

Long-Term Care Emergency Preparedness Manual

Ministry of Long-Term Care

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Purpose

The Long-Term Care Emergency Preparedness Manual (“the Manual”) provides information about the legislative and regulatory requirements for licensed long-term care homes set out under the *Fixing Long-Term Care Act, 2021* (FLTCA), and Ontario Regulation 246/22 (O. Reg. 246/22) and other applicable legislation, regulations, and directives. References made to sections, subsections or clauses refer to O. Reg. 246/22, unless otherwise specified.

The Manual has been written to:

- Support homes in developing effective emergency and evacuation plans,
- Help homes achieve, demonstrate, and maintain compliance with the legislation and regulation,
- Promote quality improvement through the sharing of best practices, and
- Connect homes with other resources, where applicable.

The Manual has been designed as a supporting tool for use in conjunction with the FLTCA and corresponding regulation, as well as other applicable legislation or regulations. It is not a replacement for the specifics contained in relevant legislation and regulations or an exhaustive reflection of best practices or ways in which requirements may be met.

Licensees are responsible for ensuring compliance with the requirements of the *Fixing Long-Term Care Act, 2021* and its regulation. In the event of a conflict or inconsistency between this document and the Act or regulation, the Act or regulation will prevail. **This document does not constitute legal advice or interpretation. Users should consult their legal counsel for all purposes of legal advice and interpretation.**

Background

The requirement for long-term care homes (LTCHs) to have written emergency plans for specified emergencies began in 2010, under the *Long-Term Care Homes Act, 2007* (LTCHA). In response to the COVID-19 pandemic, third party reviews such as Ontario’s Long-Term Care COVID-19 Commission and Auditor General’s reports, sector feedback, and an increasing frequency of extreme weather, the emergency planning requirements were expanded in the FLTCA and O. Reg. 246/22. Fire safety planning continues to be required under the Ontario Fire Code.

Emergency Management Process

The emergency management process includes identifying and avoiding or reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning¹. This is commonly referred to as the five components of emergency management²:

1. Prevention: actions taken to stop an emergency or disaster from occurring.
2. Mitigation: actions taken to reduce the adverse impacts of an emergency or disaster that cannot be reasonably prevented.
3. Preparedness: actions done in advance to ensure the organization is ready to manage a disaster should it arise.
4. Response: measures taken immediately before, during, or immediately after an emergency for the purpose of managing the consequences.
5. Recovery: the process of restoring an affected community to a pre-disaster or higher level of functioning.

The primary focus of this manual is the **preparedness phase**, including the development, testing, evaluation, and updating of emergency plans.

Legislative and Regulatory Framework

The emergency management process takes place within a framework of legislation, regulation, and standards. These statutory documents are in place to ensure a minimum level of emergency management activities are taking place across long-term care homes. Key applicable legislation includes the:

- *Fixing Long-Term Care Act, 2021*,
- *Health Protection and Promotion Act, 1990*,
- *Emergency Management and Civil Protection Act, 1990*,³
- *Occupational Health and Safety Act, 1990*, and
- *Fire Protection and Prevention Act, 1997*.

¹ Emergency Management Ontario. (October 2021). *Emergency Management Framework for Ontario*. <https://www.ontario.ca/document/emergency-management-framework-ontario>

² Ibid.

³ Note: there is a Bill before the legislature that will make changes to existing acts. *Bill 106, Pandemic and Emergency Preparedness Act, 2022* - Legislative Assembly of Ontario (ola.org)

Emergency Management Roles and Responsibilities

LTCHs are ultimately accountable for the health and safety of those who live and work in the home; including developing, evaluating, and updating emergency plans for any type of potential hazard which could jeopardize their safety. In the event of an emergency, LTCHs are responsible for leading the response as well as coordinating the support from community agencies, system partners, and resources.

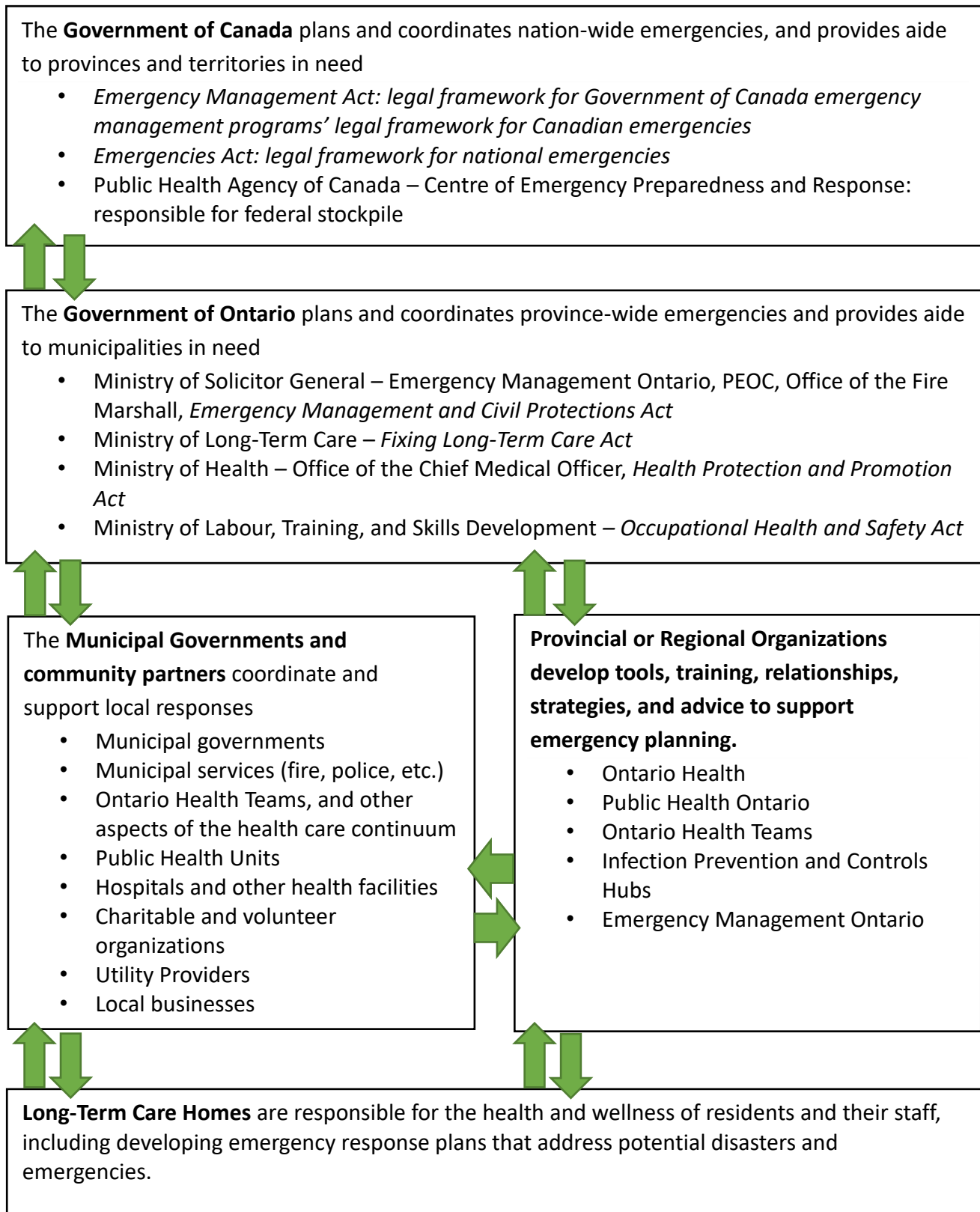
If the emergency exceeds part or all the capacity of an organization to effectively respond, the LTCH can request support from community partners and the municipality via their emergency management office, as needed.

