



2025

Services for Seniors Long-Term Care Homes' Emergency Response Plan

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Amendment Procedure

Services for Seniors may bring forward revisions to the plan to Halton Emergency Management at any time to reflect enhancements to Regional capabilities or processes. The Services for Seniors Division and Social and Community Services Departmental Management Team are responsible for any revisions to this document. All revisions and approvals will be in alignment with the amendment schedule procedure outlined in the Halton Region Emergency Management Program Framework. This is a living document subject to review on a minimum 2 year cycle or at the direction of Services for Seniors.

Number	Effective Date	Version	Amended by	Approval	Nature of Amendments
1	August 2024	1	Halton Emergency Management		Initial Draft
2	August 2025				Annual Review

Testing and Compliance

An exercise will be conducted on a regular basis to test the overall effectiveness of this incident response support plan to identify any gaps in technological systems, policies, operations and assigned stakeholders. This plan will be exercised in alignment with the principles set out in the Halton Region Emergency Preparedness Framework, Training and Exercise section, as well as according to relevant regulatory obligations, where applicable.

Emergency Contact Information

Halton 311

HaltonCEMC@halton.ca

Halton Region Contact

Emergency Management Coordinator

905-825-6000

HaltonCEMC@halton.ca

1 Introduction

1.1 Purpose

The purpose of the Services for Seniors Emergency Response Plan is to outline the framework for the safe and efficient response to Long Term Care (LTC) home emergencies to include the following:

- Providing guidelines for assessing the level of emergency response required based on the nature, scope and duration of an emergency;
- Ensuring adequate care and services are provided to residents during and immediately after an emergency utilizing the personnel and resources of the Regional Municipality of Halton, First Responders (fire/police/paramedics), Local Municipalities and other Long-Term Care organizations;
- Providing guidance in the event that a Regional Long Term Care home becomes a receiving site due to an emergency affecting a Long-Term Care home(s) in or around the Regional Municipality of Halton;
- Ensuring this Plan or parts thereof align with/is supported by other related Regional Plans.

1.2 Scope

This Plan outlines Services for Seniors response to an emergency incident. In the event that an emergency incident directly impacts one of the following services, Services for Seniors may be required to act as the lead:

- Incident at a regionally owned Long Term Care Home; •
Incident involving the Long-Term Care production kitchen.

1.3 Objectives

In alignment with the Response Principles and Processes outlined in the Halton Region Emergency Response Plan, any Services for Seniors response will prioritize response actions that mitigate the impacts to public safety and wellbeing, as well as Halton Region's ability to continue to deliver critical services while limiting damages and reducing recovery times and costs.

1.4 Assumptions

The following assumptions can be made as it relates to notifications and the activation of the Services for Seniors Emergency Response Plan:

- A Regional emergency may exist that does not require Services for Seniors resources;
- An incident may occur that requires Services for Seniors resource mobilization but does not require the activation of the Halton Region Emergency Response Plan;
- Business Continuity Plans (BCPs) will be activated to the greatest extent possible to ensure continued service provision during or immediately after an emergency;
- First Responders (Fire, Police and Paramedic Services) that provide support to this Plan have their own emergency operating procedures;
- The stated authorities and roles and responsibilities in this document conferred on the Commissioner, Social and Community Services apply to any staff acting in the role as an alternate or delegate;
- Staff could themselves be victims of the same emergency, which may reduce staff ability to assist in a response;
- Every reasonable effort will be made to adhere to collective agreements during an emergency;
- Partners identified herein will be informed of their respective roles and responsibilities as outlined in Memoranda of Understanding and Service Agreements with the Region's external response partners;
- If Regional personnel from other Departments are needed to support a response, Halton Region Human Resources will coordinate deployments;

- Emergency response organizations from outside of Halton Region may send available resources in response to an emergency if requested;
- The Services for Seniors Emergency Response Plan can be activated without the activation of the Social and Community Services Departmental Operations Centre.
- In addition to the stated legislation in section 4.11 “Legislative Authority,” this plan is in accordance with the Emergency Management and Civil Protection Act and Ontario Regulation 380/04.

2 Implementation

This section is intended to serve as a guide for the activation and implementation of the Services for Seniors Emergency Response Plan.

2.1 Activation

The Services for Seniors Emergency Response Plan is in an activation level of Enhanced Monitoring anytime an assessment is occurring. Members of the Regional Emergency Control Group may not need to be engaged at an activation level of Enhanced Monitoring. The authority to escalate the Services for Seniors Emergency Response Plan to the level of Partial Activation or above lies with the Director of Services for Seniors. At the level of Partial Activation or above members of the Regional Emergency Control Group will be engaged.

When this plan reaches an activation level of Enhanced Monitoring the Halton Region Emergency Response Plan will be at a level of Enhanced Monitoring.

2.2 Notification

2.2.1 Incident Reporting

Services for Seniors staff must inform their immediate Supervisor upon discovery of an emergency or potential disruption. This notification may or may not require the activation of the Services for Seniors Emergency Response Plan.

When an emergency occurs depending on the location, nature, scope and duration of the emergency, additional human resources and supplies may be required at the affected Long Term Care home or at another location to continue to meet resident care/service requirements. Leadership will activate Fan-Out lists when it is necessary to call in additional staff to support an emergency response.

Confidential contact lists are maintained and updated at each Long-Term Care home and also included in the Manager-on-Call binder for after-hours.

2.2.2 Assessment Notification

Upon notification of a potential emergency, appropriate Services for Senior’s staff will conduct an assessment to determine if an incident requires additional incident support and determine if there any other impacts to Regional assets, operations or services from the provision of Long-Term Care. The focus of an assessment is to determine the response required to mitigate any potential or actual impacts, available remediation options and the need to activate an emergency response plan.

Services for Seniors staff may conclude that no further action is necessary or that there is a need for a larger and/or sustained response to address the impacts. Services for Seniors staff will investigate the reported situation to evaluate the impact and risk of escalation. If warranted, the Director of Services for Seniors notifies the Commissioner, Social and Community Services about the situation.

Emergency Management staff will notify department Commissioners of an identified event and request information on how they will manage, mitigate, respond or recover operations. The information is summarized into a report for Regional Senior Management to include the following:

- The risks that the Division faces arising from the emergency event;
- The steps the Division is taking in order to prepare for the event;
- Any other relevant update or significant information.

Once the report is completed, Divisional Directors will determine if there is a need to activate emergency procedures, Business Continuity Plans, recovery procedures, etc.

2.2.3 Halton Issues

If Services for Seniors Emergency Response Plan is elevated beyond Enhanced Monitoring, a Halton Issues response notification email is sent by Halton Emergency Management or Services for Seniors staff.

Halton Issues is a one-way email communication method to notify senior management within the Region about an incident with impacts to Regional assets, operations, or services and/or requires departmental action. Services for Seniors staff are to contact HaltonCEMC@halton.ca to send a Halton Issues notification.

Additional staff may also be notified that they are required to support the response.

2.3 Emergency Activation Levels

In alignment with the Halton Region Emergency Program and Plan there are four levels of activation for this emergency response support plan: **Routine Monitoring, Enhanced Monitoring, Partial Activation, and Full Activation**. This is a scalable process that allows for operational flexibility and coordinated plan activation across the Region.

