



Emergency Preparedness Plan Marianhill Inc.

Emergency Plan - Fire and Disaster Manual Prepared:

Reviewed: December 2024

## Emergency Preparedness Plan Description:

Emergency management is defined as comprehensive programs and activities taken to identify hazards and manage risks, and deal with actual or potential emergencies or disasters. Actions taken depend on the perceived risk of the hazard. It involves four phases, which generally, but not always, follow a pattern of prevention / mitigation; preparedness; response; and finally, recovery. It is broader than just response plans, encompassing both the assessment of potential hazards and risk, and strategies to minimize them through developing multiple measures to protect the organization in an effort to decrease the magnitude of harm.

Planning for and managing emergencies, disasters, or other aspects of resident, client, staff, and public safety involves:

- Establishing a culture that supports emergency management in the organization.
- Developing and maintaining emergency management plans describing the process of responding to and where possible, preventing emergencies.

Generally, these events are:

- Internal events that disrupt normal business.
- External events that generate surge in demand.
- External events that interrupt normal business (e.g. supply chains, weather/flooding, traumatic happenings, events of other local organizations, etc.).

The Incident Management System (IMS) is designed to ensure that those in charge establish command/control of the incident ensuring safety, communications, coordination of resources, and supply chain management in an emergency response quickly and effectively.

Key features include:

- Common language by establishing names/titles for positions, terminology for places.
- Recognized chain of command that clarifies the reporting relationships for all staff involved, which is critical for intra-agency cooperation.
- Manageable span of control that keeps the number of people reporting to a single person to between three and seven with the ideal being five.
- Modularity and scalability with all the power and authority initially resting with the Incident Manager and then can be delegated to others and as roles may be enacted as the emergency dictates.
- Consolidated action plans, outlining clear goals, objectives, and timelines.
- Management by objectives, done through a business cycle with ongoing monitoring.
- Centralized communications, where the Incident Manager is the hub with all relevant information going through this role.

Classification of events by emergency codes is the system used to alert staff to an emergency situation that has occurred in the organization, and to activate an immediate response from individuals or groups of individuals to that specific emergency. They were developed to promote a common language and response, to reduce the amount of

information staff must learn and prevent alarming patients and visitors.

Where the word code serves as the primary cue, it also indicates a secondary cue is coming (a colour). Colours are used to help staff remember the associated emergency (e.g., Code Red to indicate fire with red being the colour of fire trucks).

Maintaining the command centre can vary in length depending on the scale, complexity, and pace of the emergency, but typically is no longer than 24 hours, and can be as short as half an hour to an hour.

Part of the planning includes developing a recovery plan that details the process of deactivating or de-escalating emergency response plans and the steps required to return the organization back to normal operations.

#### Marianhill Emergency/Disaster Plan:

This prevention/mitigation, preparedness, response, and recovery plan is aligned with and integrates support of local, regional, and provincial partners and governments and their regulations (Ministry of Health and Long-Term Care and LHIN agreements/obligations, Long Term Care Home Act, Health Promotion and Protection Act, Occupational Health and Safety Act.)

#### Overall Scope of the Plan:

The plan incorporates the four phases of emergency management which are:

1. Prevention/mitigation;
2. Preparedness;
3. Response, and;
4. Recovery.

Prevention/mitigation is based on information obtained from hazard identification, risk assessment, and business impact analysis of Marianhill services.

Preparedness planning addresses all hazards identified by the organization's leaders, risk assessment, and business continuity and disaster recovery. As part of the preparedness phase education is provided to support the disaster and emergency preparedness for staff at all levels and for the management response plan.

Response is based on the emergency code system of the Incident Management System (IMS).

The plan identifies immediate actions to respond to disasters and emergencies including internal and external functional roles and responsibilities (e.g., those of community partners) and establishes lines of authority.

The IMS is used to direct and coordinate actions and operations during and after disasters and emergencies.

It defines the roles and responsibilities of team members and the operating procedures to be used. The roles and responsibilities will vary depending on the form of the incident.

Recovery is the follow up of the incident and the phase is used to enable return to normal operations. Depending on the scope of the disaster or emergency, the opportunity to debrief is offered early as part of the recovery plan or on going as may be needed. It could entail a session for individual needs, a small/informal meeting with those involved or something larger such as an open forum with those who express a request or need.

Oversight of the following planning and management document for Marianhill's emergency systems is by the Environmental and Emergency Preparedness Committee reporting to the Senior Leadership Committee.