The requests for assistance between levels of government generally follow a structure from the “bottom-up”: from community, to provincial, to federal levels of government. All levels of this hierarchy work on different types of tasks and activities, with many jurisdictions and organizations working together in partnership through emergency management structures.⁴

Figure 1 below, indicates the roles and responsibilities of key players in emergency management. The green arrows indicate relationships where aid or assistance can be requested and received. For details of key players roles and responsibilities, please see Appendix A.

⁴ Provincial Emergency Response Plan, 2019, p.g. 33

Figure 1



Emergency Preparedness

This section will review the legislative and regulatory requirements that long-term care homes must follow in developing, testing, updating, activating, and deactivating their emergency plans. Also included is supportive information to help homes build effective plans, best practices, and evidence which can demonstrate compliance. Following the regulation, sections will include:

- Developing Emergency Plans,
- Emergency Planning Requirements,
- Emergency Plan Components,
- Testing and Evaluation,
- Evacuation,
- Access to Information,
- Training and Orientation,
- Temporary Emergency licenses, and
- Attestation.

Developing Emergency Plans

Under ss. 268 (3) of O. Reg. 246/22, when developing emergency plans, licensees are required to:

- Consult with appropriate emergency service providers in the area, as well as community agencies, health service providers, partner facilities, etc. This consultation must be recorded.
- Consult with the Residents' Council and Family Council, if the home has one, and
- Ensure all hazards or risks that could lead to an emergency are identified and assessed, whether the hazards or risks arise within the home or in the surrounding vicinity or community.

Understanding the risks and hazards, their likelihood of occurring, and connecting with internal and external partners on how to address them is critical to creating effective emergency plans. This takes a lot of planning and consideration so some homes may explore options such as enlisting the assistance of professionals, co-creating plans with partner LTCHs, reviewing online resources, and/or purchasing or adapting emergency plans from other homes.

Below are some things to consider when developing or updating emergency plans aligned with FLTCA requirements.

Consulting with Stakeholders

Internally, homes may consider developing a list of essential services and key individuals from each department to consult and clarify plan components like roles and responsibilities. Key conversations may include food service, pharmacy, staffing capacity, environmental management, and so on. Understanding the needs of internal staff can help guide which organizations may be most helpful to consult with externally.

When consulting and engaging externally with potential emergency partners, homes may consider:

- Consulting with a wide variety of internal and external stakeholders to determine who would most likely be able to respond, what resources they could offer in an emergency, and set up back up plans if the emergency prevents response from a community partner.
 - For example, a meal preparation company contracted to support the LTCH during an evacuation may also be experiencing food shortages and be unable to supply the necessary resources.
- How best to consult with each of these partners. Optimal engagement with the fire department is likely to look different in form and manner than with Residents' and Family Councils
- Developing a strong relationship with the municipality in which the LTCH sits as community disasters are coordinated with the support from the municipality's emergency management office.
- Reviewing the Community Partners section for examples of organizations that homes may consider consulting.

Pursuant to ss. 269(2) of O. Reg. 246/22, when developing or updating emergency plans associated with outbreaks of communicable diseases, diseases of public health significance, epidemics, and pandemics, LTCHs shall ensure the local medical officer of health appointed under the *Health Protection and Promotion Act, 1990* or their designate is invited to participate in developing, updating, testing, evaluating and reviewing any emergency plan. See the Outbreak section for more information on specific requirements for this type of emergency.

Best Practices

- When consulting residents and families, use written documents that are plain language, simple to understand, and clear about the feedback being requested. In addition, use

focus groups as another way to gather feedback as this may be an easier way for some residents and families to participate in the process.

- Designate a senior manager with ownership of emergency preparedness, supported by staff leads and/or committees, including legal support to ensure a clear line of sight into the planning and compliance with relevant legislation and standards.
- Share program components with stakeholders to raise awareness and agreement for proposed actions.
- Include community partners in education and training to ensure roles and responsibilities in the planning processes are understood.
- Consult with Ontario Health Regional Partners and organizations in your area for ways to improve home plans.
- Develop memorandums of understanding (MOUs) or contracts with emergency service providers to ensure that response is assured, day or night.

Demonstrating Compliance

- Inspectors may request to see a record of consultation with emergency partners as well as Residents' and Family Councils (if any). This may include, for example, formal agreements with partners, emails, briefs, meeting minutes, notes kept by the administrator or designated emergency preparedness lead, engagement materials, or content in the emergency plan itself.

Hazard Identification and Risk Assessment

Under ss. 3 (11) and (16) of the FLTCA, the Residents' Bill of Rights, licensees are required to provide a safe and clean environment with proper accommodation, nutrition, care, and services; under section 5, licensees must ensure that residents have the right to freedom from neglect by the licensee and staff. These provisions apply at all times, which is why it is important to identify any potential hazards that would give rise to emergency situations impacting the safety and care of residents.

Ss. 268(3)(b) of O. Reg. 246/22 requires that homes undertake a process of identifying what hazards and risks may give rise to an emergency impacting the home and thus could impact resident wellbeing. This is commonly called a Hazard Identification and Risk Assessment, or HIRA.

The Ontario Hospital Association defines HIRA as:

“A systematic process of identifying potential hazards that could affect the need for the organization’s services, or its ability to provide services, and then

*quantifying and ranking the risk based upon probability and potential impact, to prioritize planning”.*⁵

The purpose of a HIRA is to assess the potential risks of hazard with the capacity to cause disaster. This can help set priorities for prevention, mitigation, preparedness, response, and recovery.

As LTCHs complete their required hazard identification and risk assessments, they are encouraged to consider the methodology developed by Emergency Management Ontario.

Core steps of this methodology include steps such as:

- Plan: Articulate the objectives and process.
- Identify Hazards: Identify hazards that have the potential to cause harm.
- Build Community Knowledge: Determine exposure as an estimate of people and assets in harm’s way, vulnerability as an identification of conditions that increase susceptibility to hazards, and existing capacity of people and assets to respond and recover from the effects of hazards.
- Conduct Risk Assessment: Estimate the risk by using quantitative and qualitative knowledge as well as the scoring guidelines contained in the Methodology Guidelines 2019 to create a final score for each identified risk.
- Follow-up: Document the findings and evidence of the HIRA, noting the recorded scores, and communicating the findings.

Hazards that are likely to impact long-term care operations have been included in regulation as emergencies which require emergency planning. These include things such as, medical emergencies, floods, loss of essential services like electricity and water, etc, as outlined in s. 268(4)(1.) of O. Reg. 246/22. Homes are encouraged to expand their hazard identification and risk assessments beyond required emergency types identified under the regulation in accordance with their HIRA.