Enhanced monitoring notification will occur to alert Services for Seniors Emergency Response Teams/key staff of a developing event that may lead to activation of the Emergency Response Team to support an emergency response.

Partial activation notification will be initiated when select members of an Emergency Response Team /key staff at one location or all who are required to support an emergency response.

Full activation notification will be initiated when an emergency requires the full response of the Emergency Response Teams/key staff in one or more than one of the Long Term Care homes.

The most senior person managing the emergency and/or on the direction of the First Responder Site Incident Commander (Fire, Police or Paramedic Services) will deactivate the emergency response once the emergency is over.

If the emergency happens after-hours, the Services for Seniors Manager-on-Call will direct the Chief Warden to deactivate a level one emergency when the emergency response did not include First Responder Site Incident Commander. Manager-on-Call responsibilities are shared amongst the Long-Term Care home leadership with position titles of Administrator or Manager.

2.3.1 Enhanced Monitoring (Formerly Level 1 Emergency)

An Enhanced Monitoring (Formerly Level 1 Emergency) is an emergency that can be responded to/rectified with minimal disruption to day-to-day business by using internal resources of the Long-Term Care home and/or First Responders.

In response to an Enhanced Monitoring (Formerly Level 1 Emergency) the most senior leadership on site at the time of the emergency is responsible for ensuring staff are following correct emergency procedures and ensuring that all staff, residents, and visitors health and safety is being maintained at all times. Specific on-site Long Term Care home staff based on the shift the emergency occurs on will manage the emergency. When a Level 1 emergency occurs after-hours, the Manager-on-Call must be notified and will provide direction as required. (See *Table 1: Level 1 Emergency Response Management Leads* for more details)

Table 1: Enhanced Monitoring (Formerly Level 1 Emergency) Response Management Leads

Shift	Long Term Care Home Leadership	First Responder
Monday to Friday Shift - 0700- 1500hrs	<ul style="list-style-type: none"> • Chief Warden (Nurse in Charge), Communication Warden and Area Wardens • Administrator (Site Commander) • Senior Nursing Managers • Managers of Resident Care 	On Scene Incident Commander (Fire/Police/Paramedic Services)
Monday to Friday Shift - 1500-2300hrs Night Shifts - 2300-0700hrs Weekends / Statutory Holidays	<ul style="list-style-type: none"> • Chief Warden, Communication Warden and Area Wardens • Administrator (Site Commander) • Senior Nursing Managers • Managers of Resident Care Manager- on-Call 	On Scene Incident Commander

2.3.2 Enhanced Monitoring (Formerly Level 1 Emergency) Activation

The staff member that first becomes aware of an emergency will activate the appropriate emergency response procedures to alert other staff. Designated staff will communicate and manage the emergency as appropriate.

Upon hearing or being notified of an emergency via paging of an Emergency Code:

2.3.2.1 All staff on shift will report to their assigned work area if safe to do so and follow the appropriate procedures to ensure staff, resident and visitor safety.

2.3.2.1.1 Unscheduled staff in the building at the time of the emergency; must report to the Staff Pool Area and await instructions.

2.3.2.2 The Manager of Resident Care (if on shift) will assume responsibility for the overall care and safety of residents.

2.3.2.2.1 Liaise with Senior Nursing Manager regarding resident and staff related issues as they arise.

2.3.2.2.2 Work with the pharmacy provider to ensure replacement and delivery of resident medications as required.

If a Level 1 Emergency escalates disrupting day-to-day business and cannot be responded to without using external resources, the Chief Warden in consultation with the most senior Long Term Care home leadership member and the First Responder on Scene Incident Commander (if present) will activate a Partial Activation (Formerly Level 2 Emergency) response.

- After hours, the Chief Warden will contact the Manager-on-Call to inform them of the need for an escalation to a Partial Activation (Level 2 Emergency);
 - The Manager-on-Call will contact and inform the Long-Term Care home Administrator of the need for an escalation to a Level 2 Emergency;
 - The Administrator will contact and activate the home's/program's Emergency Response Team (Emergency Response Team) including the Director of Services for Seniors to assemble in a designated area to assess and determine further emergency response activities.

Note: The administrative boardroom is the designated area for the Emergency Response Team to assemble first. Most senior Emergency Response Team management staff on site will choose an alternate location.

2.3.3 Partial Activation (Formerly Level 2 Emergency)

A Partial Activation (Level 2 Emergency) applies when an emergency cannot be managed/rectified without significant disruption to day-to-day business and requires external resources to assist during and after the emergency is over. This includes receiving evacuees from another Long Term Care home.

External resources may include, but is not limited to, other Regional divisions/departments, the Ministry of Long-Term Care, Local Municipality and First Responders (Police/Fire/Paramedics).

This level of emergency may require:

2.3.3.1 **Sheltering-in-place** if safe to do so and activating BCPs as required.

2.3.3.2 **Relocating** to a safe area within the Long-Term Care home and activating BCPs as required.

2.3.3.3 **Partial or whole home evacuation** depending on the effects of the emergency.

2.3.3.4 **Receiving** evacuees from another facility (Code Orange) to safely provide care and services.

2.3.3.5 **Activation** of specific Business Continuity Plans (BCPs) to continue to provide critical care and services to Long Term Care home residents.

2.3.4 Partial Activation (Level 2 Emergency) Activation

If a Level 1 Emergency escalates to a Level 2 Emergency, the Long-Term Care homes' Emergency Response Team (Emergency Response Team) will assemble to assess and determine next steps in the emergency response. Some of the Emergency Response Team members may not be on site at the time of the emergency but will either be called in or an alternate will be assigned by the next highest level of Services for Seniors leadership.

Until the Site Commander arrives, the Chief Warden, Communication Warden and Area Wardens will lead in emergency response procedures for the protection of all staff, residents and visitors.

Table 2: Activation Levels

Severity Level	Function Impact	Information Impact	Recoverability	Corresponding Escalation and EMP Required Actions
1	<p>ROUTINE MONITORING</p> <p>No Impact to Organization or Public</p>		Regular	Routine Monitoring
2	<p>ENHANCED MONITORING (Formerly Level 1 Emergency)</p> <p>Minimal Impact to Public and/or Public Services</p> <p>Minimal Impact to Organization Services</p>		<p>Regular</p> <p>Predictable</p>	<p>Enhanced Monitoring</p> <ul style="list-style-type: none"> • Services for Seniors to conduct assessment and determine if there is an incident
3	<p>PARTIAL ACTIVATION (Formerly Level 2 Emergency)</p> <p>Moderate Impact to Public and/or Public Services</p> <p>Moderate Impact to Organization Services</p>		<p>Moderate</p> <p>Extended/</p>	<ul style="list-style-type: none"> • Partial RECG and Communications Engaged • Engage Regional CAO • Engage CEMC

4	<p>FULL ACTIVATION</p> <p>Significant Impact to Public and/or Public Services</p> <p>Significant Impact to Organization Services:</p>	Unpredictable	<ul style="list-style-type: none"> • RECG and Communications Engaged • Engage Regional CAO • Engage CEMC
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Emergency Evacuation notification will be initiated as per section 4.4.3. This will include notifying the Ministry of Long-Term Care (Director, Ministry Branches), the Placement Coordinator and the Service Area Office (SOA) to assist in taking actions within their authority. (See *Attachment 1: MOLTC Guide on Policy, Process, and Procedures during Emergency Evacuations*)

2.4 Deactivation

The Commissioner of Social and Community Services may deactivate the Services for Seniors Emergency Response Plan if the event is managed at the 'Enhanced Monitoring' Level of Activation. The Commissioner of Social and Community Services in consultation with the Chief Administrative Officer may deactivate the Services for Seniors Emergency Response Plan when the 'Partial Activation' or 'Full Activation' Levels of Activation have been reached.

