



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

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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 requirements 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.

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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

Emergency Plan – G. Tackaberry and Family Home

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 be the responsibility of the Manager of Environmental Services. All records and minutes of testing completed will be the responsibility of the Administrative Services team.

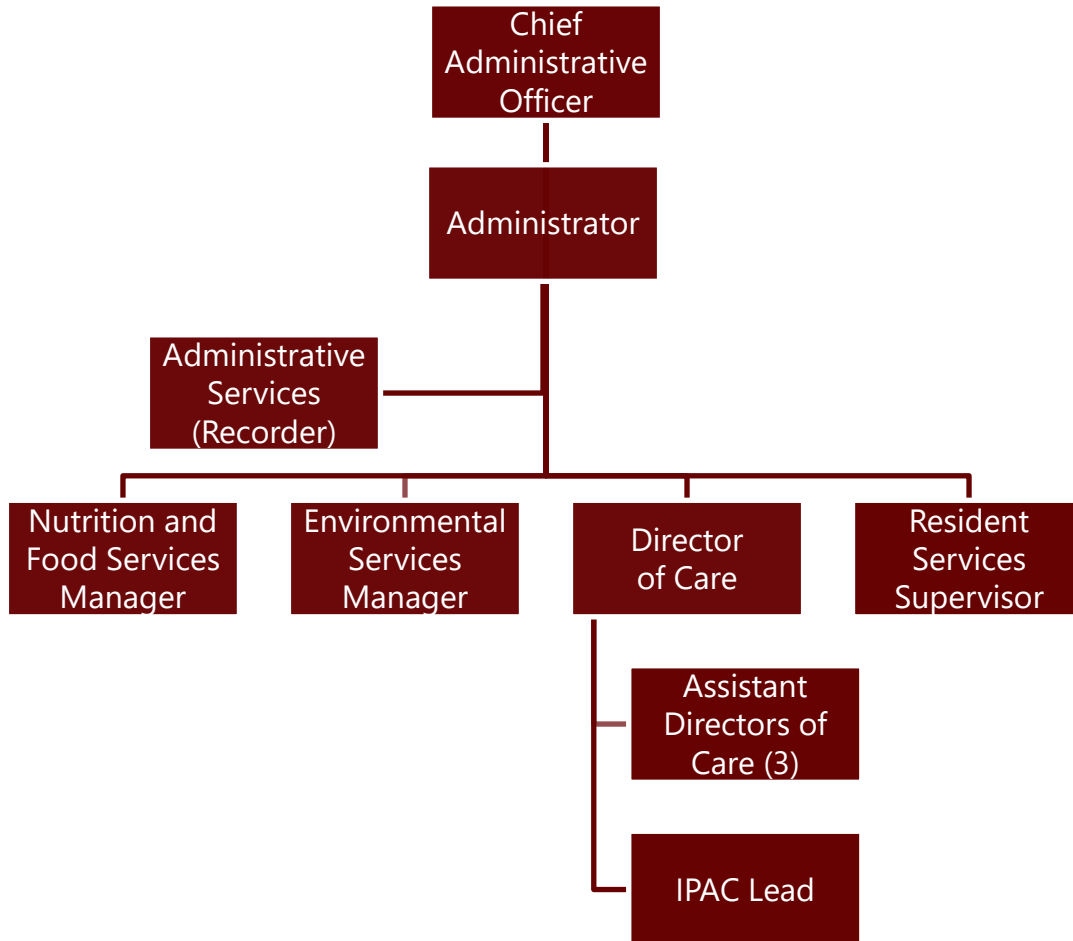
It is important that during testing, drill or an exercise, that challenges and difficulties are identified, recorded and details of corrective action are documented and actioned. The Administrative Services team will ensure that the annual attestation for emergency preparedness for the Home is completed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



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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 Risk 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)

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- 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

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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.

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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.

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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

Emergency Plan – G. Tackaberry and Family Home

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 7 – Designated Evacuation Sites and Procedures