If a LTCH is attached to another facility, such as a hospital or retirement home, the LTCH may have an integrated emergency plan; however, the home must still meet the regulatory requirements as outlined in O. Reg. 246/22 under the FLTCA including completion of a HIRA associated with the home.

Resources that can support thorough hazard identification and risk assessment can be found in Appendix B.

⁵ Ontario Hospital Association. (2008). *OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals*.
<https://www.oha.com/Documents/Emergency%20Management%20Toolkit.pdf>

Best Practices

- Use external stakeholders to help identify potential or actual hazards and assess their risk of occurrence. For instance,
 - Fire departments regularly conduct assessments of buildings to determine the likelihood of fire, check fire plans, and observe fire drills.
 - Utility companies can provide locations of gas pipelines, and other equipment to determine the likelihood of ruptures, and other types of hazards.
 - Weather histories can be obtained from Environment and Climate Change Canada for various geographic areas for weather-related hazards.
- Use likelihood and consequence as the critical factors for assessing hazard risk. For instance,
 - When calculating likelihood, consider past, present, and potential future trends to understand what the chances are that a hazard will occur.
 - When calculating consequence, consider the effect of a hazard on structures, people, the environment, and reputation.
 - Likelihood and consequence can be given number values to provide an overall risk score for a hazard using an equation. Guidance on creating a ranking of hazards using this method can be found in the Methodology Guidelines 2019 developed by Emergency Management Ontario located in Appendix B.

Demonstrating Compliance

- Inspectors may ask to see records or documentation of the hazard identification and risk assessment process undertaken by the home. This may include for example risk assessment charts, risk matrix tables, or other completed templates, documents, or notes that describe what was done.

Emergency Plan Requirements

While completing hazard identification and risk assessments, and consulting with stakeholders, licensees should ensure they are covering their emergency planning requirements as set out under the Emergency Plans section of O. Reg. 246/22. This includes:

- Ensuring plan(s) include arrangements for all, but not limited to, required emergency types per the FLTCA and O. Reg. 246/22 (ss.268(4) paragraph 1),
- Ensuring that plan(s) are recorded in writing (ss. 268(2)),
- Identifying staff roles and responsibilities internally to the organization and externally, as well as contact information for consulted emergency service providers (ss. 268(5) paragraph 4, 268(4) paragraphs 4 and 5),

- Access to reliable communications equipment for obtaining emergency assistance, including in the event of a power-outage (s. 273),
- A plan for food, fluid, and drug provision (ss. 268(4) paragraphs 6 and 7), and
- The resources, supplies, personal protective equipment (PPE), and equipment vital for emergency response. This must include, at a minimum: hand hygiene products, cleaning supplies, and a process to ensure that required resources, supplies, PPE, and equipment are not expired (ss. 268(4) paragraph 3).

Types of Emergencies

O. Reg. 246/22 ss. 268(4) requires homes have emergency plan(s) that address specific, but not limited to, potential emergencies. Additional emergencies which fall under this definition identified through hazard identification and risk assessment processes may be planned for in a similar fashion, but are not a requirement under FLTCA and O. Reg. 246/22.

To meet minimum requirements, the home's emergency plan(s) shall address the following:

- Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics,
- Fires (also required as part of the Ontario Fire Code),
- Community disasters,
- Violent outbursts,
- Bomb threats,
- Medical emergencies,
- Chemical spills,
- Situations involving a missing resident,
- Loss of one or more essential services (examples below),
- Gas leaks,
- Natural disasters or extreme weather events (e.g., earthquakes, tornadoes, extreme heat or cold, drought),
- Boil water advisories, and
- Floods.

Essential services refer to services such as electricity, heating and cooling, food preparation, water supply, communications equipment, elevators, etc.

Best Practices

- Consider using colour codes in protocols and procedures to reduce the chance of human error and potential confusion during an emergency. Note: In 1993, the board of

directors of the Ontario Hospital Association endorsed standardized emergency colour codes for these reasons that may provide a helpful resource.⁶

- Develop emergency plans for hazards identified outside the list of required plans, if applicable.

Demonstrating Compliance

- Make emergency plans available to inspectors for all required types of emergencies.
- When reviewing the fire safety plan, inspectors may confirm that they have been approved by the local Chief Fire Official (CFO). This can include calling the CFO, determining whether they have the fire safety plan, and reporting the issue if they do not.
- In cases of co-location with hospitals, the inspector may review LTCH-specific hazards and whether they are present in the hospital emergency plans, as well as if a LTCH HIRA was completed.

Emergency Service Providers

To ensure quick action can be taken in the event of an emergency plan activation, homes are required by O. Reg. 246/22 ss. 268 (3) and (4) to work closely with their emergency service providers. This includes:

- Identifying emergency service providers in the area, such as community agencies, health service providers, partner facilities and resources that the LTCH can reach out to for urgent support (ss. 268(4) paragraph 4),
- Consulting with them on their involvement in different emergency plans and keeping these arrangements current (ss. 268(3)(a)),
- Outlining the roles and responsibilities for the emergency service providers for each emergency type, should there be differences (ss. 268(4) paragraph 5), and
- Maintaining a record of current contact information for identified emergency service providers utilized in plans to reduce confusion in the event of an emergency (ss. 268(4) paragraph 4).

Examples of entities which a LTCH may wish to work with includes:

- Transportation services,
- Police departments,
- Fire departments,

⁶ Ontario Hospital Association. (n.d.). *Colour Codes*. <https://www.oha.com/labour-relations-and-human-resources/emergency-preparedness/colour-codes>

- Ontario Health Regions
- Local Public Health Units
- Utility providers, and
- Local long-term care homes, retirement homes, and/or hospitals.

Best Practices

- Consult with a wide variety of stakeholders, including those outside of your community to prepare for emergencies which may require homes to evacuate from the region.
- Include backup options in case an emergency impacts one or more emergency service entities.
- Create clear agreements or MOUs and set out regular update processes to help maintain relationships and expectations over time.

Demonstrating Compliance

- Inspectors may review your emergency plan(s) for emergency service providers' contact information, consultation notes, roles and responsibilities, and the date the plan was last updated in relation to these providers.

Communications Equipment

Long-term care homes are required under s. 273 of O. Reg. 246/22 to have access to reliable communications equipment for obtaining emergency assistance, including in the event of a power-outage. This could take the form of a charged cell phone, centrally located, that all staff know about. However, should there be a telecommunications interruption, the cell phone may not work.

Best Practices

- Ensure access to multiple forms of communication (e.g., a landline, walkie talkies, and runners who are designated to transfer messages physically) should the need arise.
- Keep contact information for emergency service providers with emergency communication equipment.

Demonstrating Compliance

- Inspectors may ask where the accessible communication device is located and that it is in working order and may ask for documentation to show how staff have been made aware of this device.

Food, Fluid, and Drug Provision

Under ss. 268 (4) paragraphs 6 and 7 of O. Reg. 246/22 homes are required to have a plan for food and fluid provision, and the timely access to drugs that have been prescribed. Critical to developing these plans are supply and staffing.

Accessing resources, and in the right quantities and variety, may be impacted by the emergency itself. If the LTCH is isolated due to unsafe roads, extreme weather, or other issues impacting the viability of the service provider, the LTCH may struggle with sufficient supply of food, and in the right textures. Similarly, if the LTCH needs to evacuate to a site far away, delivery from pharmacy retailers may take additional time.

