicable Disease and Outbreak Plan

There will be occasions when the Home may be in a communicable disease outbreak status or there is a community-wide emergency due to an outbreak, pandemic or endemic. Appendix 5 – Communicable Disease and Outbreak Plan, provides details of a multi-phase plan for managing during an outbreak and/or to reduce risk of exposure.

RECOVERY

In accordance with Subsection 268(13) of O. Reg. 246/22 of the Fixing Long Term Care Homes Act, the Home will ensure an appropriate recovery phase following an emergency event. This recovery will include but not be limited to:

1. Debrief session that would include residents, family/substitute decision makers, staff, volunteers, and students. The session will plan on how to resume normal operations and identify supports for those experiencing distress due to the emergency.
2. Implement strategies that are aimed at protecting the physical and mental health of residents after a critical event/emergency.
3. Strategies will include Nursing staff, Behavioural Support staff and the Social Services Worker assessing the psychological wellbeing of the residents for signs of distress/trauma and providing appropriate treatment or referral.
4. Providing a regular forum for informal discussion following an emergency may be helpful in determining prevailing distress from the emergency.

The leadership team of the Home will determine if a phased approach to recovery is necessary. Depending upon the type of emergency, the timeframe and the impact will affect the type of phased recovery.

Effective and timely communication will be critical as a tool to ease anxiety of staff, residents and family members and preparing for a return to normal function.

APPENDICES

Appendix 1 – Roles of Varying Levels of Government
Appendix 2 – Hazard Identification and Risk Assessment, United Counties of Leeds and Grenville
Appendix 3 - Memorandum of Agreement with the Township of Athens – Use of Space During an Emergency
Appendix 4 – Memorandum of Understanding with the Upper Canada District School Board – Use of Space for Evacuation at Athens District High School
Appendix 5 – Communicable Disease Outbreak Plan
Appendix 6 - G. Tackaberry and Family Home Emergency Codes

Appendix 1 – Roles of Varying Levels of Government

The **Government of Canada** plans and coordinates nation-wide emergencies and provides aide to provinces and territories in need.

- Emergency Management Act: legal framework for Government of Canada emergency management programs' legal framework for Canadian emergencies.
- Emergencies Act: legal framework for national emergencies.
- Public Health Agency of Canada – Centre of Emergency Preparedness and Response: responsible for federal stockpile.

The **Government of Ontario** plans and coordinates province-wide emergencies and provides aide to municipalities in need.

- Ministry of Solicitor General – Emergency Management Ontario, PEOC, Office of the Fire Marshall, Emergency Management and Civil Protection Act.
- Ministry of Long-Term Care – Fixing the Long-Term Care Act.
- Ministry of Health – Office of the Chief Medical Officer, Health Protection and Promotion Act.
- Ministry of Labour, Training, and Skills Development – Occupational Health and Safety Act

The Municipal Governments and community partners coordinate and support local responses.

- Municipal governments
- Municipal services (fire, police, etc.)
- Ontario Health Teams, and other aspects of the health care continuum
- Public Health Units
- Hospitals and other health facilities
- Charitable and volunteer organizations
- Utility providers
- Local businesses

Provincial or Regional Organizations develop tools, training, relationships, strategies, and advice to support emergency planning.

- Ontario Health
- Public Health Ontario
- Ontario Health Teams
- Infection Prevention and Controls Hubs
- Emergency Management Ontario

Long-Term Care Homes are responsible for the health and wellness of residents and their staff, including developing emergency response plans that address potential disasters and emergencies.

Hazard Identification and Risk Assessment Ranking

To update the order of the ranking: CTRL+SHIFT+R

Hazard	Frequency	Frequency Category	Consequence	Consequence Description	Changing Risk	RISK TOTAL *(Frequency x Consequence x Changing Risk)*	RISK TOTAL *(Frequency x Consequence x Changing Risk)*
Windstorm	4	Probable	6	Catastrophic	3	72	Extreme
Hazardous Materials Incident / Spills - Transportation Incident	5	Likely	4	Severe	3	60	Extreme
Human Health Emergency - Pandemic	4	Probable	5	Very Severe	3	60	Extreme
Transportation Emergency - Rail	4	Probable	4	Severe	3	48	Very High
CyberAttack	5	Likely	2	Slight	4	40	High
Opioid	0	Likely	2	Slight	4	40	High
Transportation Emergency - Road	5	Likely	2	Slight	3	30	Moderate
Freezing Rain / Ice Storm	6	Almost Certain	2	Slight	2	24	Moderate
Lightning	6	Almost Certain	2	Slight	2	24	Moderate
Tornado	4	Probable	3	Moderate	2	24	Moderate

Hazard Identification and Risk Assessment Ranking

To update the order of the ranking: CTRL+SHIFT+R

Transportation Emergency - Marine	3	Unlikely	2	Slight	3	18	Low
ExtremeHeat	3	Unlikely	2	Slight	3	18	Very Low
Energy Emergency (Supply)	4	Probable	2	Slight	2	16	Low
Snowstorm / Blizzard	4	Probable	2	Slight	2	16	Low
Human Health Emergency - Epidemic	4	Probable	1	Minor	3	12	Low
Forest / Wildland Fire	4	Probable	1	Minor	3	12	Low
Flood - Riverine	5	Likely	1	Minor	2	10	Very Low
Terrorism / CBRNE	1	Rare	4	Severe	2	8	Very Low
Hazardous Materials Incident / Spills - Fixed Site Incident	1	Rare	4	Severe	2	8	Very Low
Critical Infrastructure Failure	3	Unlikely	1	Minor	2	6	Very Low
Oil / Natural Gas Emergency	1	Rare	3	Moderate	2	6	Very Low

Hazard Identification and Risk Assessment Ranking

To update the order of the ranking: CTRL+SHIFT+R

Drinking Water Emergency	1	Rare	1	Minor	3	3	Very Low
Civil Unrest	1	Rare	1	Minor	3	3	Very Low
Earthquake	1	Rare	1	Minor	2	2	Very Low
Farm Animal Disease	1	Rare	1	Minor	2	2	Very Low
Drought / Low Water	1	Rare	1	Minor	2	2	Very Low
Food Emergency	1	Rare	1	Minor	2	2	Very Low
Plant Disease and Pest Infestation	1	Rare	1	Minor	2	2	Very Low

MEMORANDUM OF UNDERSTANDING

Emergency Evacuation Aid

Between the

The Township of Athens, Ontario

and

Lanark Lodge
Maple View Landings
St. Lawrence Lodge
Sherwood Park Manor

The purpose of this memorandum is to outline an emergency evacuation aid agreement between the above-named long-term care homes and The Township of Athens.

This agreement pertains to the availability of emergency temporary shelter capacity and contact information in the event of a disaster or an emergency requiring a long-term care facility evacuation.

This agreement reciprocally encompasses the following agencies and contact information:

Township of Athens

Contact: **Darlene Noonan, CAO/Clerk Treasurer**
Address: 1 Main Street West
Athens, ON K0E1BO
Phone: 613-924-2044
613-802-0118 (after hours)

Maple View Landings

Contact: **Linda Hunter, Director**
Address: 746 County Road 42 East
Athens, ON KOE 1BO
Phone: 613-924-2696, 6019
613-802-7933 (after hours)

Lanark Lodge

Contact: Shawna Stone, Director
Address: 115 Christie Lake Road
Perth, ON K7H 3C6
Phone: 613-267-4225 ext#7101
613-882-6373 (after hours)

Sherwood Park Manor

Contact: Nancy Nesbitt-Boucher, Executive Director
Address: 1814 County Road 2 East
Brockville, ON K6V 5T1
Phone: 613-349-5531, ext. 105
613-349-0553 (after hours)

St. Lawrence Lodge

Contact: Lisa Harper, Administrator
Address: 1803 County Road 2 East
Brockville, ON K6V 5T1
Phone: 613-345-0255, ext. 4133
613-803-5589 (after hours)

Roles and Responsibilities

The Township of Athens agrees to provide assistance to identify any township-owned locations that may be available at the time of an emergency to support the relocation of evacuated residents from any of the long-term care homes noted in this MOU, in the event of an emergency. Such facilities may include:

- Joshua Bates Centre
- Athens Fire Hall
- Centre 76 (seasonal)

The long-term care homes agree in principle that:

1. All evacuated residents will have an identification bracelet or name badge applied by the sending facility.

2. The sending facility will provide the necessary staff to attend to the needs of evacuated residents.
3. The sending facility will provide and coordinate the needed supplies, equipment and mattresses.
4. Each long-term care home will be directly responsible for facility-use charges as determined by the Township of Athens.
5. That the long-term care homes will make every effort possible to minimize the length of time and impact on the Township of Athens.

Term

This agreement is in effect for a three-year term effective August 1, 2025, up to and including July 31, 2028.

Signatures

By signing this document, each long-term care home and the Township of Athens is agreeing to the principles, terms, and spirit of this agreement.

Darlene Noonan, CAO/Clerk Treasurer
Township of Athens — Date: July 30. 2025

Shawna Stone, Director
Lanark Lodge — Date: SEPT. 18/25

Linda Hunter, Director
Maple View Landings — Date: July 31/25

Lisa Harper, Administrator
St. Lawrence Lodge — Date: August 29/2025

Nancy Nesbitt-Boucher, Executive Director
Sherwood Park Manor — Date: Aug 28/2025

This AGREEMENT made in duplicate the 24th day of September, 2025

BETWEEN:

UPPER CANADA DISTRICT SCHOOL BOARD
Hereinafter referred to as "the Board"

OF THE FIRST PART

AND:

UNITED COUNTIES OF LEEDS AND GRENVILLE
Hereinafter referred to as "UCLG"

OF THE SECOND PART

WHEREAS:

A. The UCLG seeks to potentially use the facilities of the Board in the event of an Emergency; and
B. The UCLG and the Board seek to set out the terms and conditions upon which the facilities of the Board will be available for use by the UCLG in the event of an Emergency;

NOW THEREFORE, the Parties agree as follows:

1. DEFINITIONS AND INTERPRETATION

1.1. In this Agreement, unless there is something in the context inconsistent therewith:

"**Agreement**" means this Agreement including the Schedules hereto attached;

"**Board Facilities**" means Athens District High School, 21 Church Street, Athens, ON K0E 1B0;

"**Emergency**" means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, an accident or an act whether intentional or otherwise. For certainty, a declaration under Section 4(1) of the *Emergency Management and Civil Protection Act* that an Emergency exists in the Municipality is not required;

"**UCLG Emergency Plan**" means an emergency plan formulated by the UCLG for the safety and security of residents of Maple View Lodge / G. Tackaberry and Family Home, UCLG employees and property of the UCLG in an Emergency;

"**Parties**" means the UCLG and the Board;

1.2. In this Agreement, unless there is something in the context inconsistent therewith, the following rules of interpretation shall apply:

1.3. In this Agreement, words signifying the singular number include the plural and vice versa, and words signifying gender include all genders. Every use of the word "including" in this Agreement is to be construed as meaning "including, without limitation".