### During the Preparedness Phase:

#### Section 1: Environmental and Emergency Preparedness Committee:

The committee, multidisciplinary by nature, provides both the expertise required to develop specific plans and procedures and the buy-in to recommend/approve what the organization will do during an emergency and in recovery. Members of the committee are internal to the organization, and when appropriate can also include consult with external parties of interest/expertise (e.g. Renfrew County District Health Unit, other appropriate participants) in mock training situations and as organizations with reciprocal agreements for disaster assistance etc.).

The committee has responsibility under the direction of senior leadership to participate in testing of Marianhill's disaster and emergency response plans to evaluate the state of response preparedness.

#### Section 2: Audit of Human Resources for Any Persons Having Supervisory Responsibilities during an emergency/incident

- Person with overall responsibility for building emergencies: Linda Tracey, CEO
- Environmental service department:
  - Melanie Jones, Interim Manager of Environmental Services
  - Krista St. Cyr, Senior Manager of Environmental Services
- Person in direct charge of shift: The RN in Charge after hours and weekends.
- Person(s) responsible in another authoritative capacity i.e. legal/procedural, etc.: CEO/designate/RN in charge in consultation with any other person of authority that has a stake in the incident. (e.g. MOHLTC, Medical Officer of Health, Police, Fire etc.)

#### Section 3: Conducting the Research and Rank Likelihood/Probability

Historical data is reviewed and used to determine if a similar occurrence has happened in the past, what time has elapsed since the last occurrence, and to ascertain the likelihood of the event recurring. The following scale is helpful in the analysis:

<b>Probability/Likelihood</b>	<b>What it Means</b>	<b>Code</b>
Highly Likely (HL)	Nearly 100% chance in the next year	A
Likely (L)	Between 10% and Nearly 100% in the next year or at least 1 chance in the next ten years.	B
Possible (P)	Between 1% and 10% in the next year or at least one chance in the next 100 years.	C
Unlikely/Improbable	Less than 1% chance in the next 100 years	D

#### Hazardous Occurrences Considerations and Planning

The following table lists possible types of hazards. It is not necessarily a comprehensive list and therefore other events may require management using this emergency plan and the IMS.

<b>Types of Hazards</b>	<b>Examples</b>	<b>Possible Impact to Marianhill Inc.</b>	<b>Probability/Likelihood</b>
Natural Hazards	Severe weather	Structure damage Loss of power	A
Infrastructure / Technological Hazards/Equipment loss of any essential service(s)	Utility outages (heat, hydro etc.)	Extended use of emergency power	B
	Telephone/computer failure	Staffing issues Paper back-up system	B
	Fire	Minimal to full evacuation	C
Internal Hazardous Materials Events	Chemical spills	Minimal to full evacuation	C
External Hazardous Material Events	CBRN due to proximity to CNL	Minimal to full evacuation or provide overflow spot to other patients	D
	Explosion	Minimal to full evacuation	C
Locations proximity to other organizations	CFB Petawawa	Dependent on scenario	
	Air traffic (CFB and ambulance)	Structure damage	C
Human Health/Medical Emergencies	Pandemic	Operate according to pandemic plan	C
	Severe outbreak affecting staff	Reduce operations Essential service to residents only	C
Human Caused Emergencies / Hazards	Hostage taking	Code Purple/Police services management	C
	Bomb threat	Management by police	C
	Violent Outbursts	Code White/Police services involvement	
	Missing Resident	Code Yellow/Police services	
Agriculture and Food Emergencies	Food borne illness	Instability in residents' health status Staff absenteeism	C
	Supply disruption	Alterations to menu/food services	B

The business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.

The results from post-drill analysis and debriefings are used to review and revise the all-hazard disaster and emergency response plans and procedures as necessary.

#### Section 4: Further Considerations for the Obligations under the *Fixing Long-Term Care Act*

*The act requires that this plan be reviewed and updated at least annually, including the update of all emergency contact information.*

This plan shall be tested related to loss of essential services, fires, and situations involving a missing resident, medical emergencies, and violent outbursts, including the arrangements with the community agencies, partnering facilities and resources that will be involved in responding to an emergency on an annual basis.

All other plans are to be tested every three years, including arrangements with community agencies and resources involved in response to the emergency.

A planned evacuation is to be done once every three years.

Written records are to be kept for all testing and evaluation of emergency plans and planned evacuation and of the changes made to improve the plans.

All arrangements with community agencies, partnering facilities and resources that will be involved in responding to emergencies will be kept current.

A business continuity plan is developed and implemented in order to continue critical operations during and following a disaster or emergency.