To limit supply issues, homes are encouraged to think critically about their resource stockpiles and include non-perishable items or extra supply that may become necessary, as well as identify alternative supply options and/or partners that can be called upon in a timely way if the need arises.

In the event of staffing shortages, food, fluid, and drug provision may become strained. Including this potential outcome in staffing contingency plans is beneficial to preparing for all outcomes. Homes may coordinate with volunteer services and/or an Ontario Health Team if they are a part of one and consider what roles can be outsourced – such as bringing in pre-prepared meal service and dietary aides to support residents with eating.

Best Practices

- Ensure medication reconciliation processes are up to date.
- On the list of medications, specify the reason for each medicine that residents are taking (for example, medical condition being treated, individuals with a prescription for that medication, the generic name, dosage, frequency, and the name and contact information of the prescribing physician)⁷.
- Label all equipment and attach laminated instruction cards on how to use, retrieve and/or move each assistive device during an emergency.
- Establish a schedule to regularly assess needs and incorporate any changes as medications, assistive devices, and medical conditions may change over time.
- Establish a schedule to test the functionality of equipment or an apparatus and identify a back up plan in the event of a power outage (where applicable).

Demonstrating Compliance

- Inspectors may request a copy of the food, fluid, and drug provision plan of licensees.
- Inspectors may wish to review documentation on arrangements, contracts, etc. with suppliers and agencies, if available.

⁷ Public Safety Canada. (2010). *Emergency Preparedness Guide for People with Disabilities/Special Needs*. [www.getprepared.gc.ca. https://www.getprepared.gc.ca/cnt/rsrscs/pblctns/pplwthdsblts/index-en.aspx](https://www.getprepared.gc.ca/cnt/rsrscs/pblctns/pplwthdsblts/index-en.aspx)

Resource Stockpiling

Homes are required under ss. 268(4) paragraph 3 of O. Reg. 246/22, to set aside the resources, supplies, personal protective equipment (PPE), and equipment vital for emergency response. At minimum, the stockpile must include hand hygiene products, cleaning supplies, and a process to ensure that required resources, supplies, PPE, and equipment are not expired.

Resources may include materials such as food, drugs, and sanitation products, as well as non-material resources, such as staff, transportation, funding, and information.

When developing a resource list and planning for its use, homes may consider:

- Completing assessments of each resident's resource needs,
- Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary,
- Consulting different departments within the home,
- How resource stockpiles may differ based on if and where residents will need to be evacuated,
- Where stockpiles can be stored and how they can be monitored and managed to avoid expiry,
- Determining how many weeks of supplies might be required, and other similar concepts.

Best Practices

- Follow PPE stewardship practices to rotate out supplies from the stockpile.

Demonstrating Compliance

- Provide a list of resources required for each emergency, plans for supply distribution and to manage expiration, and the location of the stockpile.
- Inspectors may wish to see the stockpile and check the expiration dates on a sampling of resources.
- Inspectors may review specific emergency plans for how services will continue to be provided during an emergency and the resources required to do so (e.g., equipment needed to provide residents with hot meals, heating, and lighting during a power outage).

Emergency Plan Components

Pursuant to ss. 268(5) and (13) of O. Reg. 246/22 each emergency plan must have the following components:

- Plan activation,
- Lines of authority,
- A communications plan,
- Specific roles and responsibilities for staff, and
- Plans for recovery.

Plan Activation

Per ss. 268(5) paragraph 1 of O. Reg. 246/22 each emergency type requires clear criteria as to when a response needs to be initiated as well as when the response should cease. Homes are required to identify these criteria for each emergency type, who determines that the criteria have been met and how, and who would declare the emergency over.

This should be completed for each emergency as the timing of when an emergency should be called may be different. For example, a blizzard emergency may be activated when the local weather service provides a warning, whereas a gas leak emergency could be initiated when a carbon monoxide detector alarm sounds.

All partner emergency service providers identified in the plan must agree to the plan activation protocol for each plan.

Best Practices

- Connect plan activation and deactivation to a chain of commands to clarify outcomes should critical personnel not be available.

Demonstrating Compliance

- Inspectors may review written sections of the emergency plan detailing the required components specific to each plan.

Lines of Authority (Chains of Command)

Per ss. 268(5) paragraph 2 of O. Reg. 246/22, emergency plans must clearly outline delegation of authority, referring to positions in which a key personnel member has the authority to complete a particular task (e.g., declaring an emergency). These authorities may be invoked on a temporary basis, such as during a public health emergency or other type of emergency. The

person(s) with authority should have a broad understanding of the essential services, core functions, and emergency plans so that they can make informed and quick decisions.

An example of some responsibilities for administrators or management may include alerting staff and residents, contacting emergency partners, communicating with families and substitute decision makers, confirming evacuation is complete, and sounding the all-clear.

Best Practices

- Ensure the individual in authority and delegates are trained equally so that should delegates need to take command, there is a seamless transition.
- Document and understand the relationships between command structures at emergency service providers. For instance, how will the chain of command at the LTCH interact with the chain of command at the fire department?

Demonstrating Compliance

- Evidence that may demonstrate compliance would include staff interviews, email records, and other signed communications providing direction.

Communications Plan

LTCH licensees are required under ss. 268(6) paragraph of O. Reg. 246/22 to have a communications plan which includes a process for ensuring frequent and ongoing communication with residents, substitute decision makers, staff, volunteers, students, caregivers, and the Residents' Council and Family Council, if there is one. Communications must include the beginning of the emergency, when there is a significant status change, and when the emergency is over. The communications plans should lay out the purposes, policies, and goals, assign duties, methods, and channels of communication, and ultimately, should keep residents, family members and stakeholders up to date on the status of the emergency.

When developing the required emergency communications plan, homes should consider several aspects of communications needed such as: information sharing within the LTCH and with external partners, media coverage, and communicating with family. In operation, it may help to have a lead for each component of communications work to ensure that these individuals are knowledgeable and have enough time to manage the responsibilities of the plan.

Ensuring that the individual responsible for day-to-day operational communications is aware of scheduled services, such as deliveries, agency staff supporting the home, and others may be helpful when developing communications.

Best Practices

- Identify one or more leads for communications activities. Responders should understand their role as information sharers and who will be speaking to the public and families about the emergency.
- Prioritize plain, simple language and ensure the tone of communications is calm to avoid confusion and panic.
- Set clear expectations with families that they should designate a single point of contact for receiving emergency communications who will manage the distribution of information among family and friends.
- Consider using tools (e.g., automated calls, email subscription models, etc.), to help share information efficiently and easily.

Demonstrating Compliance

- Inspectors may ask for a formal communication plan for emergencies.
- Inspectors may complete a document review to see what was shared or communicated to those impacted or involved in an emergency.
- Inspectors may interview staff, residents, and families.

Staff Roles and Responsibilities

To ensure a smooth roll out of emergency plans, licensees are required by regulation to develop staff roles and responsibilities for staff during emergencies (ss. 268(5) paragraph 4 of O. Reg. 246/22). Roles should be assigned by position, not by person to ensure that the plans are not dated. All departments should understand the roles and responsibilities they will have in each type of outcome, and what contingency plans they can make use of if there is a staff shortage.