1.4. The division of this Agreement into Articles and Sections, the insertion of headings and the provision of a table of contents are for convenience of reference only and do not affect the construction or interpretation of this Agreement.

1.5. References in this Agreement to an Article, Section, Schedule or Exhibit are to be construed as references to an Article, Section, Schedule or Exhibit of or to this Agreement.

1.6. Unless otherwise specified, any reference in this Agreement to any statute includes all regulations made under or in connection with that statute from time to time, and is to be construed as a reference to that statute as amended, supplemented or replaced from time to time.

2. GENERAL ROLES AND RESPONSIBILITIES DURING AN EMERGENCY

2.1. The UCLG shall be responsible for the following:

2.1.1. Declaring an Emergency;
2.1.2. Notifying the Board in the event of an Emergency;
2.1.3. Ensuring good communication between all relevant agencies involved in emergency operations and for communicating with the public with respect to matters within the UCLG's authority;
2.1.4. Terminating the Emergency at the appropriate time and ensure all concerned have been notified including the Board;
2.1.5. Maintaining detailed records of decisions made and actions taken during the course of the Emergency;
2.1.6. Taking part in the evaluation process following the Emergency, including, without limitation, producing a post-emergency report; and
2.1.7. Any other roles and responsibilities set out in this Agreement.

2.2. The Board shall be responsible for the following:

2.2.1. Coordinating all operations at the Board Facilities;
2.2.2. Advising the UCLG of relevant policies and procedures of the Board;
2.2.3. Approving, in conjunction with the UCLG, major announcements
2.2.4. Maintaining detailed records of decisions made and actions taken during the course of the Emergency;
2.2.5. Taking part in the evaluation process following the Emergency, including, without limitation, producing a post-emergency report; and
2.2.6. Any other roles and responsibilities set out in this Agreement.

2.3. Notwithstanding anything in this Agreement, the Board retains the discretion to decline certain uses by the UCLG and/or determine the duration of the UCLG's usage.

3. NOTIFICATION

3.1. In the event of an Emergency which may threaten the safety, health and well-being of residents of the Maple View Lodge / G. Tackaberry and Family Home, 746 County Road 42, Athens, ON, and which requires the use of some or all of the Board Facilities, the UCLG shall notify the Director of Education of the Board or such other person or persons designated by the Board of such Emergency. The notice shall include, at a minimum, the nature of the emergency, the anticipated requirements of resources and services, if known, the date and time when such resources and services are required, the anticipated duration of need, and any specific facility needs.

3.2. The method for notification under Section 3.1 shall be agreed to by the UCLG and the Board and shall be reviewed annually while this Agreement is in effect.

3.3. Only an officer or senior official or designate of the UCLG may initiate the notification procedure.

3.4. For certainty, and without limiting the definition of an "Emergency", in order to trigger an Emergency, the UCLG shall determine that the Maple View Lodge / G. Tackaberry and Family Home facility is not a safe location to care for the facility's residents. Examples of an "Emergency" are circumstances that are generally catastrophic, including, without limitation, a fire in the facility or flooding of the facility that renders the premises unsafe or unusable.

4. LIAISON

4.1. Forthwith upon receipt of notification of an Emergency under Section 3 hereof the Board shall designate an employee of the Board (hereinafter called the "**Board's Liaison Officer**") to liaise with the UCLG on behalf of the Board on all matters relating to the Emergency and without limiting the generality of the foregoing the Board's Liaison Officer shall:

4.1.1. advise the UCLG as to steps being taken by the Board in relation to the Emergency; and

4.1.2. provide advice and assistance to the UCLG in arranging for the use of the Board Facilities as may be required.

5. USE OF BOARD FACILITIES

5.1. Upon receipt of notification of an Emergency under Section 3 hereof the Board shall make available to the UCLG such of the Board Facilities as may be deemed necessary by the UCLG, acting reasonably.

5.2. Without limiting the generality of the foregoing Section 5.1 the UCLG covenants and agrees that when determining what Board Facilities are to be deemed necessary for use in the Emergency, the UCLG shall give due consideration to the Board's needs for the use of Board Facilities for the safety and transportation of students and Board employees.

5.3. The UCLG acknowledges and agrees that the Board Facilities shall be preserved as a smoke-free environment at all times.

6. STAFFING OF BOARD FACILITIES

6.1. The Board shall have at least one Board employee at the Board's Facilities identified by the UCLG under Section 5.1 hereof and such Board employee or employees as the case may be shall assist the UCLG with the operation and maintenance of the identified Board's Facilities during the Emergency. The UCLG shall assume all responsibility for the Board employee or employees in the course of such employee or employees assisting with the operation and maintenance of the Board's Facilities during the Emergency.

6.2. The UCLG shall indemnify and save harmless the Board from and against all claims, losses, damages, judgments, costs, expenses, actions and other proceedings made, sustained, brought, prosecuted or threatened to be brought or prosecuted that are based upon, occasioned by or attributed to any bodily injury to or death of a person or damage to or loss of property caused by an employee of the Board that is assisting the UCLG with the operation and maintenance of the Board's Facilities during the Emergency upon specific instruction of the UCLG's staff or within a specified scope defined by the UCLG staff or in satisfaction of the terms and conditions of this Agreement.

7. DILIGENCE AND CARE

7.1. The UCLG for itself, its employees , servants , agents and invitees covenants and agrees to exercise due diligence and care in the use of Board Facilities so as to not interfere with any of the Board's property, activities or instructional procedures unless such interference is deemed necessary by the UCLG, acting reasonably, in response to the Emergency.

7.2. Prior to the use of any Board Facilities the Board's Liaison Officer shall meet with a duly authorized representative of the UCLG and both shall inspect together the Board Facilities to be used in the Emergency and both shall make a joint written note, signed by both persons, of any existing damage, deficiencies or other relevant factors before such Board Facilities are used by the UCLG in the Emergency.

7.3. Following termination of the use of Board Facilities the Board's Liaison Officer and a duly authorized representative of the UCLG shall inspect together the Board Facilities used in the Emergency and shall make a joint written note,

signed by both persons, of any new damage, deficiencies or other relevant factors resulting from the UCLG's use of the Board Facilities.

7.4. The UCLG covenants and agrees to pay to the Board the cost of any repair to or replacement of any Board Facilities arising out of the use of such Board Facilities by the UCLG during the Emergency.

7.5. The UCLG further covenants and agrees to make payment to the Board under Section 7.4 hereof within thirty (30) days of receipt of a written invoice from the Board.

8. COSTS

8.1. The UCLG covenants and agrees to reimburse the Board for any costs incurred by the Board as a consequence of the use of Board Facilities by the UCLG during an Emergency, upon the Board providing documentation (e.g. receipts, invoices, etc.) of such costs, and such costs may include but are not limited to the Board's actual costs incurred for:

8.1.1. supplies and services;

8.1.2. overtime wages, salaries and benefits paid to Board employees;

8.1.3. additional costs for utilities, cleaning and restoration of Board Facilities for normal school;

8.1.4. security costs; and

8.1.5. telephone charges.

8.2. The UCLG covenants and agrees to make payment to the Board pursuant to Section 8.1 hereof within thirty (30) days of receipt of a written invoice from the Board.

9. AGENTS OF THE UCLG

9.1. The UCLG and the Board acknowledge and agree that all individual volunteers, volunteer groups, agencies and others who are engaged by the UCLG in an Emergency to manage or assist with the operation of a temporary facility in Board Facilities shall be deemed for all purposes to be agents of the UCLG and shall not for any purposes be deemed to be agents of the Board.

10. CONDUCT IN BOARD FACILITIES

10.1. The UCLG covenants and agrees to take any and all reasonable steps so as to protect Board Facilities against vandalism and mischief and further to supervise and be responsible to the Board for the behaviour of all persons who are accommodated in or who make use of any Board Facilities under this Agreement.

10.2. Without limiting the generality of Section 10.1 hereof the UCLG acknowledges and agrees that the Board may request the attendance of a local police force or the provincial police force in or on Board Facilities to maintain order where the Board, acting reasonably, deems such attendance necessary.

10.3. Without limiting the generality of Section 10.1 hereof the Board acknowledges and agrees that the UCLG may request the attendance of a local police force or the provincial police force in or on Board Facilities to maintain order where the Board, acting reasonably, deems such attendance necessary

11. FOOD

11.1. The UCLG covenants and agrees that no food preparation will be permitted in Board Facilities other than in locations normally used by the Board for such purposes.

11.2. The UCLG further covenants and agrees that no stoves or other cooking devices may be used in Board Facilities other than such stoves or cooking devices permanently installed therein by the Board.

12. ASSIGNMENT OF CONTRACTS

12.1. Notwithstanding contracts the Board may have with suppliers of goods and services, including but not limited to contracts for bulk supply of foods and contracts for bus services, at the request of the UCLG and where permitted at law to do so, the Board may assign in whole or in part to the UCLG the Board's rights under such contracts in furtherance of the terms and intent of this Agreement.

12.2. The UCLG covenants and agrees that the cost of the supply of goods and services assigned to the UCLG under Section 12.1 hereof shall be the sole responsibility of the UCLG and the UCLG hereby covenants to indemnify and save harmless the Board from any claim related to such costs.