2.4.1 Enhanced Monitoring (Level 1 Emergency) Deactivation

If an emergency can be managed/rectified and normal, day-to-day business can resume with minimal interruptions; once the emergency is over an "All Clear" will be announced and staff can resume their normal work routines prior to the emergency.

Once the emergency is over, the Administrator, Senior Nursing Manager or Chief Warden will lead a debrief and take notes to identify what worked well, what didn't work well, and recommendations for improvement will be noted. Notes are to be reviewed and, where necessary, applicable procedures or training is to be updated to reflect recommendations for improvement.

Notifications and reports are to be provided to appropriate authorities as applicable and will be completed by the Emergency Response Team within legislated timelines.

2.4.2 Partial Activation (Level 2 Emergency) Deactivation

Once the emergency is over and day-to-day business can resume and/or Business Continuity Plans can be implemented during recovery activities, the Level 2 Emergency can be deactivated as per specific emergency deactivation procedures. The On-Scene Incident Commander if present or the Long-Term Care home leadership Administrator (Site Commander), Senior Nursing Manager, and Services for Seniors Director (Division Incident Commander) will authorize deactivation.

As part of the deactivation process, a closing Operations Cycle meeting to close out of the last Incident Action

Plan will be conducted before full recovery efforts can commence. (For more details, see *section 4.1 Recovery Planning and Implementation*)

3 Roles and Responsibilities

This section outlines the roles and responsibilities of Regional Staff and External response partners for a potential or actual Services for Seniors incident.

3.1 Collective Leadership Responsibilities

- Implement / carry out appropriate emergency response procedures;
- Determine priorities and actions that need to be taken immediately;
- Actively participate in the affected Long-Term Care home's Emergency Response Team as assigned;
- Determine the nature of the emergency and potential impact to the Long-Term Care home(s);
- Implement BCPs to meet the critical care needs of residents;
- Ensure health and safety of all staff, residents, and visitors on site;
- Direct staff to assist as needed and feasible to maintain resident and visitor safety;
- Identify short- and long-term objectives for response and recovery activities;
- Coordinate and direct resources and ensure all actions taken to support the response to, and recovery from, the emergency are conducted and documented;
- Track staff time and expenditures in established cost centres;
- Attend operations cycle meetings and set objectives for the next operational period;
- Maintain a personal log of decisions made and actions taken for review and to assist in completing an After Action Report and Improvement Plan;
- If for any reason any leadership staff are unable to fulfil their role an alternate will be assigned by the next level of leadership and will be granted full authority to act in the assigned role at any time this Plan is activated depending on the nature and scope of the emergency;
- Perform other duties as required.

3.2 Individual Responsibilities

In the event an incident requires the activation of the Regional Emergency Control Group the following are responsible for responding to a Level 2 (Partial Activation) or higher incident:

3.2.1 Commissioner of Social and Community Services

If the Commissioner is unable to fulfil their duties, a Director from the Social and Community Services Department will act as the Commissioner.

As the head of the Social and Community Services Department the Commissioner is responsible for ensuring all notifications, procedures, communications, and reporting processes are implemented to ensure the CAO and other key Regional stakeholders are aware and where required ready to deploy appropriate resources to assist the Long Term Care home(s) in maintaining the health and safety of staff and residents.

3.2.2 Director, Division Incident Commander

If the Services for Seniors Director or an Administrator is unable to fulfil the duties of Division Incident Commander, the Commissioner, Social and Community Services will act as the Division's Incident Commander.

The Division Incident Commander is responsible for ensuring the implementation of all notifications, procedures, communications, and reporting processes to respond to the emergency and protect the health and safety of all staff, residents and visitors.

3.2.3 Administrator Long Term Care Home Site Commander

If an Administrator is unable to fulfil the Site Commander, role an alternate will be assigned when necessary and subject to the requirements of the emergency, the Division Incident Commander will appoint a Senior Nursing Manager to perform the duties of a Site Commander as necessary. (See *Table 3: Alternate Site Commanders* for more information)

Table 3: Alternate Site Commanders

Administrator	1 st Alternate	2 nd Alternate	3 rd Alternate
Allendale	CWV Administrator	PIV Administrator	ALD Senior Nursing Manager
Creek Way Village	PIV Administrator	ALD Administrator	CWV Senior Nursing Manager
Post Inn Village	CWV Administrator	ALD Administrator	PIV Senior Nursing Manager

The affected Long-Term Care home Site Commander leads the Emergency Response Team and is responsible for ensuring all appropriate emergency response, business continuity and recovery activities are implemented as per Long Term Care home procedures and legislative requirements.

The Administrator at the affected Long Term Care home will assign alternates for the following should there be absences at the time of the emergency:

- Nutrition Services Supervisor;
- Housekeeping and Laundry Supervisor;
- Nutrition Services Supervisor for Production Kitchen (Allendale only) in the absence of the Manager of Shared Services;
- Work with contracted service leadership to choose appropriate supervisory alternate(s).

Administrators of unaffected homes may be required to act as the Division Incident Commander.

3.2.4 Senior Nursing Manager

If a Senior Nursing Manager is unable to fulfil their role as an alternate Senior Nursing Manager will be assigned from an unaffected Long Term Care home. If there is no Senior Nursing Manager available, the affected Long Term Care home the Manager of Resident Care from the affected Long Term Care home will act as the Senior Nursing Manager until otherwise directed.

The affected Long Term Care home Senior Nursing Manager:

- Assumes overall responsibility for the care and safety of all staff and residents throughout the emergency response;
- Collaborates with the Emergency Response Team;
- Oversees staff deployment;
- Acts as a resource to the Emergency Response Team and staff during / after an emergency;
- Maintains communications with operational staff, the applicable Ministry of Long-Term care representatives, service provision agencies, hospitals, and other Halton LT Long Term Care C homes

regarding the status of an evacuation and relocation or receiving of residents. (See Attachment 1: MOLTC Guide on Policy, Process, and Procedures during Emergency Evacuations);

- Coordinates, monitors and ensures Business Continuity Plans are implemented as needed to support continued operations during an emergency;
- Oversee any emergency investigations as required;
- Notifies Managers of Resident Care of imminent reception of external Long Term Care evacuees and oversees all intake and delivery of care/services of evacuees;
- Provides the Site Commander with final summary of emergency impact on resident care and facilitating staff returning to normal operations once an emergency is over.

Note: If called upon the Senior Nursing Manager may be assigned as the Site Commander.

3.2.5 Manager of Resident Care (MRE)

- Notifies and mobilizes staff to the appropriate locations including supporting evacuees from other Long-Term Care homes;
- Implements BCPs as necessary;
- Tracks all resident relocations and assigns Registered staff, PSWs and other support staff to support relocated/cohorted residents including patrolling the building perimeter if the building security system is compromised or residents are relocated to a Discharge Centre until Regional Security can be contacted and deployed;
- Where residents are relocated inside/outside the Long Term Care home, the Senior Nursing Manager will prepare a final report tracking all residents and their relocation destinations for the Emergency Response Team.