When developing roles and responsibilities for staff, LTCHs may want to:

- Review essential services list to identify who is best to complete these roles,
- Determine how many staff will be assigned to these core functions and from where,
- Ensure staff tasked with these functions are well trained on requirements,
- Consider determining back ups to core roles,
- Create “floating” roles that can work dynamically and fill in gaps, as needed,
- Consider how tasks may change based on whether the residents will shelter in place or evacuate, or based on different types of emergencies,
- Determine whether there are staff that can be drawn from partner organizations, if needed, and
- Consider what roles and responsibilities need to be prioritized if there is a staffing shortage and service is limited to core functions.

If a LTCH outsources services, or partial services, they may consider cross-training and redeploying staff to other essential service areas. For example, if a LTCH were to have their meals pre-prepared, food service workers could be trained to support with sanitation, communications, resident checks, and other key tasks. Homes may want to discuss these possibilities with bargaining agents in advance so that redeployment can move quickly should it be required.

Best Practices

- Consider using an Incident Management System (IMS) Framework, a standardized response framework that allows for the coordination of parts of one or many organizations to rapidly respond to an incident and to protect life, property, and the environment⁸.
- If using an IMS, homes may consider developing job action sheets to integrate into emergency response plans.

Demonstrating Compliance

- Inspectors may complete a document review to see if roles and responsibilities for staff have been written down, if there are standing contracts for bringing in agency staff or agreements with community partners to support staff contingency planning, etc.
- Inspectors may interview staff to see if they are aware of their role and responsibilities during different types of emergencies.

Plan for Recovery

After an emergency, LTCHs are required under ss. 268(13) of O. Reg. 246/22 to have plans in place for recovery. This must include a debrief for residents, substitute decision-makers, staff, volunteers, and students, a plan for how to resume normal operations, and supports for those who are experiencing distress due to the emergency.

It is important to acknowledge that recovery may take many years or even decades. Short and medium-term recovery may look like reoccupation of the home, return of non-essential services, debriefing, and financial reconciliation. Longer-term aspects may include rebuilding, relocating, and retrofitting.

Throughout the recovery process, communication is critical and can be a great tool for relieving anxiety and preparing individuals to return to normal function. As such, debriefing is an

⁸ Ontario Hospital Association. (2008). *OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals*.
<https://www.oha.com/Documents/Emergency%20Management%20Toolkit.pdf>

opportunity to build morale, listen to concerns, document lessons learned, and plan for regular operations.

Returning to normal function may be a slow process, and it will be dependent on the emergency. This can include repair of damaged infrastructure, accessing and installing safe equipment, working with municipal service providers and first responders to clear the LTCH for residency, returning residents from evacuation sites, and working with staff and union representatives to return staff to their regular roles and compensate them for overages and other urgent roles they took on.

Homes may also consider and plan for financial aspects and requirements for recovery. This could include records preservation, cost reconciliation and collections, liaising with insurance companies, disposal, servicing, reordering of equipment, supporting staff through Employee Assistance Programs, and how to ramp-up services.

Support for those in distress can take many forms. Some examples include grief counselling, mental health days, support groups, and other supports to address continued distress.

Best Practices

- Health care professionals and emergency response personnel should strive to mitigate negative outcomes among older adults they encounter during and after emergencies by adopting effective strategies aimed to protect the physical and mental health of residents after a critical event.
- Strategies may include assessing the psychological well-being of older adults for signs of distress/trauma and providing appropriate treatments or referrals as needed. Please refer to this article on [Comprehensive Geriatric Assessment in the Emergency Department](#) for further information on conducting assessments on older adults in an emergency setting.⁹
- Distress may arise due to evacuation, particularly for indigenous residents in the context of residential school trauma. Licensees may consider supporting staff and taking a trauma-informed approach to emergency planning, in general.
- Formal channels may be intimidating for some staff and residents, so providing opportunities for informal discussion may be helpful in hearing all individuals and developing plans that reflect their concerns.

⁹ Ellis, G., Marshall, T., & Ritchie, C. (2014). Comprehensive geriatric assessment in the emergency department. *Clinical interventions in aging*, 9, 2033. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4246995/>

Demonstrating Compliance

- Inspectors may complete a document review to verify that there is a plan for recovery, as well as interviews.
- If there has been an emergency, inspectors may review documentation and seek out interviews to see how the plan for recovery was implemented.

Additional Emergency Plan Requirements

Outbreaks of communicable diseases, diseases of public health significance, epidemics, and pandemics

In addition to the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans for communicable diseases, diseases of public health significance, epidemics, and pandemics must also include:

- Identification of an area of the home used for isolating residents,
- A process to divide staff and residents into cohorts,
- Staffing contingency plans to ensure continuity of all required programs under the Act and regulation,
- Policies to manage staff who may be exposed to infectious disease,
- A process to manage symptomatic residents and staff, and
- A process for assembling an Outbreak Management Team, including identification of members and their roles and responsibilities.

As per ss. 269(2) and (3) of O. Reg. 246/22, licensees must ensure their infection prevention and control lead under ss. 102(5) is involved, and their local medical officer of health is invited to participate in developing, updating, testing, evaluating, and reviewing this emergency plan.

While not listed in this manual, LTCHs are required to comply with the IPAC Standard and there may be additional requirements outside of emergency planning sections of the regulation that would be helpful to include. Homes are encouraged to consult the standard when developing emergency plans of this nature.

Best Practices

- Set up Outbreak Management Teams during respiratory season in preparation for potential outbreaks.
- Utilize prevention tools as much as possible such as vaccination, personal protective equipment, infection prevention and control measures, etc.
- Organize vaccination clinics for residents and staff, where applicable.

Demonstrating Compliance

- Pursuant to ss. 269(2) and (3) of O. Reg. 246/22, inspectors may wish to see records of consultation with the IPAC lead and local medical officer of health. This may take the form of emails, audio recordings, briefing notes, meeting minutes, etc.
- Isolation locations may be visited.
- Inspectors may wish to review written processes for dividing staff and resident cohorts, managing exposures and symptomatic residents and staff, setting up an Outbreak Management Team and their roles and responsibilities, and staffing contingency plans in the emergency plan.

Fire

LTCHs are required by both the Ontario Fire Code under the FPPA and O. Reg. 246/22 under FLTCA to have emergency plans related to fires. Per O. Reg. 246/22 ss. 268(11), If there is a conflict or inconsistency between a provision of the fire code under the *Fire Protection and Prevention Act, 1997*, and a provision of an emergency plan, the fire code prevails.

While the regulation does not have additional requirements for fire-based emergencies, the Fire Code does include additional elements:

- Fire Safety Plans are required to be reviewed and approved by the local Chief Fire Official, who will date it, and sign or stamp it.
- There are specific training requirements under the Ontario Fire Code, such as knowing how to use a fire extinguisher.
- When developing the plan, the LTCH should consult with their local fire service or fire department about training requirements with respect to fire emergencies.
- Supervisory staff are required to identify and establish a plan and procedures for residents who require special assistance to evacuate, which must be in the fire safety plan. The specific evacuation details would be developed in conjunction with the local fire service or fire department, therefore each LTCH may have slightly different instructions, depending on the building layout, exit points, etc.