13. WASTE

13.1. The UCLG shall at all times be responsible for waste generated by the UCLG and the UCLG's activities at the Board's Facilities during the Emergency. Without limiting the generality of the foregoing, the UCLG shall be responsible for any hazardous waste, hazardous product, deleterious substance, special waste, liquid industrial waste, bio-medical waste, dangerous goods or substance which is controlled or regulated under Environmental Law, including any waste composed in whole or in part of substances which are: (i) corrosive, (ii) ignitable, (iii) pathological, (iv) radioactive, (v) reactive, or (vi) toxic. The UCLG shall comply with all applicable law with respect to waste generated, stored, managed, transported, treated, and

disposed arising from the Board's Facilities, including, Ontario Regulation 347.

14. INDEMNITY

14.1. The Parties shall each indemnify and save harmless the other from and against all claims, losses, damages, judgments, costs, expenses, actions and other proceedings made, sustained, brought, prosecuted or threatened to be brought or prosecuted that are based upon, occasioned by or attributed to any bodily injury to or death of a person or damage to or loss of property caused by any negligent act or omission on the part of the indemnifying Party, its officers. employees, students, agents or volunteers arising out of this Agreement.

14.2. Notwithstanding Section 14.1 hereof, the UCLG and the Board acknowledge and agree that the Board shall not be liable to the UCLG by way of indemnity or otherwise for any claims, losses, damages, judgments, costs, expenses, actions or other proceedings made, sustained, brought, prosecuted or threatened to be brought or prosecuted that are based upon, occasioned by or attributed to any bodily injury to or death of a person or damage to or loss of property caused by any negligent act or omission on the part of a student or students of the Board.

15. INSURANCE

15.1. During the term of this Agreement, each Party shall obtain and maintain in full force and effect, general liability insurance issued by an insurance company licensed to carry on business in the Province of Ontario, providing coverage for personal and bodily injury, public liability, property damage, hostile fire, tenants legal liability, and non -owned automobile. Such policy shall:

15.2. have inclusive limits of not less than Five Million Dollars ($5,000,000) for injury, loss or damage per occurrence;

15.3. contain a cross-liability Section endorsement of standard wording; and

15.4. name the other Party as an additional insured with respect to any claim arising out of the other Party's obligations under this Agreement or the UCLG's or Board's provision of personnel, services, equipment or material pursuant to this Agreement.

15.5. The UCLG's and the Board's general liability insurance, when called upon to respond to a claim on behalf of the respective named insured Party, shall each apply as primary insurance and not excess to any other insurance available to the additional insured designated on the named insured 's policy.

15.6. Each Party shall provide to the other Party a valid Certificate of Insurance satisfactory to the other Party, acting reasonably, and any replacements thereof, that references this Agreement and confirms the coverage's identified herein.

16. LEGAL RELATIONSHIP

16.1. The UCLG and the Board acknowledge and agree that the use and occupation of Board Facilities under this Agreement does not create in law or in equity in favour of the UCLG, its officers, servants, agents or invitees including members of the public any estate, right title or interest in the Board Facilities and further that such use and occupation of Board Facilities is as a bare licensee.

17. TERMINATION

17.1. This Agreement shall remain in full force and effect until terminated by mutual agreement in writing or under the provision of Section 17.2.

17.2. Either of the Parties hereto shall have the right to terminate this Agreement by giving sixty (60) days written notice to the other Party.

18. DISPUTE RESOLUTION

18.1. In the event of a disagreement between the Parties with respect to the interpretation of this Agreement or their obligations thereunder (hereinafter the "**Dispute**") the Parties shall make good faith efforts to resolve the Dispute by senior conference.

18.2. In the event that a senior conference does not lead to a resolution of the Dispute, the Parties agree that alternative dispute resolution processes such as mediation, appointment of a neutral third Party evaluator or arbitration are preferable to litigation as a way to resolve Disputes that may arise under this Agreement and each Party agrees to give good faith consideration to having to resort to an alternative dispute resolution process before initiating legal proceedings to deal with any such Disputes.

18.3. Either Party may, at any time, give written notice of a Dispute to the other.

18.4. No later than ten (10) business days after the delivery of a notice of a Dispute, the Parties shall meet and attempt, in good faith, to resolve the Dispute.

18.5. If the Dispute is not resolved within thirty (30) business days of the delivery of a notice of a Dispute any Party may, by giving written notice to the other Party, require that the Dispute be submitted to mediation or arbitration and the Parties agree that notice requiring arbitration may be given whether or not a mediation is ongoing. If notice requiring arbitration is given while mediation is ongoing, the Parties shall cease all mediation activities and proceed with arbitration in accordance with Section 19.7 hereof.

18.6. Mediation of a Dispute shall be subject to the following terms and conditions:

18.6.1. the Party giving a notice of mediation shall include the names of two (2) individuals to act as mediator in the notice. After receiving the notice of mediation, the other Party shall within five (5) business days submit the names of two (2) individuals to act as mediator. If the Party fails to submit names within five (5) business days that Party shall be deemed to accept as a mediator, the persons selected by the other Party. Individuals submitted to act as mediator shall be qualified and experienced professional mediators whose mediation practice is based in Eastern Ontario.

18.6.2. a single individual shall be unanimously chosen by the Parties from the names submitted , provided however that if the Parties are unable to reach agreement on the selection of a mediator within five (5) business days after the last Party has provided the names of its proposed mediators, the mediator shall be selected at random by draw from among the mediators proposed by the Parties;

18.6.3. not more than ten (10) business days after the date of the appointment of the mediator, each Party shall submit to the mediator and to the other Party a without prejudice written mediation brief of not more than ten (10) pages in length setting out the Party's position concerning the matters involved in the Dispute;

18.6.4. the mediation shall be attended by the representatives of the Parties with full authority to settle the Dispute. A Party may be accompanied to the mediation by its lawyer provided that it gives the other Party written notice at least three (3) business days in advance of its intention to do so;

18.6.5. any Party or the mediator shall be entitled to withdraw from the mediation at any time;

18.6.6. the mediation shall end on the earlier of (a) the date that the Parties enter into a binding settlement agreement with respect to the Dispute, (b) the date that any Party or the mediator withdraws from the mediation, or (c) at 5:00 p.m. (Eastern time) on the day that is the 30th day after the notice of mediation was received in accordance with the terms of this Agreement; and

18.6.7. the fees and expenses of the mediation shall be borne as specified in a settlement, if a settlement is obtained. If no settlement is obtained, the mediator's fees and expenses shall be as specified in the notice issued by the mediator stating that the mediation has failed. Each Party shall bear its own expenses of the mediation whether or not it is successful.

18.7. Arbitration of a Dispute shall be subject to the following terms and conditions:

18.7.1. The Dispute shall be determined by the provisions of the *Arbitrations Act, 1991* (Ontario) by a sole arbitrator agreed upon by the Parties, or failing agreement, appointed by a judge of the Ontario Superior Court of Justice upon the application of either of the Parties; and

18.7.2. any determination by arbitration shall include a determination as to payment of the costs of the arbitration and shall be binding upon the Parties, who shall not have any right of appeal from such determination.

18.8. The negotiations and other settlement efforts of the Parties shall, in all respects, be kept confidential and shall be strictly without prejudice. All information provided, documents disclosed or statements made in the course of those negotiations and settlement efforts, including without limitation, any admission , view, suggestion , notice , response, discussion, position or settlement proposal, shall be held in strict confidence by the Parties and, unless there is a legal requirement that such information be revealed, it shall not be subject to disclosure through discovery or any other process or relied upon by any Party and shall not be admissible into evidence for any purpose , including impeaching credibility, in any subsequent proceedings except as required by law.

19. NOTICE

19.1. Any demand or notice to be given pursuant to this Agreement shall be properly made and given if made in writing and either delivered to the Party for whom it is intended to the address as set out below or sent by prepaid registered mail addressed to such Party as follows:

Where the Board is the intended recipient:

Upper Canada District School Board
225 Central Avenue West
Brockville, Ontario
K6V 5X1

Attention: Chief Business Officer

Where the UCLG is the intended recipient:

United Counties of Leeds and Grenville
25 Central Avenue West, Suite 100
Brockville, Ontario
K6V 4N6

Attention: Chief Administrative Officer

Or such other addresses as the Parties may from time to time notify in writing, and any demand or notice so made or given shall be deemed to have been properly made

or given and received on the day on which it shall have been so delivered or, if mailed, then, in the absence of any interruption in postal service affecting the delivery or handling thereof, on the day following three (3) business days following the date of mailing.

20. REVIEW OF AGREEMENT

20.1. This Agreement shall be reviewed and revised, if required, by the Parties on the fifth anniversary of the date of this Agreement and every five (5) years thereafter.

21. GENERAL PROVISIONS

21.1. Should any provision of this Agreement be declared or found to be illegal , unenforceable, legally ineffective or void, then each Party shall be relieved of any obligation arising from such provision, but the balance of this Agreement, if capable of performance, shall remain in full force and effect.

21.2. No term or provision of this Agreement shall be deemed waived and no breach consented to, unless such waiver or consent is in writing and signed by an authorized representative of the Party claimed to have waived or consented.

21.3. This Agreement shall not be assigned in whole or in part by the UCLG or by the Board without the prior written consent of the other Party, which consent will not be unreasonably withheld.

21.4. This Agreement may not be varied, altered, amended or supplemented except by an instrument in writing duly executed by the Parties.

21.5. Nothing contained in this Agreement, expressed or implied, shall confer upon any person , corporation or other entity , other than the Parties hereto and their successors in interest and assigns, any rights or remedies under or by reason of this Agreement

21.6. Each Party shall, from time to time, and upon reasonable request by the other Party , execute, perform and make or cause to be executed, performed and made all such further acts, deeds, assurances and things as may be reasonably required in order to get the full effect of this Agreement.

21.7. The provisions of this Agreement shall endure to the benefit of and be binding upon each of the Parties hereto and their respective successors and assigns.

21.8. This Agreement shall be interpreted in accordance with the laws of the Province of Ontario. and the applicable laws of Canada.

21.9. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter of the Agreement and it supersedes all previous negotiations, communications and other agreements whether written

or oral, unless incorporated by reference in this Agreement.

