



DUNDAS MANOR EMERGENCY PLANS AND MANAGEMENT 2026-2027

Dundas Manor has detailed Emergency Plans & Management for any type of emergency that can/may threaten care or services for the residents in our home. We test our responses to all types of emergencies to ensure we can continue to provide high-quality care and services to our residents in any situation. The information in the Emergency Plans and Management is presented to **Residents' Council** annually at the April meeting by our Emergency Preparedness Chair as a part of our education and collaboration with our residents. Families are also notified by robocall (by Administrator) of preparation for extreme weather or any emergency preparations related to resident safety as required throughout the year.

Our **stakeholders/partners** include, but are not limited to the following:

- ✓ Our residents, their families & our staff
- ✓ Winchester District Memorial Hospital
- ✓ Township of North Dundas & the community
- ✓ Osgoode Care Centre
- ✓ Southbridge Kemptville
- ✓ Winchester Fire Department
- ✓ Eastern Ontario Health Unit

EDUCATION & TESTING PROCESS:

Staff members are educated on their role in each type of emergency at orientation and throughout the year in a schedule via **actual, mock, tabletop, or 1:1 education** at set times throughout the calendar year on each type of emergency.

For the upcoming calendar year, the following emergency plan testing has or will be completed in our home:


- ✓ Code Red Monthly all 3 shifts- some Code Red testing will be completed with minimum staffing (6 staff)



- ✓ Code Blue- March 2026
- ✓ Code Yellow- January 2026
- ✓ Loss of One or More Essential Services-February 2026
- ✓ Natural Disasters & Extreme Weather-April 2026
- ✓ Boil Water Advisory-May 2026
- ✓ Floods-June 2026

UNIVERSAL CODES plus outbreaks of communicable disease, gas leaks, natural disasters/extreme weather events, boil water advisories and floods. All may impact care & services to our residents and so we will be prepared through clear policies, procedures, education, and testing.

All staff members have a copy of our **Universal Emergency Codes** on the back of their Dundas Manor issued nametag as a quick reference guide.



UNIVERSAL CODES

CODE RED → FIRE

CODE BLUE → CARDIAC ARREST

CODE WHITE → VIOLENT RESIDENT

CODE YELLOW → MISSING RESIDENT

CODE GREEN → EVACUATION

CODE ORANGE → EXTERNAL DISASTER

CODE BLACK → BOMB THREAT

CODE BROWN → CHEMICAL SPILL

CODE PURPLE → VIOLENCE TO/OR BY
STAFF MEMBER OR VISITOR

CODE SILVER → WEAPON IN THE HOME

Code Red is completed monthly on all 3 shifts. Staff members are required to attend (at minimum) one Code Red test annually. Most staff members are present for many more tests of this Code Red drill.

Annually, the Fire Department in Winchester participates in an onsite test of a Code Red drill to ensure that our home can safely and quickly evacuate our residents from their rooms in the event of a fire.

At orientation, our Education Lead reviews the Emergency Codes as part of the first day of Corporate Orientation. Tours of the home are conducted on day 1 of training & locations of all fire extinguishers are shown to each employee in each department.

Our **Fire Safety Plan** & Code Red Policy has been reviewed by the North Dundas Fire Chief in September 2025 and approved.

The **Administrator** of the home has completed the Office of the Fire Marshal “Improving Fire Safety for Vulnerable Ontarians ~ Training for Owners/Operators of Care Occupancies, Care & Treatment Occupancies & Retirement Homes.”

The **Maintenance Staff and the Director of Care** have all completed the Office of the Fire Marshal “Improving Fire Safety for Vulnerable Ontarians- Training for Supervisory Staff of Care Occupancies, Care & Treatment Occupancies.”

The **Charge Nurse** carries a Dundas Manor issued cell phone for use in emergency situations and is for communication between Leadership and the Charge Nurse.

On September 12, 2024, Dundas Manor completed a whole home **CODE GREEN** Evacuation successfully with support on site by North Dundas Fire Department. All aspects of our Code Green policy and procedure were tested. Debriefs occurred post testing and timings confirmed by the Fire Department. All Registered Staff in the home have received 1:1 re-education their Supervisory role in Code Red and Green.

IDENTIFICATION OF SAFE EVACUATION LOCATIONS:

For natural disasters or extreme weather events, Dundas Manor has entered a **Memorandum of Understanding** (MOU) with our hospital partners next door (Winchester District Memorial Hospital), with 2 local LTC homes (Osgoode Care

Centre & Southbridge Kemptville), and with the Township of North Dundas for use of the Joel Steele Community Centre in Winchester.