Best Practices

- Using a code word can help alert staff to imminent danger.
- Closing doors can help contain smoke and fire. Consider closing doors to residents' rooms to help reduce potential breathing issues.

Demonstrating Compliance

- Inspectors may ask to see an approved copy of the LTCH's fire safety plan.

Testing and Evaluating Emergency Plans

Once emergency plans have been developed, including consultations, ensuring all components have been included, there are regulatory requirements for keeping them up to date including testing and evaluation.

Testing

Testing the emergency plan requires a focused activity that exercises all components of the emergency plan, and participants respond in accordance with the functions they would be expected to in the real event. This can be in a simulation or discussion-based exercise. These exercises can promote preparedness, clarify roles and responsibilities, highlight gaps in skill or planning weaknesses, and improve performance.

Homes are required under ss. 268(10) of O. Reg. 246/22 to test emergency plans, including arrangements made with emergency providers. Required testing frequency is as follows:

Every year:

- Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics,
- Fires,¹⁰
- Situations involving a missing resident,
- Loss of one or more essential services,
- Medical emergencies,
- Natural disasters or extreme weather events,
- Boil water advisories, and
- Floods.

Every three years:

- Community disasters,
- Violent outbursts,
- Bomb threats,
- Chemical spills,
- Gas leaks, and
- Evacuation.

Exercises can be developed to test essential elements, interrelated elements, or the entire plan(s). These can take the form of table-top exercises, drills, functional exercises, and field exercises.

Note: a table-top exercise is defined as a discussion-based session where team members meet to discuss their roles during an emergency and run through potential scenarios. This is often more structured than other forms of discussion-based exercises.

Resources:

¹⁰ LTCHs do have requirements under the Ontario Fire Code to conduct fire drills. For specifics on these requirements, please see the [Ontario Fire Code](#).

- An example agenda is available in [Appendix B](#).
- See [this article](#) on different exercises for more information on the differences.
- The US [National Nurse-Led Care Consortium's website](#) has a variety of template table top exercises on a variety of emergency types

In addition, LTCHs are required under ss. 268(10)(c) of O. Reg. 246/22 to complete a planned evacuation every three years, to ensure that staff are familiar with the planned evacuation procedures and can transfer residents to a point of safety or out of the building in an emergency. A full-scale exercise or drill can be conducted to test the staff performance against the planned procedure.

As per ss. 268(10)(d) of O. Reg. 246/22, the LTCH must keep a written record of testing emergency plans and any changes made to improve the plans. If during an evacuation or drill, problems or difficulties were identified, the written record should include what recommendations were made for corrective measures, responsibility for taking corrective action, and time frames for corrective actions.

Best Practices

- Use a “building block” approach where LTCHs begin at discussion-based workshops, move to a tabletop exercise, to functional experiences, and to real time drills.
- Ensure testers know that the plan is being tested, not the individuals participating in the plan.
- Incorporate involvement of residents in the planned evacuation that is representative of a realistic emergency scenario as much as possible, taking into consideration their safety and wellbeing. This may include representation for caregivers and visitors, as well.
- Table-top exercises are encouraged to keep LTCH staff engaged and current on emergency response actions.

Demonstrating Compliance

- LTCHs can provide written documentation or records related to planned evacuations, emergency plan tests, etc.
- Staff and emergency service partners may also be interviewed for their experience during a test.

Evaluation

As per ss. 268(8) of O. Reg. 246/22, emergency plans must be evaluated and updated:

- Within 30 days of an emergency being declared over, after each instance that an emergency plan is activated, or

- Annually should the plan not be activated.

Emergency plans must be evaluated annually (or more often if necessary) to determine if changes need to be made. Changes may result from things like new hazards, different risk assessments, changes to building infrastructure, changing community partners, feedback from other emergencies plans enacted in the area, and the like.

If the evaluation shows a need for plan updates, LTCHs are required under ss. 268(9) of O. Reg. 246/22 to consult with identified emergency service entities, and Residents' and Family Councils as part of the updating process.

Best Practices

- Connect with staff of various departments for a variety of perspectives.

Demonstrating Compliance

- Inspectors may request written documentation or records of evaluation processes, contacting emergency service providers, and any feedback through emails, written documents, meeting minutes, etc.
- Inspectors may wish to see the date on all materials to ensure the timing of evaluation practices is recorded for inspectors.
- Inspectors may also interview staff.

Evacuation Plans

The LTCH is required under ss. 268(4) paragraph 2 of O. Reg. 246/22 to have evacuation plans that includes:

- A system to account for resident whereabouts,
- Identification of safe evacuation location, which residents, staff, students, volunteers, and others agree to in advance (e.g., other LTCHs, hospitals, private homes, other care facilities, etc.),
- A transportation plan for residents, staff, students, volunteers, and others, and
- A transportation plan for critical medication, supplies, and equipment.

It is important to note that evacuation plans will look different depending on the type of emergency, severity, and scope. For instance, some evacuations will only require stepping outside the building for a period of time, while others will be a prolonged relocation to a different site.

When developing plans, homes are encouraged to consider factors such as:

- The need for safety security at an evacuated site if this site is not another LTCH. There may continue to be medical records, resident belongings, I&IT, equipment, and the like, which should continue to be protected.
- Psychological impacts on residents and staff. Shelter-in-place protocols can be distressing as staff are asked to leave residents in a dangerous situation.
- Labelling equipment and medical needs with the resident that they are assigned to so that if equipment is transported separate from the resident, their belonging can be returned without confusion.
- Other evacuated elements such as pets, how they will be transported and when.
- Evacuations without use of an elevator, either due to loss of essential services or a fire.
- Value of mock evacuations, simulations, and table-top exercises in identifying gaps in planning.

Licenseses can refer to the [State of Michigan Long Term Care Facility Evacuation: Planning Considerations](#) for additional information, and the [California Association of Health Facilities Safe Evacuation in Long-Term Care](#) page, which contains multiple checklists that may be of use.

Licenseses must conduct a planned evacuation at least once every three years and keep a record of this test and any changes made to improve the plan under ss. 268(10)(c) and (d).

Best Practices

- Discuss evacuation when consulting with community partners.
- Complete regular simulations to support plan development.
- Consider whether families would wish their loved ones to evacuate to a family's residence rather than an evacuation site in advance.
- Keep hallways clear, in accordance with fire safety requirements, to ensure evacuations can move smoothly.

Demonstrating Compliance

- Inspectors may request a record of planned evacuations in the past, if applicable. This may include de-briefing notes or documentation related to the evacuation.
- Inspectors may request a copy of the written evacuation plans.

Temporary Emergency Licences

A Temporary Emergency Licence (TEL) is issued by the Director set out in section 115 of FLTCA, either by email or letter, where there are circumstances affecting a licensed LTCH that makes it necessary to move one or more residents from a "source home" to a "recipient home" to protect the health and safety of the residents.

A TEL is issued to a recipient home in two circumstances:

- If residents are accommodated above the licensed capacity of at a licensed LTC Home; or,
- At a New Stand Alone Temporary LTC Unit:

A TEL will be issued if residents are expected to be out of their source home for more than 24 hours.

In the event of an emergency and temporary housing is needed, this temporary emergency licence remains effective until such time as the source home is safe for residents to return (for a maximum term of up to a one year).