21.10. Time is of the essence in this Agreement.

21.11. The Parties have required that this Agreement and all documents and notices resulting from it be drawn up in English. Les parties aux présents ont exigés que la présente convention ainsi que tous les documents et avis qui s'y rattachent ou qui en découleront soit rédigés en la langue anglaise.

21.12. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be executed by their respective proper signing officers in that behalf.

UPPER CANADA DISTRICT SCHOOL BOARD

Per: Jeremy Hobbs
Chief Business Officer

I have the authority to bind the Board

UNITED COUNTIES OF LEEDS AND GRENVILLE

Per: Al Horsman
Chief Administrative Officer

I have the authority to bind the UCLG

SCHEDULE "A"
BOARD FACILITIES

Athens District High School 21 Church Street, Athens, ON
K0E 1B0

G. Tackaberry and Family Home Long-Term Care Communicable Disease Response Plan Outbreak, Pandemic – Endemic Planning

United Counties of Leeds and Grenville

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INTRODUCTION

Infectious diseases such as COVID-19 have been identified as a specific hazard that could imminently disrupt the operations of the G. Tackaberry and Family Home (Home), the health care system and society. It is a possible emergency for which appropriate planning is required to ensure all staff are equipped with the knowledge, skills and resources to respond and protect themselves, and to ensure the essential functions of the Home continue to operate. This Communicable Disease Response Plan (Plan) was developed to assist the Home to maintain operational requirements in the face of disruptions due to communicable diseases and/or severe staffing shortages.

The Plan has been designed as an appendix of the G. Tackaberry and Family Home broader Emergency Plan. It provides guidance to the Home and its employees and may serve as the plan for maintaining essential functions and services during a disruption.

This Plan reflects current knowledge and available information. It will be reviewed and updated on a regular basis to ensure it remains aligned with national, provincial and local developments and reflects current knowledge of COVID-19 or other communicable diseases. Discretion may be required in the implementation of the Plan depending on changing circumstances.

The goals of this Plan are to prevent infection transmission, minimize serious illness, and minimize disruption to resident services and Home operations.

SECTION 1 – LEGAL CONSIDERATIONS

Pursuant to the Occupational Health and Safety Act (OHSA), the Home, its leadership team and employees all have duties and responsibilities to control hazards in the workplace and ensure a safe working environment. The United Counties of Leeds and Grenville (Counties) and the Home will continue to comply with and satisfy its obligations pursuant to the OHSA in the event of a potential COVID-19 or any other infectious outbreak or pandemic, including its obligations with respect to:

- The provision of information, instruction and supervision.
- Taking reasonable precautions for the protection of workers.
- Providing required equipment, material and protective devices.
- Reporting occupational illnesses.
- Considering work refusals in accordance with the OHSA.

The Counties and the Home will continue to comply with their obligations under the Human Rights Code, including its duty to accommodate.

Members of the Joint Health and Safety Committee (JHSC) are mutually committed to improving health and safety conditions in the workplace. The JHSC identifies potential health and safety issues and brings them to the Home's attention and must be kept informed of health and safety developments in the workplace by the Home.

The JHSC is an advisory body that helps to stimulate or raise awareness of health and safety issues in the workplace, recognizes and identifies workplace risks and develops recommendations for the employer to address these risks.

It is the expectation that in the event of a pandemic the JHSC will employ the applicable recommendations of the governing public health authority South East Public Health (SEPH) and any other relevant directives or Ministry regulations.

SECTION 2 - MITIGATION STRATEGIES AND CARE

All employees are encouraged to:

- Maintain infection control practices, resident and staff safety best practices (such as staff cohorting) as directed by the Home's IPAC Lead.
- Regularly and thoroughly clean their hands with an alcohol-based (at least 70% alcohol) hand rub or wash them with soap and water for at least 25 seconds, and dry hands with paper towels, rather than jet dryers, where possible.
- Avoid touching eyes, nose and mouth.
- Ensure that they, and the people around them, follow good respiratory hygiene, including but not limited to covering their mouth and nose with their bent elbow or tissue when they cough or sneeze and disposal of used tissues immediately.
- Clean and disinfect frequently touched objects and surfaces.

The Home will increase its cleaning operations, particularly of high touch and common areas and include, for example, desks surfaces, phones, doorknobs and elevator buttons.

SECTION 3 – COMMUNICABLE DISEASE RESPONSE TEAM

The Home's goal is to maintain operations and continuity to the best extent possible.

Each member of the Communicable Disease Response Team (Response Team) has also designated a back-up in the event that member becomes ill or is otherwise unable to perform their duties.

The role of the G. Tackaberry and Family Home leadership team is to:

- Monitor information related to the situation.
- Establish when the various steps of the Plan must be implemented, and whether any steps of the Plan need to be amended to address the unique nature of the threat.
- Determine how long the Plan will be kept in effect.
- Communicate with public health agencies, emergency responders, contractors, suppliers and others as required in the event that an employee, resident, service provider or visitor is confirmed as having a specific virus or is displaying symptoms.
- Review "high risk jurisdictions" on an ongoing basis for the purposes of notification under this Plan.
- Review the Home's policies regarding paid and unpaid leaves of absence and determine whether any changes need to be made on a temporary or interim basis.
- Coordinate the distribution of information and materials to employees.
- Enact mitigation strategies.
- Identify the essential functions or services of the Home which will be continued and how they will be carried out during the outbreak.
- Develop a plan for reduced operations responsive to staffing levels, in accordance with Section 8.

SECTION 4 – SELF-IDENTIFICATION, NOTIFICATION AND TREATMENT

Employees who feel unwell or have symptoms of a respiratory, skin or GI illness of any kind should remain at home. If an employee has any communicable disease-related symptoms, they should follow public health guidelines and seek medical attention. Refer to the Absence Reporting Policy and Procedure (ADM-H-20.30) and any other pertinent policies that are applicable as required in response to nature of the current health situation.

Employees should stay informed about the latest developments (example about COVID-19), and follow the advice of their healthcare provider, national and local public health authorities or the Home on how to protect themselves and others. In the event mandatory quarantines or other protective measures are required by health authorities, the Administrator or the Home's IPAC Lead will issue an emergency communication to all Home employees.

Anyone travelling outside of Canada to "high risk areas", as defined and communicated by the Provincial or Federal Government must follow instructions regarding whether or not a self-quarantine is required based on current direction from health authorities.

Any employee who is planning to or has traveled, whether within Canada or outside of Canada, must follow provincial or federal travel advisory bulletins. The Government of Canada has a travel advice and advisories by destination website for reference prior to travel to be considered and referenced.

SECTION 5 - EMPLOYEE ABSENCES

As part of its duties, the Response Team will develop a contingency plan for increased absenteeism within the workplace.

Employees who are required to remain at home off work will follow Counties' policy direction regarding the use of unpaid leave, unless they are eligible for sick leave, or have other paid leaves available to them. Ultimately corporate policy will take precedence for employee absences.

SECTION 6 – VISITORS (CUSTOMERS, CLIENTS)

Visitors will be required to follow Government, Ministry and/or Public Health directives. All persons entering the Home are required to postpone their visit if they are exhibiting or living with anyone exhibiting any gastrointestinal, flu-like or respiratory illness symptom. Notify the IPAC Lead if someone visited the Home within 48 hours prior to having any symptoms.

SECTION 7 – COMMUNICATIONS

The Administrator will advise on all communication within the home. Any communication strategies, including the use of appropriate channels for dissemination, and coordination of the production of materials for external media communications,

including those for social media, media relations and mass communications, will be approved by the Chief Administrative Officer.

In the event emergency communications are necessary, they will be communicated by The Administrator or the designated Corporate Communications lead via email to employees' work email addresses.

Signage promoting hand hygiene, cough and sneeze etiquette, proper use of personal protective equipment (PPE) and social distancing will be posted throughout the workplace as applicable.

The Administrator will work with the Response Team to ensure that the Home's Plan is communicated and implemented in the workplace. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by the Administrator in collaboration with the IPAC Lead.

The Corporate Communications Lead/CAO/ Administrator will determine strategies for internal and external communication and for media. Other individuals shall refrain from ad hoc or spontaneous comments or communications, as contradictory or unclear information can create confusion and detract from the Plan. Communication will be as warranted and will be carried out in a controlled fashion, only by designated spokespersons and using official channels.

Privacy and Confidentiality

When addressing requests for information in the event of a pandemic response, it is important to consider issues of privacy and confidentiality. Depending on the situation, confidentiality may be required by statutes, regulations, policies or contracts.

Before responding to any requests for disclosure of information or providing such information to anyone, consult with the Administrator. This includes requests for information from police, government officials or media. If disclosure is made, the Administrator should be informed immediately.

Nothing in this section prohibits the release of personal information of any person to police or other government officials if the purpose is to mitigate an imminent risk of harm to any person or significant damage to the Home resources.

SECTION 8 – CONTINUITY OF OPERATIONS

The Home's leadership team are responsible for developing internal contingencies for dealing with the impact a health emergency may have on the continued operation of the Homes. This may involve the following considerations:

- Determining the core aspects of the business which must be carried on in order to sustain operations.
- Identifying the personnel systems, sites, supply methods, transportation requirements,
- utilities, etc. that are required to maintain core functions.
- Identifying whether aspects of the operation would have to be closed temporarily.
- Developing, in conjunction with the communications designate, plans for communicating to vendors, suppliers and customers.
- Identifying internal and external dependencies.
- Identifying essential positions and considering cross-training employees or training and drawing upon an ancillary workforce (for example, other departments at Central or retirees).
- Planning for employees who may be at higher risk, for example pregnant women and employees with certain chronic conditions and considering accommodations as necessary in accordance with human rights obligations.
- Determining in advance the level of absenteeism that can be tolerated before key business functions are affected and business operations must be changed.
- Maintaining a list of duties that employees can perform from home, as well as any equipment that may be necessary to perform those duties. Supervisors/Managers can then draw on this list to have those duties performed by employees from home should it become necessary.
- Considering how business activities can be modified to reduce face-to-face contact, for example by setting up meetings through teleconferencing rather than in person.