The business continuity plan is based on the results of business impact analysis and includes the identification of time-sensitive critical functions and applications, associated resource requirements, and interdependencies. The following policies and procedures can assist Command Centre personnel in formulating a business continuity plan for various disaster situations:

- Code Red
- Code Green
- Pandemic Plan

#### Section 5 Declaration of an emergency situation:

##### Person responsible for initial notification and Opening Command Centre:

The most responsible person in the building at the time the emergency becomes known takes the initial responsibility for the disaster situation. Ideally, this step includes gathering of preliminary information about the situation, type of incident, location, impact and expected duration, and if there is the potential for other hazards to occur or to be sequentially linked. This is helpful to those who determine the need to establish the IMS system and open a Command Centre. It is preferable to know as much about the

occurrence as possible but if it would delay a response or increase the chance of a poor outcome, begin with minimal information and the Incident Commander will determine the next steps.

The Incident Commander and Officers meet to exchange information, identify issues, and set objectives.

The initial analysis will consider the level of complexity in implementing the response. Consider the impact to safety, property and environment, the need for additional resources, other hazards, and whether it is a potential crime scene.

While many incidents will never require activation of the entire IMS organizational chart, the notification step will raise awareness of the emergency, and of the action taken for the immediate response plan to be developed that outlines the criteria for the response as well as for the procedures or sequence of steps for activating it. Some criteria include the need to coordinate organization-wide to ensure care needs are met, may involve scale-back services, dealing with media inquiries, or access to resources. The sequence of steps may include:

- Making the decision to activate
- Alerting people required to be there
- Activating the communications system

### During the Response Stage

#### Section 6: Emergency Communications

The Incident Commander may choose to populate the Information Officer position. It is important to keep a summary of actions to take, the current status of the emergency and sources of information and ensure all communication needs are covered as per requirements outlined in other plans (i.e., OHS, IPAC, MOHLTC Public Health Unit etc.). A scribe can be appointed if the Command Centre needs support.

An emergency communication plan is developed and implemented.

The communication plan identifies the essential information and messages that must be sent and received, to whom they should be communicated, and how the organization will send communications internally and externally, including to the public.

### During the Recovery Stage:

The Command Centre team will review the incident and plan for normal return to operations.

A discussion of options for debriefing and the course of time and frequency should be planned. Changes to debriefing requirements can evolve as recovery occurs, however it is best to make initial plans early to assist those who may need it as the incidents closes.

The communication plans continue to focus on the needs of staff, along with that of residents and other stakeholders, as the organization returns to normal operations. The

Command Centre officers will evaluate the effectiveness of the communication processes and tools used during the emergency response phase, and incorporate lessons learned into the plan.

### Section 7 Education of Supervisory Staff

All managers and registered nurses shall have access to a copy of this plan and the fire safety plan and are required to become familiar with their contents.

The objective of the education is to create awareness and enhance the skills required to develop, implement, maintain, and execute the all-hazard disaster and emergency response plan.

The education will include the emergency response plans and processes and may include the use of adjusted care criteria (e.g., when demand for care provided in accordance with normal care load exceeds resources) including conditions under which altered care situations are activated, how emergency responders will be notified of the activation, and how to apply altered care at the department/unit levels and for how long.

### Section 8: Education and Training of All Staff

Emergency and disaster education is provided at:

- Orientation
- Practiced in various scenarios such as monthly fire drill and annual
- Vulnerable Occupancy (timed fire) drill.
- Mandatory e-learning annually.

Marianhill's leaders assign particular roles to participate in and encourage as many other staff members as possible to participate in testing disaster and emergency plans and monitor and document participation.

### Testing of Codes

1. On an annual basis, Marianhill will test the emergency plans related to:

- Loss of Essential Services (Code BROWN)
- Fires (Code RED)
- Situations involving a Missing resident (Code YELLOW)
- Medical Emergencies (Code BLUE)
- Violent Outbursts (Code WHITE)
- Gas Leaks (Code BROWN or ORANGE)
- Natural Disasters (Code GREY or ORANGE)
- Extreme Weather events (Code GREY)
- Boil Water Advisory (Code ORANGE)
- Outbreaks/Pandemics
- Floods (Code BROWN or ORANGE)

2. Every three years, Marianhill will test all other emergencies not included:

- Bomb Threat (Code BLACK)



- Hostage Taking/Terrorism (Code PURPLE)

3. At least once every three years, Marianhill will conduct a planned evacuation (Code GREEN)
4. Marianhill will keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

#### Section 9: Definitions/Use of Key words:

##### Check:

Visual observation ensures that the device or system is in place and is not obviously damaged or obstructed.