Note: The Senior Nursing Manager will appoint an alternate to perform the duties of the Manager of Resident Care as required.

3.2.6 Nurse-in-Charge (Chief Warden)

The Chief Warden will oversee all emergency response procedures by frontline staff, in both Level 1 and Level 2 emergencies. Should a Level 2 Emergency be activated the Chief Warden will establish a Command Centre to gather and deploy staff in consultation with the Site Commander if present. Where necessary staff may be required to assist in whatever capacity is feasible from all services/programs until staff, resident and visitor safety is established.

3.2.7 Nutrition Services Supervisor

The Supervisor will mobilize dietary staff to implement the Food Services Business Continuity Plans to secure, procure, store, prepare and serve adequate food stocks during an emergency at designated locations to meet residents'/evacuee dietary and nutritional needs.

3.2.8 Life Enrichment Supervisor

The Supervisor will notify and mobilize staff to support residents'/evacuee's social/emotional/safety needs and aid in evacuation procedures as necessary.

3.2.9 Housekeeping and Laundry Supervisor

The Supervisor will implement business continuity plans to secure cleaning, laundry supplies, and coordinate inhouse/relocation site services to maintain a sanitary environment as much as reasonably possible while implementing infection control procedures as directed by the Long-Term Care home is Site Commander and Clinical Resource Nurse.

3.2.10 Building Operations Supervisor

The Supervisor will notify and mobilize staff, directing them to the appropriate location within the Long-Term Care home to assist with building maintenance issues, monitoring Building Operating Systems, fire safety systems and contacting appropriate internal staff and/or contracted repair companies as needed. When required assist in the physical set up of the home's Command Centre.

Where system failures occur implement contingency planning to include:

- Fire watches throughout the period of a fire safety system malfunction;
- Generator back-up repairs, refueling, etc;
- Authorizing verbal work order requests prioritizing all work orders relate to emergency response and recovery activities.
- Maintain a log of all verbal work order requests and actions taken; ○ Input all verbal work orders into the electronic work order system during recovery activities.

Note: The Manager of Facilities Services will designate an alternate to perform the duties of the Building Operations Supervisor in the Supervisor's absence, if required.

3.2.11 Manager or Supervisor of Community Support Services – Allendale Only

The Manager or Supervisor will direct staff to follow emergency response procedures to ensure all clients in the Adult Day Program from Milton Place/Friends Landing are relocated within or outside the building to await for family member/substitute decision maker/transportation pick up.

Once immediate health and safety of staff and clients has been established implement Business Continuity Plans to continue programs if feasible.

3.2.12 Continuous Quality Improvement & Risk Manager

Attend affected Long Term Care home to support emergency response, business continuity and recovery activities as requested by the Division Incident Commander and ensure all redeployed and external human resources are adequately trained to perform assigned functions.

- Identify and communicate any risk management issues requiring immediate attention and conduct ongoing assessments of emergent risks and communicate said assessments to the Long-Term Care home Site Commander; e.g., if power is out and generator back-up is operational there still may be areas that are not fully illuminated, consider restricting residents to lit areas to congregate to prevent injuries to both staff and residents moving around the facility.

Note: The Manager of Shared Services will act as the alternate for the Continuous Quality Improvement and Risk Manager unless otherwise assigned by the Director.

3.2.13 Manager of Shared Services

The Manager will support emergency response, business continuity and recovery activities as requested and oversee Production Kitchen emergency operations.

Note: The Continuous Quality Improvement and Risk Manager will act as the Alternate for the Manager of Shared Services unless otherwise assigned by the Division Incident Commander.

3.2.14 Infection Prevention and Control and Compliance Manager

The Manager will support emergency response, business continuity and recovery activities as requested to ensure that Infection Prevention and Control and Compliance standards are followed as much as reasonably possible during and immediately after an emergency response.

3.2.15 Nutrition Services Supervisor for Production Kitchen (Allendale Only)

The Supervisor will notify and mobilize staff to assist in whatever capacity is feasible to aid in emergency response procedures and implement Business Continuity Plans to ensure adequate food and fluid supplies are prepared and delivered to meet residents'/evacuees' dietary and nutrition needs.

Note: The Manager of Shared Services will designate an alternate to perform the duties of the Supervisor as necessary.

3.2.16 Infection Prevention and Control (IPAC) Nurse/Alternate

The IPAC Nurse / designate will work with Public Health to provide infection prevention and control advice at an evacuation location as well as direction and personal protective equipment (PPE) as necessary.

- Identify PPE requirements and monitor supplies;
- Communicate to the Site Commander any PPE needs when stocks diminish;
- Act as a resource to all Regional and facility staff at a Discharge Centre regarding infection prevention and control procedures.

3.2.17 Medical Director/Attending Physician

The Medical Director/Attending Physician assumes overall authority with the home's Senior Nursing Manager for discharging residents to families, hospitals, and other Long Term Care facilities/evacuation location as determined by the Ministry of Long-Term Care and acts as a resource to Emergency Response Team leads.

3.2.18 Pharmacy Services

Implement contingency planning to ensure replacement and delivery of resident medications as needed, print, deliver printed Electronic Medication Administration Reports, Treatment Administration Reports and Physician Medication Reviews, and supply on-going refills to the relocation site for the duration of the emergency.

In the case of the receiving of evacuees from other Halton Long Term Care homes, provide replacement medications, refills, and Reports/Reviews in printed or electronic form.

Further information on Pharmacy Services during an emergency can be found in the Medisystem Disaster Plan.

4 Incident Response Considerations

Section 4 outlines the Incident Response Considerations regarding a Services for Seniors/Long-Term Care Home Incident.

4.1 Emergency Communications

The Services for Seniors Long Term Care home leadership and staff will communicate all relevant information as appropriate to notify/activate/inform/update the following:

- Appropriate emergency response services;
- Designated Regional leadership;
- Long Term Care home staff;
- Resident, substitute decision makers, caregivers and families;
- Other agencies as appropriate.

Resident's Council and Family Council will be engaged and consulted on an ongoing basis.

Communications will occur using TELUS, email, mail chimp, etc. to ensure the right level of information is provided to the right people at the right time.

4.1.1 Information/updates should include but are not limited to:

- Current service level status;
- Critical services being provided;
- Any recovery activities being implemented.

In the event of a loss of power and/or internet provider, all Long-Term Care homes have alternate communication options which include the following:

- Generator back-up to ensure a power supply for communication devices;
- Cell phones;
- A hard-wired red analogue phone;
- Each RHA is provided with an analogue phone that can be plugged into hard wired fax machines.

When a large-scale community emergency occurs in Halton Region, including one or more Services for Seniors Long Term Care homes, the Regional Emergency Information Officer (EIO) may be activated to coordinate and execute all internal/external communications related to the emergency. The EIO will consult with Long Term Care home leadership accordingly.

4.1.2 External response partners with existing Memoranda of Understanding and Service Agreements will be engaged as per the means outlined in said documents. In the event an external response partner must be engaged and no Memoranda of Understanding or Service Agreement exists, Halton Legal Services should be included in any communications. It is the responsibility of all response staff to notify Halton Legal Services of any external partner engagement.