SECTION 9 – PHASED APPROACH

The Home will utilize a risk-based approach to our Infection Control Action Plan with three phases of response:

1. Alert
2. Outbreak
3. Staffing Crisis

Whole Home Measures Overview by Phase:

Phase 1 - Alert

- To the extent possible maintain routine.
- Respect, communicate and adhere to all contact tracing applications to mitigate Home and community transmission.
- The IPAC Lead will monitor public health syndromic surveillance reports providing daily updates to the leadership team as warranted and conduct IPAC audits biweekly.
- The IPAC Lead will circulate status updates.
- The leadership team will meet daily to review the situation, determine planning and next steps.
- Active surveillance screening will be performed upon entering and exiting the building as per government, ministry and/or public health directives.
- The leadership team will review and determine access eligibility following ministry and public health guidelines and/or directives.
- Staff scheduling needs and opportunities will be reviewed with HR where appropriate.
- Managers to follow up with pertinent suppliers, contracted services and consultants to be aware of measures being put in place and be ready for future needs for supplies.

The Administrator will provide communications internally and externally with appropriate stakeholders. No other information will be shared without the approval of the Administrator.

Phase 2 - Outbreak

- Doors to the resident home areas (RHA) will be closed.
- Reassign and cohort staff to stay in one RHA limiting travel between various RHAs whenever possible. Managerial override may be required.
- All group programs and activities will be modified.
- The Resident Services team may be reassigned to Helping Hands assignment cohorting to one assigned RHA only and with a focus for one-on-one activities.
- The leadership team will identify designated space in which staff of each RHA may use for breaks/lunches.
- Staff washrooms will be identified for each RHA.
- Consideration of in-room isolation will occur with ICP on consultation with the Public Health Unit.
- Wandering residents may be cohorted during waking hours in an available common space on each RHA.
- Affected residents may be cohorted in a common space area on their respective RHA.
- Staff contingency plans are put into effect.

Phase 3 - Staffing Crisis

- The Home's administrative and scheduling staff may be required to flex and divide hours, covering days and evenings supporting staff call in needs.
- All recreation activities cancelled, and staff reassigned to Helping Hands support.
- Staff positions such as Social Services Worker and Behavioural Support staff will be reassigned for Helping Hands Support as needed.
- Maintenance team hours may need to be adjusted to support maintenance of infection control procedures and Helping Hands support.
- Housekeeping team routine shifts to essential services only. High touch areas, waste removal, laundry and public washrooms.
- Dietary implements emergency menus simplifying meal plans if needed and will utilize disposable dishes if appropriate or necessary.
- Leadership team will adjust hours of work to support needs.

DETAILED CONTINGENCY PLANNING BY DEPARTMENT

Phase 1 Alert

Nutrition and Food Service	• Heightened awareness, surveillance and reporting of symptomatic residents. • No change in duties. • Limit work to single RHA where possible. • Dietary to disinfect all tables and chairs after each meal. • Hand hygiene performed before and after meals on residents.
Housekeeping	• Heightened awareness, surveillance and reporting of symptomatic residents. • Follow pandemic work routine with only one evening shift, unless determined by management to be two evening shifts due to cases in the area. • High touch cleaning to be done minimally twice per day.
Maintenance	• Heightened awareness, surveillance and reporting of symptomatic residents. • No change to duties or assignments.
PSW	• Heightened awareness, surveillance and reporting of symptomatic residents to RPN/RN.
RPN	• Heightened awareness, surveillance and reporting of symptomatic residents. • Immediately isolate and notify In Charge of any symptomatic residents. • No change to duties or assignment. • Daily surveillance monitoring tracked on electronic records. Review with In Charge each shift.
RN or In Charge RPN	• Heightened awareness, surveillance and reporting of symptomatic residents. • Activate heightened alert utilizing surveillance tool see policy. • List any symptomatic residents or staff. • Document on 24-hour risk report. • Consult with on call manager or IPAC Lead. • Consult with medical director, physician or nurse practitioner.

Resident Services (Recreation, Restorative, Behavioural Support, Hairdressing, Physiotherapy, contracted services and volunteers)	• Heightened awareness, surveillance and reporting of symptomatic residents. • No change in duties or assignments. • Only small groups for programs and cohorting of residents and staff to assigned RHAs. **Volunteers:** Program volunteers will be cancelled by Recreation staff and non-essential community support services in house cancelled by Resident Services Supervisor (RSS). May have trained volunteers who can attend for support to the Home. **Contracted Services:** Communication will be sent to essential contract services by RSS to indicate we are in the alert phase of response and new protocols will be in place based as per Health Unit advisement. Assistive device vendors to provide service outdoors for all essential equipment repairs If possible. PTA and PT will coordinate and communicate with vendors regarding priority repairs. **External Behavioral Supports:** Community partners such as the Mobile Response Team and Geriatric Psychiatry permitted to support priority residents expressing responsive behaviours and will be screened according to directives on entry. Respite workers and/or the ACTT team who take residents off site will not be permitted to leave with a resident at this time. **Tours:** All in-house tours will be cancelled, and potential clients will be advised to refer to the virtual tour on the Counties' website.

Phase 2 - Outbreak

Nutrition and Food Service	• Staffing to be adjusted to work on a single RHA as much as possible. • For residents on isolation, meals will be pre-ordered. • Meal service is in room using thermal once number of cases exceeds threshold.

Housekeeping	• Staff assigned to one RHA as much as possible; focus on high-touch areas. • Focus on high-touch areas in resident rooms and common areas, staff areas minimally twice per day. • LN - regular duties- focus on high-touch areas within routine • Bathroom for staff - use bathroom on the RHA where assigned. • Lunch or eating area **-** as per the assigned RHA.
Maintenance	• Staff to be designated to one RHA as possible. • Only enter RHAs for essential tasks/repairs. • Assist with set-up of dividers as necessary and use of Clorox machine in high traffic areas.
PSW	• Cohorting of staff to one area only Isolation of affected residents. • Follow outbreak checklist and guideline. • Bathroom for staff - use bathroom on the RHA where assigned. • Lunch or eating area **-** as per the assigned RHA.
RPN	• Follow standard outbreak measures. • Complete resident surveillance and update symptom screening and line listing residents. • Chart on each resident on isolation Q shift. • Immediately isolate and notify In Charge of any symptomatic residents. • Bathroom for staff - use the designated bathroom for the RHA where assigned. • Lunch or eating area **-** as per the assigned RHA.
RN or In Charge RPN	• Follow outbreak procedures including fax of Public Health line list daily as required. • Notify MD/NP of cases and consult if need for any prophylaxis. • Check each RHA resident line list Q shift and following Public Health reporting obligations and home outbreak notifications and processes. • Bathroom for staff - use assigned bathroom based on RHA. • Lunch or eating area **-** as per the assigned RHA.

Program/Support Staff (Recreation, Restorative, Behavioural Support, Hairdressing, Physiotherapy, and contracted services)	**Programs -** All recreational programs cancelled by Recreation staff. They are to advise all volunteers that programming is canceled such as pastoral services, museum, music therapy, entertainers and all auxiliary members. **External Behavioural Supports -** Community support partners such as MRT/Geri-Psych are to be consulted virtually, led by the Behavioural Support Worker in conjunction with the RN for support/advise in supporting priority residents with escalated responsive behaviours. **Contracted Services -** Non-essential contracted services will be notified by RSS of outbreak status and not enter the home unless essential. Assistive device vendors are to follow the same process as phase 1-alert. **Hours** will vary based on the needs of the Home such as days, evenings, nights, and weekends. **Bathroom for staff -** use bathroom on the RHA where assigned. **Lunch or eating area -** as per the employees assigned RHA, corresponding break room. <u>Responsibility based on role:</u> **Recreation Staff -** To be on the floor in a Helping Hands role; assisting with portering residents to and from within wing, providing nutrition such as snacks and assistance during meal time, assisting dietary with any tasks where there is a need. Ensure essential services are provided to assist residents based on need. Use of virtual technology to help support connections with families who cannot attend home. **Behavioural Support Worker -** To be in a Helping Hands role with emphasis on assisting with care and nutrition.

Program/Support Staff (Recreation, Restorative, Behavioural Support, Hairdressing, Physiotherapy, and contracted services)	**Rehabilitation:** Essential/urgent weekly assessments only by the Physiotherapist, to be completed on a virtual platform facilitated in house by the PTA. PTA is to perform only essential/ /urgent rehab in house as per the physiotherapist (e.g. hip fracture rehab). PTA is to be in a Helping Hands role and assist with areas of need within the Home. Restorative Aide to also be in a Helping Hands role with emphasis on assisting with care or nutritional needs as this is part of their daily work duties. **Social Services Worker -** To be in a Helping Hands role and specific tasks assigned by Resident Services Supervisor. **Hairdressing -** Services are cancelled but the employee will be required to be working in other capacities. Will transfer to a Helping Hands role.

Phase 3 Staffing Crisis

Nutrition and Food Service	• Simplify menu (consider ordering prepared meals and snack menu, discontinue special snacks disposable dishes). • Roll out emergency menu (consider no soup, one choice alternative a sandwich). Water, milk and juice, put at all table settings. No special drinks unless supplements. Avoid beverage cart at meals. Offer different juice choices at each meal. • Breaks in assigned areas. • Hours may be altered. • If outbreak is on one side only use both tray serving carts to speed up delivery of trays to residents.
Housekeeping	• High touch areas and spills etc. as needed. May not be able to do full room cleans, may just be cleaning as time permits otherwise, spills, high touch, garbage and bathrooms. • Hours altered. See schedules and work routines for this stage. Assist with removal of extra garbage from trays during shift.