##### Emergency Power:

Emergency power is required to ensure the continued operation of fire and life safety equipment in the event of loss of normal hydroelectric power. Marianhill is equipped with a generator, allowing essential electrical outlets and equipment to be used.

##### Exits:

Refers to a means of egress that leads to an open space.

##### Inspect:

Physical examination to determine that the device or system will apparently perform in accordance with its intended operation or function.

##### Mitigation:

Refers to actions taken to reduce the risks and impacts posed by hazards.

**Prevention:**

Refers to measures taken to avoid an incident or stop an emergency or disaster from occurring.

**Systems:**

Include elevators; heating, ventilation, and cooling systems; communication equipment such as telephones, facsimile machines, mobile phones, pagers, intercoms, and information systems.

**Test:**

Operation of device or systems to ensure that it/they will perform in accordance with its intended operation or function.

**Utilities:**

Include electricity, gas, potable water, sterile water, fuel, medical gases, and vacuum systems.

## Appendix 1

### Audit of Building Resources

Building Owner: Marianhill Inc.

- Building operates 24/7
- Number of Employees: At this site there are approximately 250 employees
- During regular business hours there are approximately 80 staff members present

Type of building	Block and brick construction. Shingle and sarnifil and layered flat roofing. Single floor wood construction areas.
Number of Stories	3 plus basement-sectioned
Building Use	Long-Term Care, Complex Continuing Care, Hospice Palliative Care, Grey Sister's Shalom Residence, Dementia Respite Unit, Adult Day Program
Number of Rooms	175 rooms and 205 beds
Number of Occupants (residents)	205
Number of Staff (Max)	80 at maximum on day shift
Number of Staff (Min)	14 at maximum on night shift
<b>Fire Protection and Safety Requirement/Resources</b>	
Emergency Vehicle Access Route	Yes
Are there Fire Department Siamese Connections?	Yes
Is There a Full Alarm System?	Yes 2-stage
List Make Model and number of Stages of the Alarm System?	Make Siemens, Model XLS and is 2-stage
Is the alarm connected to a private monitoring company?	Yes
If yes to the above provide the information about the company?	Telus Security
Location of Fire Panel	Basement A wing
Location of Annunciator panels	Main Entrance 1AWing (towards DWing) 1B Wing nursing desk 1C Wing nursing desk 1E Wing across from kitchen 2A Wing across from the elevators Shalom nursing desk Adult day care, in the Dementia Respite Area 3 <sup>rd</sup> floor at elevators
Emergency Voice Communications System	Yes, overhead paging (through phone system)

Type of Smoke Detectors	Siemens FP-11C detectors which detect smoke and heat. Some areas are serviced by heat detectors only.
Are there smoke control measures?	Fire doors throughout the facility HVAC system shuts down with fire alarm. Resident room doors close with the sounding of the alarm.
Sprinkler system type and location	Basement E Wing (corridor, offices & kitchen)  1C Resident rooms and corridors 2C Resident rooms and corridors Shalom Resident rooms and corridors Dementia Respite Unit corridors 1A Front Lobby, Dining Room & Chapel Dry system – Front Entrance Canopy Dry System – Dementia Respite Bedrooms
Location of sprinkler shut off valves	<b>See attached Diagram</b>  <b>1B Wing mechanical room 152-1:</b> <ul style="list-style-type: none"> <li>- Main Fire Pump</li> <li>- Main Entrance Dry Canopy Shut off</li> </ul> <b>1C Wing Sprinkler Closet:</b> <ul style="list-style-type: none"> <li>- 1C Rooms &amp; Corridor</li> </ul> <b>1A Coffee Shop Sprinkler Closet:</b> <ul style="list-style-type: none"> <li>- 1A Lobby &amp; Receiving Shut Off</li> <li>- 1E Corridor, Offices &amp; Kitchen Shut Off</li> </ul> <b>E13:</b> <ul style="list-style-type: none"> <li>- Shalom Corridor &amp; Res Rooms Shut Off</li> <li>- Hospice Rooms Shut Off</li> </ul> <b>M49 Dementia respite</b> <ul style="list-style-type: none"> <li>- Dementia Respite Attic/ level one/ basement</li> </ul> <b>2C 207 Access Panel</b> <ul style="list-style-type: none"> <li>- 2C Rooms &amp; Corridor Shut Off</li> </ul> <b>3<sup>rd</sup> Floor A wing level 3</b> <ul style="list-style-type: none"> <li>- Maintenance Shop &amp; Boiler Room Shut Off</li> </ul>
Is there a standpipe and hose system?	Yes, on every wing
Is there a fire pump?	Yes, 1B mechanical room 152-1
Is there emergency power?	Yes, a generator
Location and type of the generator	Exterior – Off of Cecelia Street Type: Bluestar Model # PD500-01
Are there elevators?	Yes, there are 2 elevators
Do the elevators have emergency functions?	Return to the ground floor and shutdown or go to another floor if the ground floor is affected
Where are portable fire extinguishers located	At exits and other locations throughout the building and are indicated on floor plans