For information on who to contact in the event of an emergency, and the evacuation placement process, please see the Guide on the Policy, Process, and Procedures during Emergency Evacuations”, 2021.

Best Practices

- Include the policy and procedures for requesting a temporary emergency licence in the plan so that important information is readily available.

Demonstrating Compliance

- The inspector may request a copy of the applicable temporary emergency licence.

Access to Information

Homes are required to ensure access to their emergency planning information. This includes ensuring all emergency plans are recorded in writing (ss. 268(2)) and available in hard copy upon request per ss. 268(7) of O. Reg. 246/22.)

Information in the Home

Homes are required to post physical copies of the information below in the home:

- The fundamental principle set out in section 1 of FLTCA, and the Residents’ Bill of Rights in English and French, (ss. 265(4) of O. Reg. 246/22),
- The contact information and telephone numbers for local emergency services, including police, fire, and ambulance services, are posted in a conspicuous and easily accessible location on each floor of the home, if the home does not have access to a 911 call centre (ss. 265(5) of O. Reg. 246/22),

Best Practices

- Communicate information to residents who are not able to read instructions, or make the information available in a format suitable for the audience (e.g., larger font for visual impairment, graphic based communications, etc.)
- Consider translating the plans to reflect resident and family populations.

Demonstrating Compliance

- Inspectors may wish to verify that the printed instructions are posted, where required
- Inspectors may interview staff and residents to determine if they are aware of the required postings and their contents have been explained to them.

Information on the Website

Unless the home is in an area that does not have access to reliable internet, the home is required to have a publicly available website and host certain information on it per s. 271 of O. Reg. 246/22. With respect to emergency plans and resident safety, homes are required to include:

- Direct contact information, including a telephone number and email address that are monitored regularly for:
 - The licensee or a senior officer of the licensee or, in the case of a municipal home or a First Nations home approved under Part IX of the Act, a person who is on the committee of management,
 - The Administrator,
 - The Director of Nursing and Personal Care, and
 - All infection prevention and control leads for the home.
- The current version of the emergency plans for the home required under s. 269 (any additional plans are not required to be posted under regulation).

Best Practices

- Post any additional emergency plans applicable to the home on the website alongside those required under regulation.
- Ensure that key information on the website is easily navigable.

Demonstrating Compliance

- Inspectors may visit the home's website to verify that the required information is available.

Training and Orientation

Per s. 82 of the FLTCA, homes are required to ensure that staff, volunteers, and students are trained on a variety of topics. Those that pertain to emergency management include:

- The Residents' Bill of Rights,
- Fire prevention and safety,
- Emergency and evacuation procedures), and
- Infection prevention and control.

Retraining interval requirements under ss. 82(4) of the Act are clarified in O. Reg. 246/22 s. 260; retraining is to occur annually.

Per ss. 268(14) of O. Reg. 246/22, homes must train staff, volunteers, and students on emergency and evacuation procedures before they perform their work duties. In the event of an emergency or exceptional and unforeseen circumstances, the training set out above must be provided within one week of when the person begins performing their responsibilities.

In addition, licensees are required to evaluate further training needs annually. If further training is required, LTCHs must address this as they consider appropriate (FLTCA ss. 82(6), and O. Reg. 246/22 ss. 260(3)).

The type of training necessary for all staff should reflect the type of hazards or emergencies that have been identified by the LTCH's HIRA. The purpose of training is to improve the performance and productivity of employees should they need to carry out emergency procedures. Licensees may want to consider adapting training to staff learning needs, available time, and measures to ensure retention of information.

Training content can include, but is not limited to:

- Detailed procedures for emergency response that addresses all types of hazards or emergencies covered by the plan(s),
- Specific hazards and response duties as outlined in the plan(s),
- Regulations and appropriate standards, and
- Specialized training for personnel responsible for responding to emergencies and facilitating the evacuation procedures.

Note: this does not include training and orientation requirements elsewhere in regulation, such as mandatory training for staff associated with medical care, or minimizing restraints.

Best Practices

- Notify staff of any changes to the emergency plan regardless of training cycles so that they can be ready at any time for an emergency. Examples of changes may include the introduction of new equipment, materials, or processes into the workplace that affect evacuation routes; changes to the layout or design of the facility; and revisions or updates to the plans and emergency procedures.
- Align the evaluation and update of emergency plans with annual training, so staff can be updated on any amendments at the same time as refreshing training on the plans.
- Train staff on culturally sensitive communication to mitigate language and cultural barriers that may be exacerbated in emotionally heightened scenarios.
- Train staff on emergency preparedness through a culturally appropriate lens.

Demonstrating Compliance

- The administrator, employees, and volunteers may be interviewed to determine what training was provided, in what form, and if they are aware of how to access information or procedures.
- Inspectors may ask for documentation used, such as agendas, forms, quizzes, notes taken, etc.

Attestation

Every licensee is required under FLTCA s. 90(3) to attest to their compliance with FLTCA section 90 emergency planning requirements. According to ss. 270(1) of O. Reg. 246/22, this attestation must include:

- The licensee’s legal name,
- The name of the home,
- The date of the attestation,
- The full name and title of the person attesting,
- A statement attesting that the requirements under s. 90 of the Act, and s. 269 and 270 under this regulation are complied with,
- A statement attesting that all the information and answers provided in the attestation are complete, true, and correct, and
- A statement attesting that the licensee understands that any misrepresentation, falsification, or omission of any material facts may render the attestation void.

The attestation must be completed by the home administrator and must be submitted annually to the Director named in the regulation. To access the current attestation form, please visit the MGCS form repository.¹¹

¹¹ Note: this will be made available in advance of this requirement coming into force early July 2022.

Appendix A: Key Players

Federal Government

- Coordinates national emergencies which impact several provinces or territories in Canada, such as national security, public welfare, and pandemics.
- Supports provincial and territorial response and recovery activities through the Public Safety Canada's Regional Office via the Federal Coordination Group (FCG). The FCG typically becomes the single point of contact between PEOC and federal government operations during significant response in Ontario.
- Oversees the *Emergencies Act, 1985; Energy Supplies Emergency Act, 1985; Public Safety Act, 2004. Emergency Management Act, 2007; Dept. of Public Safety & Emergency Preparedness Act, 2005; the Quarantine Act, 2005.*

Provincial Government

- Ensures the public health and safety of Ontarians through legislative oversight.
- Supports municipalities with advice, assistance, guidelines, training, and other tools.
- Declares a provincial state of emergency, if needed.
- Requests assistance from the federal government, if needed.
- Coordinates emergency response between ministries.
- Oversees the Provincial Emergency Response Plan.

Ministry of the Solicitor General

- Oversees the *Emergency Management and Civil Protections Act (EMCPA)* and Ontario Regulation 380/04, which establishes the province's legal basis and framework for managing and preparing for emergencies.
- Assigns types of emergencies to provincial ministries.
- Oversees the Office of the Fire Marshal and Emergency Management Ontario.

Office of the Fire Marshal and Emergency Management

- Advises government on public fire protection policy and fire safety issues.
- Ensures that the provincial response to an emergency is effectively coordinated via the Incident Management System.
- Maintains a database of vulnerable population locations.