Maintenance	• Maintenance hours of work may be altered for better coverage and ability to help out as Helping Hands - portering, transfers, housekeeping disinfection, dust mopping, wet mopping, garbage removal, push linen carts out, assist with putting away linen orders, food orders. • Prioritizing jobs to regular daily checks, safety concerns and prioritizes maintenance care tasks. • Hours of work may change to meet resident needs (i.e., 7:00 a.m. - 3:00 p.m. and 2:00 p.m. -10:00 p.m. o 12:45 p.m. – 2:00 p.m. – maintenance care tasks; staying on assigned RHA. o 2:15 p.m. – 15 minute break o 2:15 p.m. – 3:00 p.m. – Collect soiled laundry, personal and contracted laundry service pick up. Ensure isolation carts are stocked on assigned RHA as well as centre core. **2:00 p.m. – 10:00 p.m. staff** o 2:00 p.m. – 4:00 p.m. - Assist housekeeping staff with disinfection common areas, clean dining room floor on designated RHA, clean tub room floor on dedicated side. Collect soiled laundry, personal laundry and pick up contracted service laundry from RHA. Ensure isolation carts are stocked on assigned RHA as well as centre core. Put away any orders at back door. o 4:00 p.m. – first break o 4:15 p.m. – 5:00 p.m. – Help PSWs transfer and porter residents to dining rooms or assist with delivery of trays. o 5:00 p.m. – 5:45 p.m. – Disinfect all high-touch areas in common areas, halls and bathrooms. o 5:45 p.m. – 6:00 p.m. – Assist with clearing tables and sanitizing tables and chairs on assigned RHA. o 6:00 p.m. – 6:30 p.m. – half-hour break o 6:30 p.m. – 7:30 p.m. – Perform maintenance care tasks on assigned RHA and centre core any incomplete daily tasks. o 7:30 p.m. – 7:45 p.m. – Break o 7:45 p.m. – 10:00 p.m. – Dust mop and mop halls and common cares of the RHAs.

	• Sunrooms, TV rooms, chapel, hair salon - closed and locked after being disinfected/cleaned. Will only open if directed by Administrator or DOC for resident ward-like care for those ill.
PSW	• Follow contingency plan for staffing shortages of PSW. Utilize Helping Hands, modified staff and other department support for things done by others. • No baths or showers; bed baths only during shift that is short and inform oncoming shift of need for tubs/showers. • Bed making left till later in day - change only soiled sheets. • Wheelchairs cleaned, if visibly soiled or post infection only. • Clothing left in resident rooms not brought to tub room. • Bring out all garbage and linens from room at each interaction and place, in black disposal cans/laundry hampers to minimize unnecessary trips into room by all team members. • Mealtimes - Provide trays to all rooms (just inside door) and then enter to assist residents, utilize Helping Hands with delivery of meals and pick up of trays once done. Trays left at doorway inside so can be picked up quickly. • Deliver aprons and adjust tables at doorway.
RPN	• Follow contingency plan.
RN or In Charge RPN	• Follow contingency plan for staffing shortages. • Notify on call Manager/DOC on call if only one Registered staff is in the building on days or evenings.
Program/Support staff (Recreation, Restorative, Behavioural Support, Hairdressing, Physiotherapy, and contracted services)	• See Phase 2.
Administrative Services	• Hours adjusted as required to support staff call ins.

During the period of identified increased transmission rate where staffing levels are at a critical need the following staffing strategy will be utilized:

1) **Vacations** - Vacations will not be approved. Consideration will be given under exceptional circumstances on a case-by-case basis and dependent on supervisor/ manager approval.
    - Vacations approved prior to the initiation of a higher level of the provincial framework may be retracted to ensure adequate operational needs in the Home.
    - Shift assignments and hours of work may be altered to meet resident care and operational needs (i.e., change from eight-hour to twelve-hour shifts).
    - Staff may be reassigned to another department (e.g., Helping Hands or resident aid dependent on skills and abilities).
2) **Staff cohorting** - Staff will be assigned to a single RHA and will not be reassigned to another RHA without IPAC or Manager assessment and approval. Should reassignment be required, the employee will be required to follow full workplace isolation practices.

Code Black – Quick Reference
Bomb Threat/Suspicious Package/Device
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-J-10.00 – Code Black – Bomb Threat/Suspicious Package/Device

PURPOSE AND SCOPE

Should a suspicious package/device be found in the building for which the owner cannot be located and the circumstances around the package are suspicious.

DEFINITION(S)

Telephone threat - a serious criminal offense where someone uses phone calls to intimidate, harass, or frighten others, often through threats of harm, obscene language, or false alarming statements. It is illegal, creates fear and anxiety, can be linked to stalking, and is treated seriously by law enforcement.

Suspicious package/device - any item that seems out of place or unusual and may pose a threat, such as containing explosives or hazardous materials. Warning signs include strange smells or sounds, wires, stains, excessive tape, odd markings, misspellings, lopsided shapes, visible components, or unexpected delivery.

ASSESS/CONFIRM AND ACTIVATE

- Confirm threat and location.
- Notify Nurse in Charge (Incident Manager).
- Call 9-1-1 as soon as threat is received/discovered.
- Call the code (see below).

- Notify Administrator and management team.
- Follow instructions/directions by emergency personnel arriving on scene.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Black + [exact location]". Repeat: "Code Black + [location]"; Repeat "Code Black + [location]"

If deemed necessary,

"Code Green + Stat (if warranted) + [exact location if applicable]"; Repeat: "Code Green + Stat (if warranted) + [location if applicable]"; Repeat "Code Green + Stat (stat if warranted) + [location if applicable]".

ROLES AND RESPONSIBILITIES (SUMMARY)

The Nurse in Charge will assume primary responsibility and will direct the Code ensuring a 9-1-1 call if appropriate.

- The individual receiving a threat or locating a potential threat will:
  - note delivery method or location of suspicious object
  - immediately inform the Nurse in Charge.
- Nurse in Charge (Administrator or designate) will:
  - make available threat information to all areas a call can be received.
  - **immediately call 9-1-1**, all other managers, team members and support services.
  - determine whether to initiate Code Green evacuation procedures, and
  - follow Police Department direction.

COMMUNICATION

- When situation is under control, call "**Code Black – All Clear**" (repeat three times).
- Notify CAO and others as appropriate (i.e., provincial and regulatory authority, health authority).
- Communicate to residents to ensure awareness and person-centred approach to care and services during the emergency.
- Communicate with external parties (i.e., families, volunteers, contractors) to ensure awareness and heath and safety.
- Initiate critical incident report with Ministry of Long-Term Care as applicable.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- A minimum of every three years, a full-scale Code Black drills as practicable.
- As soon as possible, the incident management team will conduct a recovery/debriefing activity.

Code Blue – Quick Reference
Medical Emergency
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-H-10.00 – Code Blue – Medical Emergency

PURPOSE AND SCOPE

Alert team members and prompt an appropriate response in accordance with the home's Code Blue Emergency Plan.

DEFINITION(S)

A life-threatening medical emergency affecting any individual(s) on the home's premises (i.e., cardiac arrest, respiratory issue, choking, etc.).

ASSESS/CONFIRM AND ACTIVATE

- Determine level of care required (e.g., CPR, etc.); initiate resuscitation procedures if warranted. Conduct a Point of Care Assessment (PCRA) to determine whether a Protected Code Blue emergency response is required.
- Shout to nearby team members "Code Blue", repeat "Code Blue".
- Pull applicable call bell
- Phone Charge Nurse; give the exact location (resident home area, floor, room).
- Call the code (see below).
- Call 9-1-1 if applicable; follow dispatcher/emergency personnel staff.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Blue + [location]"; repeat **"Code Blue + [location]"**; repeat **"Code Blue + [location]"**.

ROLES AND RESPONSIBILITIES (SUMMARY)

The Charge Nurse will respond to the site of emergency and direct a team member to call 9-1-1 (Paramedic Service).

- Direct appropriate resuscitation procedures until the arrival of paramedics.
- Direct team member to bring the nearest automated external defibrillator (AED).
- Team member to complete transfer forms (as applicable) for paramedics.

Team members will keep nearby residents and visitors away from the scene and help maintain calm.

COMMUNICATION

- Team member to call and notify Power of Attorney (POA)/Responsible Party/Next of Kin.
- Notify POA/family member of transfer to hospital, if applicable.
- Complete Critical Incident Report if a resident is involved and all other relevant documentation and debriefs.
- Complete an incident report for non-residents.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- Annual full-scale Code Blue drill as practicable.
- As soon as possible, the incident management team will conduct a recovery/debriefing exercise.

Code Brown – Quick Reference
Internal Emergency (Spill, Leak, Hazard)
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EMA-10.80 – Internal Emergency (Spill/Leak/Hazard)

PURPOSE AND SCOPE

An internal emergency (spill, leak, hazard) can include exposure to carbon monoxide, natural gas leak, biological/chemical threat, liquid, bodily fluids, chemical and/or gas spill and hazardous medication spill.

DEFINITION(S)

A **minor** hazardous material spill is defined as a spill of a known substance in a management quantity that does not cause a chemical reaction.

A **major** hazardous materials (hazmat) incident is defined as a spill involving a known substance that cannot be contained or safely cleaned up, or an unknown substance present in a significant quantity that poses an immediate threat to responders and the public. The presence of an active chemical reaction further increases the potential for escalation and elevates the level of risk.

Spill kit - Includes instructions for use, disposable mop, scoop and scraper; a spill pillow capable of absorbing very large volumes of liquid; absorbent spill pads; waste disposal bags; alkaline detergent; water; Accell wipes; nitrile gloves; clearly labelled hazardous waste container.

Medication room spill kit includes written instructions; warning signs to alert team members of the hazard; information on reporting the spill and potential worker exposure; PPE; chemotherapy-tested gown; chemotherapy-tested gloves; eye goggles/ face shield; shoe covers; N95 or respirator mask; Accel wipes; absorbent spill pads; clearly labelled hazardous waste container.

ASSESS/CONFIRM AND ACTIVATE

- Confirm internal emergency and location
- Notify Charge Nurse (Incident Manager)
- Call 911 (Fire Department)
- Call the code (see below)
- Incident Manager will contact the Environmental Services Manager to identify shutdown of gas, turning off equipment, etc.
- Incident Manager will notify the Administrator/Director.
- All team members to follow Incident Manager and/or emergency services personnel upon arrival on site.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"**Code Brown + [category of hazard]**"; repeat "**Code Brown + 'category of hazard]**"; repeat "**Code Brown + [category of hazard]**".