All MOU's were renewed in 2025 for a three (3) year duration – 2025-2028.

Contents of the MOU include:

- ✓ Use of the facilities for the immediate accommodation of residents. This would be for a short-term basis only until more suitable alternatives are located.
- ✓ Medications for the residents to be provided by the affected LTC home.
- ✓ As much staffing as can be arranged to work at the alternate site/LTC home.
- ✓ Winchester District Memorial Hospital (WDMH) is a close working partner in location & day to day operations of our home.
- ✓ We have an MOU with WDMH for supports in emergency situations such as:
 - bed/space availability for evacuated residents;
 - command centre location for phones, internet, additional PPE supplies;
 - a copy of our Emergency Preparedness Plan & Policies;
 - shared IT services;
 - availability to support food service as a short-term measure;
 - deployment of available hospital staff to support staging/triaging of residents as needed;
 - Dundas Manor will provide as much staffing as possible along with medications for residents.

TRANSPORTATION PLAN to MOVE RESIDENTS, STAFF, SUPPLIES, MEDICATION DURING AN EVACUATION:

- ✓ See Internal process **CODE GREEN** for procedure and policy with MOUs with local LTC homes & WDMH
- ✓ Our home has a **letter of understanding** with Roxborough Bus Lines that in the event of an emergency, they will provide handicapped & regular bus transportation for our residents (2-year contract in place 2023-2025)
- ✓ **Medications** can be delivered by our home's Pharmacy to another location ~ wherever our residents are now located (as needed); All medication profiles are online through our Emar system.

- ✓ **Our Triage Process:** In place is a red folder on each resident unit that is always updated with resident listing, nametags, triage process, a walkie talkie & vest for each Registered Staff per home area and contact information for emergency numbers ~ including how to do a mass messaging robocall. During an emergency, a staff member of the home would be directed to bring these red folders out of the home (in an evacuation) for staging/triaging of our residents.

RESOURCES, SUPPLIES, PPE & EQUIPMENT:

Our home has quick access to a large stock of hand hygiene products, PPE (N95 masks & other protective equipment), and all required cleaning supplies. If we could not access our supply in the home, we would utilize the same from Winchester District Memorial Hospital. Our vendors could also support additional supplies through an on-demand order.

FOOD & FLUID PROVISION in an EMERGENCY:

The dietary department has emergency menus ready to implement if needed. Contingency processes are in place in event of no water, gas or power for the kitchen. If the gas oven was still accessible, this would be used for cooking. Boiled water for tea/coffee would be done here as well. Stockpile of canned soup, hard boiled eggs, cereal etc...many other non-perishable food items are in place in the home as well as disposable dishes & cutlery. We have a contract with a water supplier that can deliver a larger volume bottled water as needed. There is individual bottled water always on site as well as juice boxes, Gatorade etc... We further have an MOU with Winchester District Memorial Hospital who could support food & fluid provision in the short term.

PANDEMIC PLAN, PPE & OUTBREAK MANAGEMENT:

Dundas Manor has a comprehensive *Pandemic Plan* that has been used during this COVID-19 pandemic.

We have an *Outbreak Management Team* which is led by our IPAC Lead. The IPAC team comes together at the start, during & end of the outbreak to communicate, share, learn & review the situation. Our home has always worked closely with Public Health and received direction on outbreak management as well as testing as per their guidance during a communicable disease outbreak. The Outbreak Management Team is our Leadership Team in the home. We meet daily in the morning and review the status of the situation. Communication is

distributed to Registered Staff Supervisors and to all staff through “*All Staff Huddles.*”

Dundas Manor has ample access to *Personal Protective Equipment*. All our staff members are fit-tested for N95 masks with our own fit testing machine on site. We keep an inventory on site as well as track expiry dates for these masks. All other PPE (gowns, gloves, surgical masks & hand sanitizer) can be sourced and brought in as needed; but on site, we have enough PPE for a one-month timeframe.

Our Infection Prevention & Control Manual has detailed policies and procedures known to staff in the home to manage *isolation* of residents. Residents who exhibit signs & symptoms of any type of communicable disease/illness are isolated under droplet precautions & appropriate PPE in place as well as any testing/swabbing required. Staff provide care to well residents first & then to ill residents using the appropriate demonstrated PPE and following all signage & guidance.

Following an outbreak of a communicable disease, the Director of Care and/or IPAC Lead completes a synopsis that is shared with internal & external stakeholders of findings, outcomes, and suggestions for improvement. This is also shared quarterly with the Board of Directors by the Administrator. All disease outbreaks are reported immediately to the Ministry of Health.