4.2 Training and Exercises

All Long-Term Care home staff are required to participate in general/role specific emergency response training and exercises. The purpose of training and exercising is to maintain up-to-date knowledge of emergency response procedures and assigned responsibilities within a Long-Term Care home. Training and exercise sessions will also serve as a forum for discussion of past incidents in order to facilitate the implementation of lessons learned.

Training includes, but is not limited to in-person orientation overviews, annual TRAKS training and role specific training either in-person or through TRAKS modules housed in Halton Region’s Success Factors database.

Methods of exercising emergency procedures can include but is not limited to the following:

- Discussion-based exercises such as workshops and/or tabletop exercises; or
- Operational-based exercises such as drills, functional exercises or full-scale exercises.

All exercises are evaluated and a written report with corrective actions is maintained including a signed attendance section for all participants.

(See *Table 4* for frequency of training and exercising as per the legislative requirements under O. Reg. 246/22 and O. Reg. 150/13)

Table 4: Emergency Procedures Training and Exercise Type and Frequency

Emergency Procedures	Training Frequency	Exercise Type and Frequency
Code Aqua – Internal flood	At Orientation and Annually	Drill or Tabletop
Code Black – Bomb threat	At Orientation and Annually	Drill
Code Blue – Medical Emergency	At Orientation and Annually	Drill or Tabletop
Code Brown – Release of a hazardous substance	At Orientation and Annually	Drill or Tabletop
Code Green – Partial or full evacuation	Annually	Mock Evacuation Drill Planned
	Every Three Years	Full-Scale Evacuation Exercise
Code Grey – Contaminated air	At Orientation and Annually	Drill or Tabletop

Code Red - Fire	At Orientation and Annually	Monthly Drills on all shifts
Code Orange – Extreme Weather events / Natural Disasters	At Orientation and Annually	Drill or Tabletop
Code White - Violence	At Orientation and Annually	Drill or Tabletop
Code Yellow – Missing Residents	At Orientation and Annually	Drill or Tabletop
BCPs - Loss of Essential Services	At Orientation and Annually	Drill or Tabletop
Community Emergency – Receiving of evacuees from a Long Term Care home	At Orientation and Every Three Years	Tabletop
Boil Water Advisories	At Orientation and Annually	Tabletop
Communicable disease outbreaks, epidemics, and pandemics	At Orientation and Annually	Tabletop

All Long-Term Care home volunteers and students will be provided an orientation and training on emergency procedures before they perform their responsibilities and at least annually or sooner if there are procedures that have a direct impact on their role.

4.3 Emergency Management System for a Level 2 Emergency (Partial Activation)

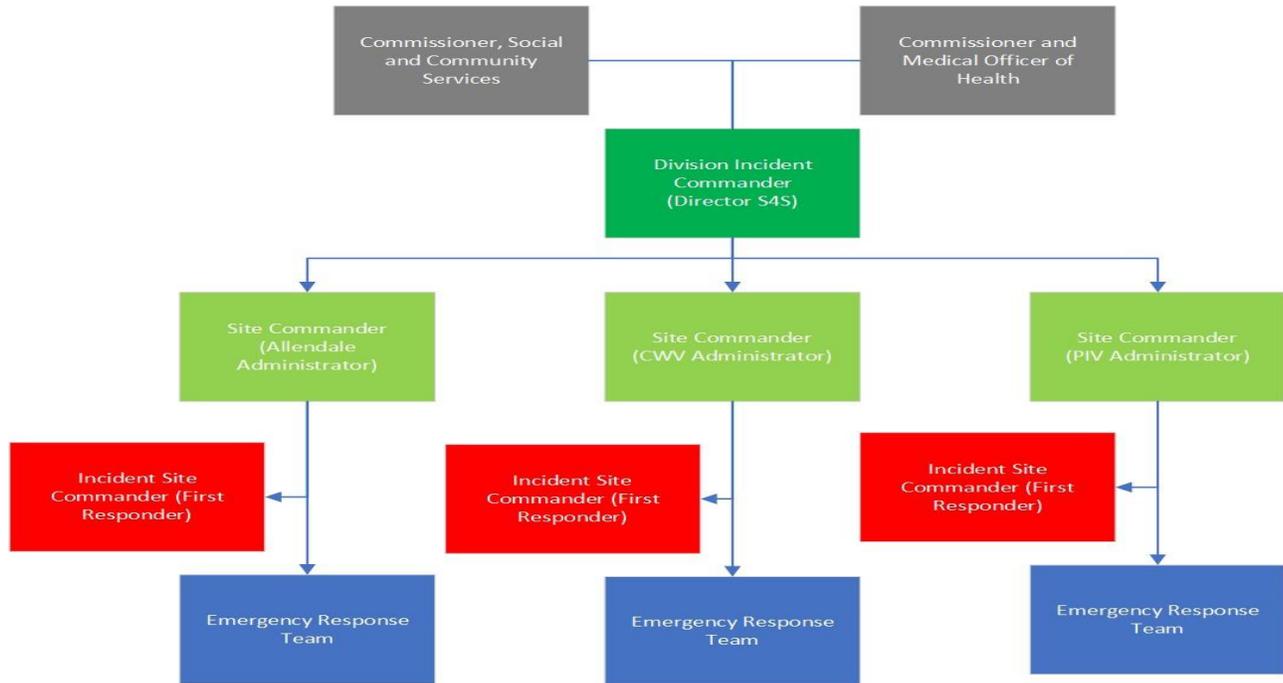
The Director of Services for Senior’s will act as the Divisional Incident Commander for Level 2 emergencies affecting the LT Long Term Care C homes. The Divisional Incident Commander will liaise with and take direction from the Commissioner of Social and Community Services, regardless of whether or not the Region/Local Municipality has activated an Emergency Operations Centre due to a community emergency. Each long-term care home will assemble their Emergency Response Team (ERT) to coordinate emergency response activities using internally maintained Contact Lists as necessary. (See *Figure 1: Level 2 Emergency Command Structure*)

4.3.1 Long Term Care Homes’ Emergency Response Team (ERT) Composition

The Long-Term Care home’s ER Emergency Response Team T to include the following individuals:

- Commissioner of Social and Community Services (not on site);
- Division Incident Commander - Director, Services for Seniors / Alternate (not on site);
- Site Commander - Administrator / Alternate;
- Senior Nursing Manager;
- Manager(s) of Resident Care;
- Nurse-in-Charge;
- Building Operations Supervisor (may not be on site);
- Supervisors from Nutrition Services, Housekeeping, and Life Enrichment (if on site);
- Manager Community Support Services (Allendale Only);
- Manager Shared Services;
- CQI & Risk Manager (may or may not be on site);

- Emergency Management Specialist;
- IPAC Nurse as needed dependent on the type of emergency response required (may not be on site);
- Medical Director (not on site).



Note: At any time, additional stakeholders may be part of an Emergency Response Team including the On Scene Incident Commander and Adult Day Program Manager (Allendale Only); a Level 2 Emergency may be coordinated through the Allendale Emergency Response Team.

Each Administrator/alternate will act as the Site Commander for his or her Emergency Response Team home as required.