Emergency Management Ontario

- Monitors, coordinates, and assists in the development and implementation of municipal and ministry emergency management programs in Ontario.
- Maintains the provincial emergency operations centre (PEOC) on a 24/7 basis.
- Coordinates provincial response including coordination with the federal government.
- Coordinates provincial response and recovery, when required.
- Provides advice and assistance to communities through trainings, coordination of the Ontario Critical Infrastructure Assurance Program, and public education.
- Maintains the Provincial Emergency Response Plan (PERP) and the Provincial Nuclear Emergency Response Plan (PNERP).
- Manages and operates the Alert Ready emergency alerting system.

Ministry of Long-Term Care

- Manages the legislative and regulatory requirements for the long-term care sector, including emergency planning
- Oversees issues of public interest and home operation via directives, inspections, and management orders.
- Supports the long-term care home sector and municipalities experiencing emergencies affecting long-term care residents, staff, and infrastructure.

Long Term Care Homes

- Protect the health and safety of the residents and staff who live and work in their home, including:
 - Developing robust emergency plans,
 - Ensuring staff, students, and volunteers are trained and ready to execute those plans,
 - Coordinating with community partners in the event of an emergency, and
 - Ensuring the welfare of those under their care throughout the emergency and recovery.
- May connect with other long-term care homes and associations to problem solve and share information.

Ministry of Labour, Training, and Skills Development

- Oversees legislation and regulation to ensure the health and safety of all workers, including those in long-term care homes, such as the *Occupational Health and Safety Act, 1990*.

Ministry of Health

- Oversees public health units (PHUs) and their boards of health.
- Supports PHUs and partner agencies, ministries, health care professionals and the public, including guidance and direction in the event of an outbreak of a communicable disease, diseases of public health significance, epidemics, and pandemics.
- Manages the MOH Emergency Response Plan, including emergency response to human health, disease and epidemics, and health services during an emergency.
- Oversees the Health Protection and Promotion Act, 1990, under which the Chief Medical Officer of Health can issue directives relevant to public interest, such as health-related emergencies.

Ontario Health

- Connects and coordinates the provincial health care system.
- Oversees health care delivery across the province.
- Health system oversight: Coordinates local planning among health system partners, across regions and sub-regions and implements health system strategies.
- Facilitates discussions, conducts emergency preparedness planning, coordinates emergency response and recovery tables (including IMS structures) and responds to a variety of crises and urgent issues in collaboration with health system partners.

Public Health Ontario

- Provides scientific and technical advice to PHUs to support their work in responding to emergencies of public health significance.
- Develops evidence-based resources and approaches to support infection prevention and control (IPAC) hubs.

Public Health Units

- Support LTCHs with tasks associated with prevention and preparedness, and coordination and communication.
- Provide direction to support management of cases, contacts, and outbreaks associated with diseases of public health significance.
- Work with LTCHs on tasks under the legislative and policy direction of the MOH.
- Implement the *Health Protection and Promotion Act, 1990*, under which the Medical Officer of Health and Public Health Inspectors can issue orders.

Infection Prevention and Control Hubs

- Provide access to IPAC training and practice needs for LTCHs.

- Strengthen current partnerships with homes and broker new ones.
- Support a network of IPAC providers and experts.
- Align local resources to IPAC needs for prevention.
- Escalate concerns through their oversight body (Ontario Health) to ministry partners.
- Collaborate with PHO and other government partners to strengthen programs based on field observation.

Ontario Health Teams (OHT)

- At maturity - deliver a full and coordinated continuum of care, including to long-term care home residents, for a defined population.
- Support emergency planning and response through coordination tables.
- Facilitate connections between community partners.

Municipal Government

- Prepares municipal emergency plans as mandated by the EMPCA and O.Reg 380/04.
- Supports businesses and organizations within their municipality who are experiencing an emergency.
- May enter into agreements with NGOs to assist in emergency response, such as the Red Cross.
- Coordinates emergency response across the municipality.
- Declares an emergency in their municipality, if needed.
- Requests assistance from the provincial government, if needed.
- May support volunteer coordination.

First Nations

- First Nations are not subject to the EMCPA.
- First Nations governments are responsible for creating and implementing emergency management plans to prepare their communities to cope with an emergency.
- Health- related response assistance is provided by the federal government through Indigenous Services Canada.
- Ontario, through PEOC, provides non-health related emergency response assistance to First Nations communities through an agreement with the Government of Canada, administered by the Indigenous Services Canada.

Community Partners

- Support the community when experiencing emergencies.

- Develop arrangements, agreements, and/or memorandums of understanding with LTCHs to establish roles and responsibilities in the event of an emergency.
- Provide advice, expertise, and/or resources to LTCHs developing, updating, evaluating, testing, or executing emergency plans.
- Examples of these types of organizations include:
 - Community agencies, such as municipal services, not-for-profit agencies, legal services, charitable groups, utility providers, businesses (e.g., cleaning, food services), volunteer services, social service providers, community centres, school boards, hotels, and hospitals.
 - Partner facilities, such as other long-term care homes or retirement homes in the area.
 - First responders, such as local police, fire, and EMS dispatches.
 - Resources like Ontario Health, Ontario Health teams, Advantage Ontario, and the Ontario Long Term Care Association.

Appendix B: Tools and Templates

There are a variety of tools available to LTCH licensees and emergency management teams. It is important to note that **the ministry does not require homes to use a particular form, or template, and the ones provided below are aimed as a helpful resource only**. Efforts have been made to vet these resources to ensure they align with ministry requirements; however, LTCHs are ultimately responsible for ensuring they are meeting regulatory requirements.

Communications

- [CDC Message Template](#)
- [CDC Message Development Worksheet](#)

Evacuation

- [California Association of Health Facilities Safe Evacuation in Long-Term Care](#)
- MLTC: [Guide on the Policy, Process, and Procedures during Emergency Evacuations \(2021\)](#)
- [Michigan Long Term Care Facility Evacuation: Planning Considerations](#)

Emergency Plan Requirements and Components

A variety of example templates and checklists can be found in these resources:

- Vermont: Emergency Preparedness Planning for Nursing Homes and Residential Care Settings in Vermont

Hazard Identification and Risk Assessment

- Public Health Ontario: Hazard Identification and Risk Assessment for Infectious Disease Requests
- EMO: Hazard Identification and Risk Assessment Methodology Guidelines
- EMO: Hazard Identification and Risk Assessment for the Province of Ontario (2012)
 - Updated emergency management program resources can be found here.

Plan Activation

- Immediate Response Checklist

Guides and Examples

- Canadian Centre for Occupational Health and Safety
- Public Safety Canada: Emergency Management Planning Guide for Federal Organizations (2010-11)
- Emergency Plan for Vulnerable Populations (Simcoe County and District of Muskoka)
- Ontario Hospital Association (OHA) Emergency Management Toolkit
- Ontario Hospital Association (OHA) Endorsed Standardized Emergency colour codes

Legislation and Regulations:

- Emergency Management and Civil Protection Act, 1990
- Fixing Long-Term Care Act, 2021
- Health Protection and Promotion Act, 1990
- Long-Term Care Homes Act (LTCHA), 2007
- Occupational Health and Safety Act, 1990
- Ontario Fire Code
- Ontario Regulation 246/22 (O.Reg 246/22)
- Residents' Bill of Rights

Appendix C: References

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