ROLES AND RESPONSIBILITIES – SEE POLICY/PROCEDURE

- In the event of carbon monoxide exposure, immediately call 9-1-1 (Fire Department).
- Nurse in Charge will act as Incident Manager until/unless Administrator, Manager/Supervisor or emergency personnel assume the role.
- Environmental Services Manager assist emergency personnel as requested (e.g., systems location, shut down of equipment, spill kit to contain spill, etc.).
- **Note:** Refer to Workplace Hazardous Management Information System (WHMIS)/Hazardous Medications (LTC) as needed.
- Team members follow directions/assignments as assigned (e.g. relocate residents, provide medical attention to residents)
- All staff to take direction from emergency services personnel.
- Contact external resources as appropriate (i.e., gas company).
- Have environmental company dispose of spill material collected in spill kit if applicable.

COMMUNICATION

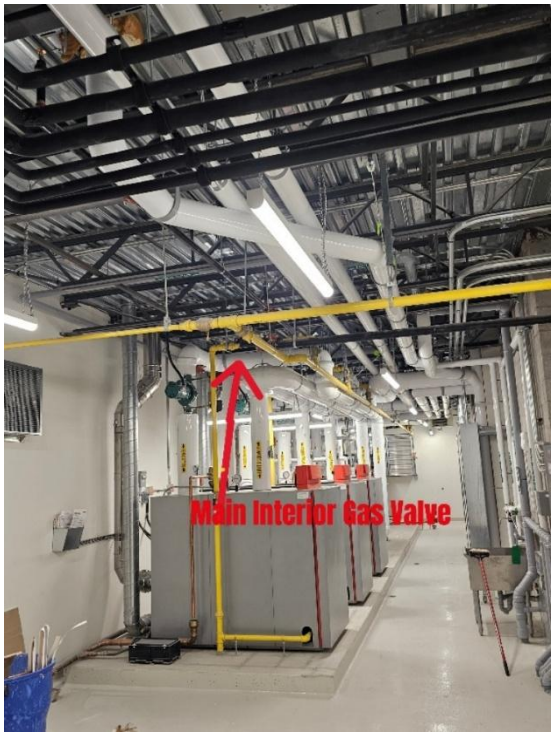
- When situation is under control, call "**Code Brown – All Clear**" (repeat three times).
- Notify CAO and others as appropriate (i.e., provincial and regulatory authority, health authority).
- Communicate to residents to ensure awareness and person-centred approach to care and services during the emergency.
- Communicate with external parties (i.e., families, volunteers, contractors) to ensure awareness and heath and safety.
- Initiate critical incident report with Ministry of Long-Term Care as applicable.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- Minimum every three years, full-scale Code Brown drills as practicable.
- As soon as possible, the incident management team will conduct a recovery/debriefing activity.

GAS VALVE LOCATION – INTERIOR/EXTERIOR

Gas Valve – Interior



Gas Valve - Exterior

Code Green - Quick Reference
Evacuation
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-E-10.00 – Code Green - Evacuation

PURPOSE AND SCOPE

Provide a clear, PAC-approved process for partial or total evacuation when required to protect life safety. This policy applies to all staff, physicians, students, volunteers, contractors, residents, and visitors on site.

DEFINITION(S)

Code Green - Evacuation (non-fire or consequential to fire).

Code Green Stat - Immediate evacuation due to imminent hazard (e.g., explosion, major gas leak)

Emergency Support Services - Fire Department has authority on grounds; Paramedic Service lead triage and transport; Police manage traffic/security.

Immediate Events - Reactive, training-driven response; likely staged evacuation to safe zones then offsite (e.g., gas leak, collapse).

Impending Events - Time to mobilize resources and pre-position transportation (e.g., severe weather).

Nurse in Charge - Incident Manager leads; may be relieved by Manager/Supervisor on call, or Administrator or designate.

Partial Evacuation – Evacuation of a room/home area/floor to a safe area within the Home.

Total Evacuation – Evacuation of the entire Home to external relocation sites.

ASSESS/CONFIRM AND ACTIVATE

- Incident Manager determines whether to evacuate or shelter in place using the decision-making aid in EM-E-10.00(a).
- Incident Manager authorizes a Code Green or Code Green Stat.
- Call the code (see below).
- Call 9-1-1 and request required services.

Key Factors:

- Resident acuity and any subset requiring direct transfer to acute care.
- Structural integrity and ability to protect against the hazard; emergency power sufficiency and duration.
- Supplies on hand if sheltering (e.g., potable water target 6L/resident/day, medications, hygiene).
- Security and staffing availability for both options.
- Transportation availability, road conditions, and timing to mobilize/transfer residents.
- Destination readiness and whether the same hazard affects it (e.g., arena, Joshua Bates Centre, Athens High School).
- Outbreak/IPAC considerations: cohorting, PPE, screening, separate washrooms.

Evacuation Progression

- **Site/horizontal movement** to safe zone beyond smoke/fire doors.
- **Vertical movement** to a lower floor (only if required and safe).
- **Premises evacuation** to exterior staging and then to relocation sites.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Green (Stat if applicable) + [location]"; Repeat **"Code Green (Stat if applicable) + [location]"**; Repeat **"Code Green (Stat if applicable) + [location]".**

ROLES AND RESPONSIBILITIES (SUMMARY)

Incident Manager:
- Assign triage nurse, communications, logistics, liaison, and area leads
- Confirm transportation and destinations
- Authorize stages of evacuation
- Approve "All Clear/Termination"

Nursing (RN/RPN/PSW)
- Remove from danger; tag doors
- Complete head count, resident ID tagging
- Hard-copy chart rack and med cart removal if safe
- Transfer residents

Maintenance/ Environmental Services
- Support triage zone set up
- Systems information
- Traffic control
- Equipment shutdown
- Assist loading and at relocation sites.

Dietary/Housekeeping/Laundry/Recreation/Administration
- As per detailed duties in EM-E-10.00(c)

RELOCATION SITES (per agreements)

Primary	Athens Township	Athens Arena
Alternate	Athens Township	Joshua Bates Centre
Contingency	Upper Canada District School Board	Athens District High School
Other Pre-Approved Sites	Long-Term Care Homes	Lanark Lodge St. Lawrence Lodge Sherwood Park Manor

TRANSPORTATION

- **Paramedic Services** – Red/yellow triage categories as directed.
- **Chartered busses/vans –** White/green categories (arranged by logistics)
- **Loading order –** Ambulatory/assisted, wheelchair, bedridden, then remainder as directed.

COMMUNICATION

- Notify CAO and provincial regulatory authorities as applicable (e.g., Ministry of Long-Term Care, Ontario Health atHome, Public Health Authority).
- Notify families/SDMs, relocation sites.
- Contact MediSystem Pharmacy for replacement meds and MARs; confirm delivery destination.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- At a minimum of every three years, a full-scale Code Green exercise or tabletop, plus integration with monthly Code Red drills.
- Evacuation logs, debrief notes, and corrective actions; update plan within 30 days of an activation.
- Record the rationale, list options considered, confirm availability of transport and destinations, note any IPAC modifications.
- As soon as possible, the incident management team will conduct a recovery/ debriefing exercise.

Code Orange – Quick Reference
External Emergency
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-A-10.00 – External Emergency

PURPOSE AND SCOPE

To ensure the timely notification and coordinated response of team members, residents, and visitors in the event of an external or environmental emergency (i.e., external disasters, utility failures, air quality or air exclusion events, severe weather conditions, including watches and warnings), wildfire risk, or when the Home is designated or requested to provide shelter for an external group.

DEFINITION(S)

An urgent and unforeseen incident originating outside the Home. While the incident does not originate within the facility, it may disrupt normal operations.

ASSESS/CONFIRM AND ACTIVATE

- Advise Director or designate and contact the management team.
- Conduct/initiate staff fan out/call back as applicable.
- Assign staff accordingly depending on emergency (i.e., close windows and doors, evacuate residents, meet evacuated residents upon arrival, etc.)

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Orange – (state the external emergency) [or] Emergency Reception"; Repeat
"Code Orange – (state the external emergency) [or] Emergency Reception"; Repeat
"Code Orange – (state the external emergency) [or] Emergency Reception".

ROLES AND RESPONSIBILITIES

Any person who becomes aware of external emergency will immediately inform the Charge Nurse (Incident Manager) who will contact the Manager on call who will contact the Administrator and rest of management team.

Charge Nurse (Incident Manager) will:

- Tune into local radio station/television station/internet for updates on emergency.
- Determine if/how emergency may affect the residents/Home, and plan/act accordingly (i.e., close/seal windows/doors, turn off HVAC system/fans/monitor air quality, prepare evacuation centre).
- Call the code (see below). Initiate Code Green evacuation procedures if required.
- Direct Maintenance to verify generator (as applicable) is adequately fueled and in good working order.
- If necessary, determine location of the emergency reception within Home; set up accordingly.
- Alert residents, team members and visitors of the situation. Ensure everyone is accounted for.
- Monitor and treat residents for any issues arising from the emergency. Ensure people with chronic health conditions (i.e., asthma) have prescribed medications available.
- Ensure medical supplies are readily accessible.
- Upon receiving "all clear", initiate repatriation activities (i.e., ensure proper documentation, gather personal belongings, etc.).

Team members will:

- Follow directions/instruction from the Incident Manager and emergency support services.
- Assist residents, team members and visitors in remaining calm.

Maintenance Team will:

- Follow directions from the Incident Manger and emergency support personnel.
- Shut down/de-energize utilities as necessary.

COMMUNICATION

- Notify the Chief Administrative Officer and others as appropriate.
- Call upon external resources as appropriate for collaboration and support (i.e., Public Health Unit, Ministry of Long-Term Care).
- Communication to be provided to residents to ensure awareness and a person-centered approach to care and services during such emergency.
- Communicate to families/SDMs, volunteers, and contractors to advise of situation.
- Communicate/educate team members about assessment and care of residents who may be impacted by external emergency.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- Initiate a critical incident report with the Ministry of Long-Term Care as applicable.
- Complete an emergency reception registration log, if applicable.
- As soon as possible, the incident management team will conduct a recovery/ debriefing exercise.

Code Red – Quick Reference
Fire
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six neighbourhoods

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-D-10.00 – Code Red - Fire

PURPOSE AND SCOPE

To outline the procedures and responsibilities for preventing, responding to, and managing fire-related emergencies in order to protect residents, staff, visitors, and property.