4.3.2 Staffing

Services for Seniors Scheduling Services may be notified to contact and schedule additional staff to provide resident care/services at another Long-Term Care home or Discharge Centre beyond regular staffing assignments to ensure critical services can be effectively delivered. These individuals will be screened for suitability, trained and placed according to the needs of the home. Steps will be taken to ensure they are not functioning beyond their capabilities. Staff may be requested to reschedule vacation time and should be available to report for duty if it is safe and feasible to do so.

Staff who do not provide direct resident care/services and whose day-to-day functions can be halted until the emergency is over will be called in to assist in whatever capacity is feasible.

Additional staffing may be required to provide security at a Discharge Centre to ensure resident, staff and visitor safety until Regional Security Services can be implemented.

4.4 Assessing Level 2 Emergency (Partial Activation) Response Requirements

The mass movement of extremely frail, bed ridden, palliative, cognitively impaired and/or residents with high acuity medical needs comes with inherent risks that need to be considered before deciding to evacuate all or part of a Emergency Response Team home.

The Emergency Response Team should only consider a partial or full evacuation of the Long-Term Care home when staying within specific areas or the whole home poses a greater risk than leaving. Depending on the location, nature, scope and duration of an emergency the Emergency Response Team in consultation with the First Responder on Scene Incident Commander, (if present) and/or the Division Incident Commander will determine next steps to ensure staff and resident safety and continuation of services.

Decisions on where to relocate residents outside of the Long-Term Care home are made based on resident acuity of medical and security needs and/or ease of evacuation and time allotted to evacuate the facility. (See *Table 5: External Relocation Options* for more information)

4.4.1 Sheltering-in Place

Shelter-in-Place when leaving the home would put staff and residents at risk due to external issues in the community (e.g., trees and power lines down) and the activation of BCPs will allow for an acceptable level of resident care/services and access to sufficient resources.

4.4.2 Relocation within the Long-Term Care Home

Relocation within the Long-Term Care home will be considered if one or more areas have been damaged but there are other areas in the facility where staff and residents can safely relocate and Business Continuity Plans can provide an acceptable level of resident care/services. Each Long-Term Care home has communal spaces where residents can be relocated in an emergency, such as the Allendale Auditorium, Creek Way Village Activity Rooms and Post Inn Village Activity Rooms.

Resident family members/substitute decision makers may be requested to take home their resident home to relieve some of the possible congestion in relocation areas. If so, adequate supplies (medications, briefs, PPE, and so on) will be provided. Transportation will be arranged if the family member/substitute decision maker does not have appropriate transportation to take the resident home.

4.4.3 Partial Evacuation and Relocation outside the Long-Term Care Home

Partial evacuation and relocation outside of the Long-Term Care home will be considered if three or more areas have been damaged and there is not enough internal capacity to safely relocate staff and residents and even the activation of Business Continuity Plans would not provide an acceptable level of care/services to affected residents.

At the time of the evacuation, the first, second and third priorities and Relocation Options will be implemented. Should capacity diminish, the Ministry of Long-Term Care and any identified Recipient Long Term Care homes will be notified. If the Recipient Home(s) is unable to receive evacuees due to outbreak, internal capacity issues, etc., leadership will consider the possible use of hotels if feasible and residents to be evacuated fit the fourth priority description. Staffing will accompany residents and provide care accordingly. (See *Table 5: External Relocation Options* for more details)

Resident family members/substitute decision makers will be requested to take home their resident home and if able to do so, adequate supplies (medications, briefs, PPE, and so on) will be provided. Transportation will be arranged if the family member/substitute decision maker does not have appropriate transportation to take the resident home.

4.4.4 Full Evacuation and Relocation outside the Long-Term Care Home

Full evacuation and relocation outside of the Long-Term Care home will be considered if remaining in the home would put staff and residents at risk of illness or injury and activating Business Continuity Plans is not possible in the current circumstances to provide an acceptable level of care/services to affected residents.

Depending on the type and impact of the emergency, there are two types of full evacuation responses, which include the following:

Type 1: Urgent and immediate full evacuation of all residents and staff in the building and would go directly to ‘Discharge Centre’ whereby residents would be fully triaged and relocated as per the applicable relocation options in *Table 5: External Relocation Options*.

Type 2: Graduated partial evacuation of a number of residents when there is not enough internal capacity to safely relocate staff and residents. Residents would be triaged according to *Table 5: External Relocation Options*.

At the time of the evacuation the first, second and third priorities and Relocation Options will be implemented.

Once those priorities have been met and accompanying relocation options have been exhausted the fourth and fifth priorities will be considered and the Ministry of Long-Term Care and any identified Recipient Long Term Care homes outside of Halton will be notified.

If the Recipient Home(s) outside of Halton is unable to receive evacuees due to outbreak, internal capacity issues, etc., leadership will notify the Commissioner of Social and Community Services to determine if the sixth priority and Relocation Option of activating an Emergency Evacuation Centre is feasible. (See *section 4.4.4.1 Emergency Evacuation Centre (Discharge Centre)* for more details)

Table 5: External Relocation Options

Priority	Resident/Client needs profile	Relocation Option
First	High acuity medical needs / communicable infection	Hospital
Second	History of going to family/substitute decision maker’s home for overnights	Family/substitute decision maker’s home
Third	Mobility issues requiring mechanical lift, cognitive impairment (elopement risk, responsive behaviours assigned to secure units) palliative, and / or extremely frail)	Other Halton Region Long Term Care Home
Fourth	Require minimal care/mobility assistance, with minimal to no cognitive impairment ***to be determined by the Emergency Response Team with the assistance of HCCSS at the time of evacuation	Other Long Term Care homes within the Regional Municipality of Halton
Fifth	Require minimal care/mobility assistance, with minimal to no cognitive impairment ***to be determined by the Emergency Response Team with the assistance of HCCSS at the time of evacuation	Other Long Term Care homes outside the Regional Municipality of Halton

Sixth

Require minimal care and mobility assistance, with minimal Halton Region Emergency to no cognitive impairment and are free of communicable Evacuation Centres or other Local infectious agents
Municipal facilities

4.4.4.1 Emergency Evacuation Centre (Discharge Centre)

The decision to evacuate all Long-Term Care home residents to a Discharge Centre as an interim sheltering option until other more appropriate care facilities can be accessed would only be considered if:

4.4.4.1.1 immediate evacuation of the home is required with little to no time to triage beyond hospital admissions;

4.4.4.1.2 Or all other relocation options have been exhausted; or reached capacity before relocating all Halton Long Term Care home residents from the affected home(s).

The Commissioner of Social and Community Services will obtain authority from the Regional Chief Administrative Officer to activate a Discharge Centre as per Emergency Evacuation Centre Plan procedures and may arrange for the deployment of the Social and Community Services Emergency Social Services (ESS) Team to support where necessary.

The Services for Seniors Transportation Plan will be activated to safely transport all staff and residents to a Discharge Centre. If the emergency is not only affecting the Long-Term Care home(s) but the community as whole, Long Term Care residents will be relocation to pre-identified Local Municipal facility(ies) to reduce risks associated with sheltering Long Term Care residents with the general public.

Where family members/substitute decision makers have agreed to take home their resident, adequate supplies (meds, briefs, PPE, etc.) will be provided. Transportation will be arranged if the family member/substitute decision maker does not have appropriate transportation to take the resident home.