What types of portable fire extinguishers are available?	A B C and one K (in the kitchen)
Where are the exits from the building?	See attached floor plans and floor plan section of the Code Red Binder at Command Centre
<b>Infrastructure Resources</b>	
Communication Capabilities	Telephone system, overhead paging system, Cell phones/Spectra Link system, Wi-Fi and 3G
Alternate Power Source(s)	Generator operates emergency power supply, variety of back up power supply units

## **Appendix 2**

### **Incident Management System and the Emergency Codes:**

Marianhill will respond to all codes using the Incident Management System. The various emergency/disaster situations are colour coded to align to the Incident Management System universal descriptors as indicated in the chart below.

<b>Code Colour</b>	<b>Code Description</b>	<b>Implement Incident Command Centre</b>	<b>Call 911 Immediately</b>	<b>Overhead Page</b>
Red	Fire	Yes	Yes	No
Green	Evacuation	Yes	No	Yes
Yellow	Missing Resident	Yes	Yes	Yes
Black	Bomb Threat	Yes	Yes	No
Brown	Internal Damage / Chemical Spill	Yes	No	Yes
Orange	External Disaster	Yes	No	Yes
Purple	Hostage Situation	Yes	Yes	No
Grey	Severe Weather / Button Down	Yes	No	Yes
White	Violence/Intruder	No	Unit Manager/RN in charge assess when to call	Yes
Blue	Falls / Health Emergency	No	Not for a fall until assessed	Yes
			For cardiac/health event involving staff/visitor	Yes

In all emergency situations, the role of the Incident Commander will be held by the CEO/designate/Director of Care/designated shift RN. The role of the Sector Leaders will be held by the Directors/Unit Managers/designate. The role of the Sector Officers will be held by the unit RPNs.

To identify the roles, once the Command Center is set up and functional during an emergency situation:

- Incident Commander will wear a Red vest
- Sector Leaders will wear lime green/orange vests
- Sector Officers will wear orange vests.

### **Appendix 3**

#### **Assigned Response Team Members**

This chart indicates who responds to the affected area:

Unit	Days (0700-1500)		Evenings (1500-2300)		Nights (2300-0700)
Affected Zone	All Nursing Staff assigned to this unit to assist with evacuation				
	To Zone	To Labour Pool	To Zone	To Labour Pool	To Zone
1B		1 RPN		1 RPN	1 PSW
	1 PSW	1 PSW	1PSW	1 PSW	
1C	1 PSW		1 PSW		1 PSW
1D	1 RPN		1 RPN		1 RPN
		2 PSWs		2 PSWs	
2C		1 PSW		1 PSW	1 RPN
2D	1 RPN		1 RPN		1 PSW
	1 PSW		1 PSW		
Shalom	1 PSW		1 PSW		1 PSW
DRU & Hospice	*Minimum 1 staff to remain on unit – all other staff to report to Labour Pool		*Minimum 1 staff to remain on unit – all other staff to report to Labour Pool		*Minimum 1 staff to remain on unit
ADP	*Minimum 1 staff to remain with each ADP group – all other staff to report to Labour Pool		Staff to report to Labour Pool		
*Minimum 1 staff to remain on affected units					
Once emergency is contained, Incident Commander will assign staff from Labour Pool to assist with monitoring doors on unaffected units.					
Housekeepers, Janitors, and maintenance staff		Report to Labour Pool			
The Labour Pool is located in the coffee shop, and if it is not available due to the emergency situation an alternate area will be announced					
Dietary staff		Turn off all cooking equipment and report to the Labour Pool			
All other unassigned staff		Report to the Labour Pool			
Staff as requested/assigned		Report to the holding unit on the request of the Sector Leader			

Staff that is called into the facility	Report to the Labour Pool
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## **Appendix 4**

### **Resident Care Equipment Available for Disaster and Emergency Response:**

Prepared Stock Emergency Equipment/Holding Unit – Additional areas will be identified for storage of additional supplies, equipment and PPE as needed.

One first aid/disaster kit will be kept in the 1D Room identified as the first aid room.

The emergency stretcher is stored in this room as well.

The 1D unit manager/designate will bring the kit to the resident holding area or assign a runner.