DEFINITION(S)

An emergency involving smoke, fire, or extreme heat that poses an immediate threat to life or property and requires a rapid, specialized response due to the heightened vulnerability of residents.

ASSESS/CONFIRM AND ACTIVATE

- Confirm threat and exact location (i.e., smoke, fire)
- Notify Nurse in Charge (Incident Manager)
- Call 9-1-1 are request emergency services (Fire Department)
- Call code (see below)
- Call Administrator who will call management team.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Red + [location]"; Repeat **"Code Red + [location]"**; Repeat **"Code Red + [location]".**

ROLES AND RESPONSIBILITIES

The Charge Nurse (Incident Manager) will:

- **R.A.C.E./R.E.A.C.T.**
  - Rescue/remove those in immediate danger.
  - Activate alarm (pull station) and announce Code Red three times with exact location.
  - Contain by closing doors.
  - Extinguish if small and safe **OR** evacuate horizontally to the adjacent compartment.
- Conduct head count, report anyone missing; monitor residents.
- Advise all staff to **not use the elevators**.

All team members will follow directions/instructions issued by emergency personnel.

COMMUNICATION

- Notify CAO and provincial regulatory authorities as applicable (e.g., Ministry of Long-Term Care, Ontario Health atHome, Public Health Authority).
- Notify families/SDMs, relocation sites.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- Annually, a full-scale Code Red exercise or tabletop, plus integration with monthly Code Green drills if applicable.
- As soon as possible, the incident management team will conduct a recovery/ debriefing exercise.

Code Silver – Quick Reference
Armed Person, Active Shooter, Hostage Taking
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-H-10.00 – Code Silver – Armed Person, Active Shooter, Hostage Taking

PURPOSE AND SCOPE

To establish a coordinated response to incidents involving an armed intruder, active shooter, or hostage-taking situation in order to minimize risk and protect life.

DEFINITION(S)

Armed person - someone carrying a weapon, such as a gun or knife, who may pose a safety risk. In security situations, their presence can threaten others and may require actions like running, hiding, or fighting as a last resort.

Active shooter - someone actively attempting to harm or kill people in a populated area, usually with a firearm. These incidents are fast-moving, unpredictable, and require immediate action to stop the threat and save lives.

Hostage taking - the illegal detention of a person to force a third party to meet demands, often through threats of harm. It is a serious crime under international law.

ASSESS/CONFIRM AND ACTIVATE

Note: Code Silver will not result in other team members coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as Code

Silver is called. When a Code Silver is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedure set out below.

Any person who becomes aware of an intrusion by an armed person, an active shooter, or a hostage taking incident will:

- Call 9-1-1 as soon as possible. Be prepared to provide location address, name, contact information, and any other relevant information.
- Announce/communicate Code Silver and location.
- Notify the Nurse in Charge (Incident Manager), Director or designate as soon as possible.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Silver + [exact location]"; Repeat **"Code Silver + [exact location]"**; Repeat **"Code Silver + [exact location]"**

MANAGE

- Close doors; move residents most at risk first.
- Bring accountability sheet; report anyone unaccounted for to the Incident Manager.

ROLES AND RESPONSIBILITIES

Whoever discovers the treat, call Charge Nurse, Administrator or designate as soon as possible; tell them to initiate Code Silver; give as much information as possible; remain on line if able and follow instructions.

The Charge Nurse (Incident Manager) will:

- Immediately call 9-1-1 and request required services.
- Call the code (see below).
- Initiate building lockdown procedures.
- If able, ensure victims receive medical treatment without putting anyone else in danger.
- Not attempt to engage the assailant(s). This includes verbal and physical attempts to de-escalate the situation.
- If possible, assist others to leave the area and redirect those trying to enter.
- Evacuate if able and safe to proceed; if unable hide in place until Code is called.

- Take direction from emergency services personnel upon their arrival.
- Once the lockdown of the area is complete, and only if safe to do, perform a headcount.

Team members will:

- **Note:** The incident will not result in other team members coming to assist; it is designed to keep people away from harm.
- Advise residents, visitors, and others to hide; ask them to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media.
- Make every reasonable effort to protect themselves, residents, visitors, and others.
- Not attempt to engage the assailant(s). This includes verbal and physical attempts to de-escalate the situation.
- If possible, assist others to leave the area and redirect those trying to enter.
- Evacuate if able and safe to proceed; if unable hide in place until Code is called.
- Take direction from emergency services personnel upon their arrival.

COMMUNICATION

- Notify CAO and provincial regulatory authorities as applicable (e.g., Ministry of Long-Term Care, Ontario Health atHome, Public Health Authority).
- When able, notify families/SDMs to advise of situation.
- Communicate with next of kin as warranted.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- Conduct annually a full-scale Code Silver exercise or tabletop.
- As soon as possible, the incident management team will conduct a recovery/ debriefing exercise.

Code White – Quick Reference
Physical Threat/Violent Outburst/Protest/Disturbance
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six neighbourhoods

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-F-10.00 – Code White – Physical Threat/Violent Outburst/Protest/ Disturbance

PURPOSE AND SCOPE

To maintain a safe, respectful, and violence-free environment by guiding an appropriate response to actual or threatened acts of physical force. This applies to all residents, team members, visitors, and volunteers and outlines the actions required to protect individuals in the immediate area.

DEFINITION(S)

Disturbance – A breach of peace, a commotion, or an interruption that disrupts the normal, calm state of the Home.

Physical Threat – An action, statement, or behaviour that causes a reasonable person to fear for their safety or the safety of others, suggesting imminent harm, including verbal threats of harm.

Protest – An act aimed at expression dissent, disapproval, or objection regarding specific ideas, or actions.

Violent Outburst – A sudden, intense and often uncontrollable explosion of anger or emotion, frequently involving physical aggression toward people, self or property. Often a rapid escalation from frustration or anger.

ASSESS/CONFIRM AND ACTIVATE

- Call 9-1-1 when there is a real or perceived threat of immediate risk/danger, a weapon is involved or a person has been taken hostage.
- Do **not** confront the individual unless safe to do so.
- Call the code (see below).
- Remove residents from location if safe to do so.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code White + [location]"; Repeat **"Code White + [location]"**; Repeat **"Code White + [location]".**

ROLES AND RESPONSIBILITIES

The individual discovering the threat will immediately call the Nurse in Charge (Incident Manager).

Nurse in Charge will:

- Contact Administrator who will contact management team.
- Assess the situation, organize, direct, and determine plan of action.
- Determine number of team members required to support and assign accordingly.
- Restrict visitors.

Team members will:

- Secure entrances as directed by the Incident Manager.
- If safe to do so, try to de-escalate the situation; remain calm.
- If safe to do so, isolate the person away from other residents or ask the person to leave the premises.
- If situation escalates, seek immediate assistance – activate call bell or fire alarm.
- If the person has a weapon, remove self and others.
- Following incident, regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved.

The Administrator or delegate will:

- Consider the physical and mental health needs of all affected individuals and ensure supports are provided as required using existing and additional identified programs.

COMMUNICATION

- Notify CAO and provincial regulatory authorities as applicable (e.g., Ministry of Long-Term Care, Ontario Health atHome, Public Health Authority).
- Notify families/SDMs, relocation sites.
- Complete incident report, file appropriate reports to provincial regulatory authority, support services office, etc.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- At a minimum of every three years, a full-scale Code White exercise or tabletop.
- As soon as possible, the incident management team will conduct a recovery/ debriefing exercise.

Code Yellow – Quick Reference
Missing Resident
G. Tackaberry and Family Home

Post at care team stations, reception, and on each floor.

Organization: United Counties of Leeds and Grenville – G. Tackaberry and Family Home

Setting: Long-term care home, Athens, Ontario | Capacity: 192 beds | Six resident home areas

Applies to: All staff, physicians, students, volunteers, contractors, residents, and visitors

Policy: EM-G-10.00 – Code Yellow – Missing Resident

PURPOSE AND SCOPE

To provide a structured and timely response to the unexplained absence of a resident in order to ensure their safety and prompt recovery.

DEFINITION(S)

Missing Resident - Any resident who is unaccounted for, not in their assigned area, and whose whereabouts are unknown.

ASSESS/CONFIRM AND ACTIVATE

Team member who realizes resident is missing will immediately notify the Nurse in Charge.

The Nurse in Charge (Incident Manager) will:

- Confirm last seen time/place.
- Call code (see below).
- If high risk or not found within 10-15 minutes, call 9-1-1 (Police). Prepare photo/ description of resident.
- Monitor CCTV, Wander Guard, check door logs.

ANNOUNCE/OVERHEAD PAGING SCRIPT

"Code Yellow – Missing Resident"; Repeat **"Code Yellow – Missing Resident"**; Repeat **"Code Yellow – Missing Resident".**

ROLES AND RESPONSIBILITIES

The Nurse in Charge (Incident Manager) on the home area will:

- Direct team members to thoroughly search their home area, check the sign out book, and check for resident with the Recreation team and uninsured service providers.

The Director or designate will assume the role Incident Manager and will:

- Ensure completion of the Missing Resident Search Checklist.
- Coordinate the search for the missing resident; assign search areas (floor plan/map)
- Document the initiation and progression of the search procedures.
- Notify the family of the missing resident.
- When resident is found, notify Police, family, and staff.
- Have resident assessed.

All Team Members will:

- Search for the resident as directed by the Incident Manager.
- Check off completed rooms and areas on floor plan/map; submit completed map to the Incident Manager.

COMMUNICATION

- Notify CAO and provincial regulatory authorities as applicable (e.g., Ministry of Long-Term Care, Ontario Health atHome, Public Health Authority).
- Inform the Vice-President of Regional Operations/Regional Director of Operations or Executive Vice-President, Operations of the missing resident search and recovery status throughout the search.
- Notify family.

TRAINING, DRILLS AND RECORDS/DEBRIEF

- Conduct an annual, full-scale Code Yellow exercise or tabletop.
- Complete Incident Report and Search Log.
- As soon as possible, the incident management team will conduct a recovery/ debriefing exercise.