The Senior Nursing Manager in conjunction with Attending Physician/Medical Director assumes overall authority for discharging residents to families substitute decision makers, hospitals, other Long Term Care facilities as determined by the HCC/LHIN, and/or Discharge Centre.

4.4.4.2 Preparing Residents for Evacuation

In preparing to evacuate residents:

- All residents must be wearing evacuation identification tags;
- Each home area must be evacuated based on their proximity to the emergency location;
- Residents are to be arranged in predetermined groups to facilitate loading vehicles as they arrive at pre-arranged intervals;
- All residents will be registered;
- Staff will be assigned to accompany residents to the evacuation location;
- Registered staff is responsible for gathering and safeguarding medical records; • Office staff is responsible for gathering and safeguarding office records;
- Notify Energy, Fleet and Facilities and Contract Pharmacy.

4.5 Receiving Evacuees from other Long Term Care Homes

On notification by the Placement Coordination Office of the need to receive Long Term Care evacuees from another Long-Term Care home Leadership, will:

- Conduct an inventory of available space within one or more of the Region’s Long-Term Care homes;
- Identify the number of Long-Term Care evacuees that can safely be admitted from the affected Long-Term Care home;
- Notify Maintenance, Housekeeping and applicable staff to prepare for temporary Long Term Care evacuee admissions;
- Request Life Enrichment postpone, reschedule, reorganize any planned activities that may be scheduled for space being utilized for receiving Long Term Care evacuees;
- Request Supervisors of Nutrition Services work with Source Long Term Care home to ensure appropriate meals and fluids are provided to Long Term Care evacuees on arrival and at meal times;
- Inform the Source Long-Term Care home of the following:
 - Number of Long-Term Care evacuees that can be admitted to the Regional Long-Term Care home(s);
 - Timeline for receiving Long Term Care evacuees;
 - Request appropriate staffing to support Long Term Care evacuees;
- Begin tracking expenses related to receiving Long Term Care evacuees;
- Postpone any new admissions if vacant rooms are to be assigned to Long Term Care evacuees;
- Contact the Ministry of Long-Term Care, Director to report the number of Long Term Care evacuees that will be received.

See *Attachment 1: MOLTC Guide on Policy, Process, and Procedures during Emergency Evacuations*

4.6 Emergency Codes

In the event of an emergency, Long Term Care home staff will use an Emergency Code system to identify and communicate the nature of an emergency and the required response procedures.

Laminated Emergency Code procedures are found throughout all Long-Term Care homes. The Code System is used as a teaching, review and reference tool for staff in the event of an emergency. These procedures give details as to the specific emergency and the required response from staff and are tested annually. (See *Table 6: Emergency Response Codes* for more details)

Table 6: Emergency Response Codes

Code Colour	Code Meaning	Possible Activations	Possible Activations
Code Black	Bomb Threat	Code Green	
Code Blue	Cardiac Arrest		
Code Aqua	Internal Flooding	Business Continuity Plan(s)	Code Green
Code Brown	Dangerous Substance in the building	Business Continuity Plan(s)	Code Green
Code Green	Partial or Full Evacuation	Business Continuity Plan(s)	Code Green

Code Grey	Air Exclusion (External Air Contaminant)	Business Continuity Plan(s)	Code Green
Code Red	Fire Emergency	Business Continuity Plan(s)	Code Green
Code Orange	Natural Disaster / Severe Weather Events	Business Continuity Plan(s)	
Code White	Violent Situation	Code Green	
Code Yellow	Missing Resident		

4.7 Other Emergencies

Other emergencies that do not have an assigned colour code for activation include:

- 4.7.1 **Community Emergencies** that require Regional Long Term Care homes to accept evacuees from other Long Term Care homes are responded to as per internal procedures and Attachment 1: MOLTC Guide on Policy, Process, and Procedures during Emergency Evacuations.
- 4.7.2 **Communicable Disease Emergencies** which are responded to using internal Outbreak Management policies and procedures as well as the Services for Seniors Pandemic Plan aligned with the Halton Region Public Health Emergency Plan.
- 4.7.3 **Boil Water Advisories** which are activated by Halton Public Health and responded to as per Public Health directions, Services for Seniors internal procedures and Business Continuity Plan for Loss of Water.
- 4.7.4 **Loss of Essential Services** (water, hydro, generator back-up) are responded using applicable emergency response procedures and applicable Services for Seniors Business Continuity Plans.

4.8 Emergency Transportation

Services for Seniors identifies the different transportation providers, purpose of each provider and stakeholders responsible for activating a provider to transport staff, residents, goods and/or services in the event of an emergency.

Depending on the type and impact of the emergency, there are two types of resident transportation responses, which include the following:

Type 1: Urgent and immediate full evacuation of all residents and staff in the building.

Type 2: Graduated partial evacuation of a number of residents and staff when three or more areas have been damaged and there is not enough internal capacity to safely relocate staff and residents.

Decisions as to the type of transportation most suitable for the type of resident will be made based on resident acuity of medical, mobility and security needs. (See *Table 7: Evacuation Transportation Provider Details* for more information)

Table 7: Evacuation Transportation Provider Details

Urgent and Immediate Evacuation Transportation Services for Residents		
Transportation Providers	Purpose	Responsible to Activate
Halton Region Paramedic Services	<ul style="list-style-type: none"> • Transport residents suffering a medical emergency to hospital • Transport residents with mobility issues to evacuation site that cannot be transferred by Public Transit buses 	LONG TERM CARE home staff / leadership – 911
City of Toronto and Regional Municipality of York	<ul style="list-style-type: none"> • Transport physically fragile seniors to evacuation locations via ambulances and buses outfitted with stretchers 	Paramedic Services will activate mutual aid agreements through the Provincial Communications Centre
Municipal Public Transit	<ul style="list-style-type: none"> • Transport residents with few mobility issues and accompanying staff to evacuation site 	On Scene Commander (Fire Department)
Graduated Partial Evacuation Transportation Services		
Transportation Providers	Purpose	Responsible to Activate
Halton Region Paramedic Services	<ul style="list-style-type: none"> • Transport residents suffering a medical emergency to hospital 	LONG TERM CARE home staff / leadership – 911
Municipal Public Transit	<ul style="list-style-type: none"> • Transport residents with few mobility issues and accompanying staff to relocation site 	On Scene Commander (Fire Department)
Private Patient Transfer Company	<ul style="list-style-type: none"> • Transport residents to relocation site 	LONG TERM CARE home leadership

Transportation of Goods and Services		
Transportation Providers	Purpose	Responsible to Activate
Pharmacy Provider	<ul style="list-style-type: none"> Resident medication delivery systems to evacuation / relocation site 	LONG TERM CARE home leadership
Regional Fleet Services	<ul style="list-style-type: none"> Transport supplies to evacuation / relocation site 	LONG TERM CARE home leadership
Contracted Food Services	<ul style="list-style-type: none"> Transport food and fluid supplies to evacuation / relocation site 	Nutrition Services Supervisors
Refrigeration Truck Company	<ul style="list-style-type: none"> Transport perishable foods to evacuation / relocation site 	Nutrition Services Supervisors

4.9 Business Continuity Plans

The Long-Term Care homes' Business Continuity Plans are designed to identify measures to ensure the continued delivery of critical functions and services during a significant disruption due to an emergency. Business Continuity Plans identify the priority of service delivery and the minimum level of service that must be ensured to meet the needs of residents.

As soon as the emergency is under control and risks to staff and residents are reduced, specific business continuity plans may be activated.

4.10 Hazard Identification and Risk Analysis (HIRA)

A hazard is an event or physical condition that has the potential to cause fatalities, injuries, damage to critical infrastructure, property or the environment, agricultural loss, interruption of business, or other types of harm or loss.

The HIRA identifies the types of hazards to which each of the Long-Term Care homes are most vulnerable and from which the impact would be most severe. In many cases, a hazard may cause disruption to the acquisition and deployment of critical supplies and services such as food, medical supplies, human resources and fuel thus creating a loss of essential services required to ensure the health, safety and well-being of residents and staff. The top 15 hazards that have been identified as having the greatest possibility and greatest impact on the each Long Term Care home include the following:

Allendale Specific	Ranking	Creek Way and Post Inn Village Specific
Tornado	1	Tornado
External Flood	2	External Flood
Cyber Attack	3	Cyber Attack
Infectious Disease	4	Infectious Disease
Oil or Natural Gas	5	Oil or Natural Gas
Fire Explosion	6	Fire Explosion
Internal Flood	7	Internal Flood

Violent Outburst	8	Violent Outburst
Extreme Cold	9	Extreme Cold
High Wind	10	High Wind
Structural Failure	11	Structural Failure
Missing Resident	12	Missing Resident
Allendale Specific Ranking		Creek Way and Post Inn Village Specific
Medical Emergency	13	Medical Emergency
Water or Wastewater Disruption	14	Water Quality
Water Quality	15	Active Threat

Policies and procedures will be created/implemented for additional hazards identified in the HIRA that have less of a possibility of occurrence and impact on the Long-Term Care homes to meeting legislative requirements. All hazards identified are supported by program-level policies and procedures, Business Continuity Plans and the Region's Emergency Response.

4.11 Legislative Authority

The legislation under which the Long-Term Care homes are required to respond in the event of an emergency is as follows:

4.11.1 *Emergency Management and Civil Protection Act, R.S.O. 1990*

This Act mandates that local municipalities develop emergency plans and organize the deployment of all services that may be required in an emergency.

4.11.2 *Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched.*

This Act and Regulation mandates that each Long-Term Care home have emergency plans in place including procedures for evacuating and relocating residents, staff and others within a Long-Term Care home.

4.11.3 *Ontario Regulation 213/07 Fire Code and Ontario Regulation 150/13 made under the Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4*

Under the *Fire Protection and Prevention Act, 1997* and its regulations the frequency of fire drills are mandated in order to confirm that the Long-Term Care home can meet the evacuation needs of residents in the event of an actual fire emergency.

4.11.4 *Health Protection and Promotion Act, R.S.O. 1990, c. H7*

This Act provides the Medical Officer of Health with the authority to take appropriate action in the event of a health hazard to prevent, eliminate or decrease the effect of the hazard within the community.

4.11.5 *Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A*

This Act establishes the rules for the collection, use, disclosure and security of personal health information by health information custodians such as physicians, hospitals, long-term care facilities, Medical Officers of Health and the Ministry of Health.

4.11.6 Occupational Health and Safety Act, R.S.O. 1990, c. O.1

This Act sets out the responsibilities of the employer, supervisors, workers and other persons in the protection of the safety of all workers in as per the Act and applicable regulations

4.12 Regional Recovery Planning

Where a community emergency has occurred that affected one or more Services for Seniors LONG TERM CARE homes the formal activation of the Halton Region Post-Emergency Recovery Plan will occur. The Regional Emergency Control Group (includes the Commissioner of Social and Community Services) will determine the need for activation based on but not limited to the following:

- The nature of the emergency;
- Impact to the Region and Community(ies);
- Potential consequences of the emergency;
- Impacts to Regional services;
- Recovery needs such as physical, social, economic and environmental needs.

Where recovery planning as a result of a pandemic, management will implement specific procedures as per the Services for Seniors Pandemic Response Plan and as per Public Health additional guidelines as provided. Incidents involving the spread of infectious diseases will also be addressed by following the procedures outlined in the division's Pandemic Response Plan.

Once all recovery activities have been implemented to meet recovery objectives, all services have been fully restored then the Regional Emergency Control Group will terminate the Post- Emergency Recovery Plan.

4.12.1 LONG TERM CARE Home Initial Recovery Planning

In the first 72 hours of an emergency, there may be an overlap of emergency response and business continuity activities while some recovery activities could be implemented. Recovery activities could include:

- Ensuring required Business Continuity Plans are activated to maintain an acceptable level of service and care for the residents until full restoration of all services can take place;
- Conducting debriefs with staff, residents, their decision makers, volunteers and students as soon as possible after the emergency is over;
 - Notes from debriefs will be taken to identify what worked well and any recommendations for improvement;
 - An After Action Report will be developed using information from Personal Logs, Incident Action Plans and debriefs to create an Improvement Plan to be implemented as soon as reasonably possible;
- Removing debris and clean up around a Long Term Care home as necessary;
- Maintaining generator back up until lifeline utilities are restored;
- Ensuring building safety inspections are conducted where structural / electrical / water damage may have occurred;
- Bringing residents back to the Long Term Care home if safe to do so;
- Development of initial Recovery Action Plan to include:
 - Assessment of losses and identification of recovery needs;

- Assessment of social emotional support requirements necessary for staff, residents, their substitute decision makers, volunteers and students who experienced distress/injuries during the emergency;
- Establishment of recovery objectives; ○ Identification of recovery actions; ○ Establishment of timelines for recovery.

4.12.2 LONG TERM CARE Home Recovery Period

The recovery period typically begins after the initial 72 hours of impact and up to four weeks with an increase in number of recovery activities utilizing both internal and external resources to restore all Long-Term Care home services to their original level of delivery. Recovery activities may include but are not limited to the following:

- Provision of alternate LONG-TERM CARE home location;
- Restoration of lifeline utilities and building operations;
- Restoration of social and health services;
- Restoration of all direct resident care and services;
- Possible demolition of all or parts of a Long-Term Care home;
- Crisis counselling for residents, substitute decision makers, staff, students and volunteers available as needed.

4.12.3 LONG TERM CARE Home Long-Term Recovery Period

A Long-term Recovery Period may occur when large-scale recovery activities occur including construction and mitigation efforts. This period begins after a four-week recovery period and can extend up to multiple years. This period may include but is not limited to the following:

- Hazard mitigation;
- Reconstruction of a Long-Term Care home.

Any recovery timeline formalized in a recovery plan are subject to change and should be updated accordingly.

4.13 Post Incident Action

The Halton Region Emergency Recovery Framework may be activated and an Incident Specific Recovery Action plan may be developed to address any on-going needs of the community or Halton Region stemming from an incident with a public works impact.

In alignment with the Halton Region Emergency Response Plan, Services for Seniors in collaboration with Halton Emergency Management will lead the development of a Post Incident Evaluation once an incident is deemed to be resolved. The Post Incident Evaluation will aid Halton Region in improving operational capacity, service delivery during a response and Regional Public Works preparedness for future incidents.