Recovery from an Emergency and communicating to our residents, staff, and families is vitally important in resuming operations. Our home utilizes robocall mass messaging with follow up email to communicate plans for recovery to families and staff.

All staff huddles and team meetings also provide an opportunity to communicate next steps led by the Department Head or Registered Staff Supervisor. Our home is fortunate to have the free and confidential services of *EFAP* (Employee and Family Assistance Program) for all employees (or their families) who might be or will experience distress following an emergency.

Our home policies and our organizational chart indicate who is the *Incident Commander* at any given time ~ depending on time of the emergency and most senior member of the team in the home. There are specific responsibilities for

each department and roles based on the type of emergency occurring. Registered Staff take the lead in the absence of the Director of Care & Administrator of the home. The most senior member in the Incident Command role is in charge until someone else assumes that role- the DOC, Administrator, or Fire Chief (for example)

HAZARD IDENTIFICATION & RISK ASSESSMENT:

Hazard Identification and Risk Assessment (**HIRA**) is a tool that can be used to assess risk based on potential consequences and frequencies. The purpose is to identify which hazards should be the focus of emergency management programs at a particular point in time. Systematic risk assessments can shift the focus from being solely reactive to being pro-active

In our home, we have identified the following hazards:

HUMAN CAUSED HAZARDS:

- ✓ Cyber security attack

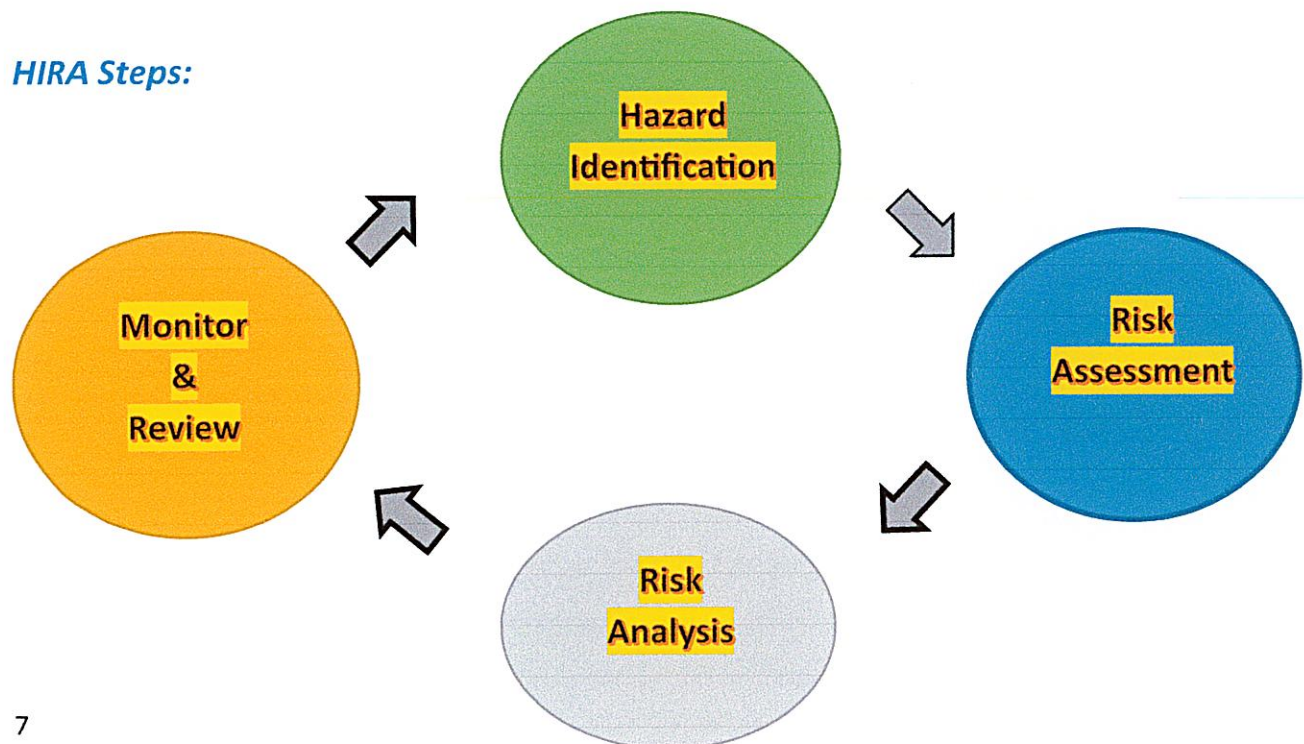
TECHNOLOGICAL HAZARDS:

- ✓ Fire
- ✓ Transportation Emergency (air ambulance path)

NATURAL HAZARDS:

- ✓ Extreme temperatures (heat/cold)

HIRA Steps:



HIRA METHOD ~ Consequence:

Consequence is divided into 6 categories based on recommended practices:

- ✓ Social Impacts
- ✓ Property Damage
- ✓ Critical Infrastructure Failures
- ✓ Environmental Damage
- ✓ Business/Financial Impact
- ✓ Psychosocial Impact

HIRA METHOD~ Frequency:

FREQUENCY	CATEGORY	PERCENT CHANCE	DESCRIPTION
1.	Rare	Less than a 1% chance of occurrence in any year	Hazard with return periods >100yrs
2.	Very Unlikely	Between a 1-2% chance of occurrence in any year	Occurs every 50-100 years and includes hazards that have not occurred but are reported to be more likely to occur in the near future
3.	Unlikely	Between a 2-10% chance of occurrence in any year	Occurs every 20-50 years
4.	Probable	Between a 10-50% chance of occurrence in any year	Occurs every 5-20 years
5.	Likely	Between a 50-100% chance of occurrence in any year	Occurs > 5 Years
6.	Almost Certain	100% chance of occurrence in any year	The hazard occurs annually.

LEVEL OF RISK:

LEVEL OF RISK	DESCRIPTION	HAZARDS
>50	Extreme	Flood, Forest Fire, Freezing Rain, Hazardous Materials Incident, Health Human Emergency, Snowstorm/Blizzard, Tornado
41-50	Very High	Drinking Water Emergency, Oil/Natural Gas Emergency, Terrorism
31-40	High	Agricultural and Food Emergency, Critical Infrastructure Failure
21-30	Moderate	Civil Disorder, Cyber Security Attack, Earthquake, Transportation Emergency, Windstorm
11-20	Low	Building/Structural Collapse, Explosion/Fire, Extreme Temperatures
<10	Very Low	Energy Emergency (Supply), Lightning, Sabotage, War

THIS IS DUNDAS MANOR'S HIRA 2026-2027

Hazard Identification	Risk Assessment ~ Level of Risk	Frequency	Consequence	Ranking
Cybersecurity	High	Probable	Critical Infrastructure Failures; Business/Financial Impact	2
Fire	High	Unlikely	Property Damage, Business/Financial Impact; loss of life potential	2

Hazard Identification	Risk Assessment ~ Level of Risk	Frequency	Consequence	Ranking
Transportation Emergency- Air Ambulance Flight Path	Low	Rare	Environmental Damage, Loss of Life potential	3
Extreme Temperatures- HEAT	Very High	Almost Certain	Critical Infrastructure Failures; Business/Financial Impact; Environmental Damage, Loss of Life potential	1
Extreme Temperatures- COLD	Very High	Almost Certain	Critical Infrastructure Failures; Business/Financial Impact; Environmental Damage, Loss of Life potential	1
Human Resources Challenge	Very High	Probable	New hiring required to fill positions at the new Dundas Manor (128 bed home)	1

RANKING OF 1: We ranked Human Resources Challenge, Extreme Temperatures – HEAT & COLD as our most important and frequent risk in the home.

Climate has become more unpredictable over the last many years. With our aging infrastructure and high temps/low temps, this building remains challenged to meet the needs. We are constantly prepared for any extreme weather by being proactive and communicating to all stakeholders for resident safety.

With the new home nearing completion, our home will need to hire many staff for multiple departments. The current Dundas Manor is well staffed (over-

staffed in many cases), but we will follow the construction schedule and timeline to hire the people we need to fill all (new) positions for the new Dundas Manor.

RANKING OF 2: Cybersecurity has become a greater risk and one that we have taken significant steps to mitigate in both over the past several years through improvements in security process, IT services, and protocols in the home. This becomes increasingly important to ensure stable and continued operations in the long-term care home in this highly technological environment.

RANKING OF 3: Transportation emergencies are ranked 3rd as the risk is present – there is a helipad located next to the current building of Dundas Manor. However, to date, there have been no emergencies but there is a potential risk with these close to our home/residents.

Any questions about our Emergency Plans & Management program at Dundas Manor are to be directed to the Administrator of the home.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Susan Poirier', with a stylized, flowing script.

Susan Poirier
Administrator

ATTESTATION

FLTCA s.90(3) to attest our home's compliance with FLTCA section 90 Emergency Planning requirements.

Licensee Legal Name: Rural Healthcare Innovations

Name of the Home: Dundas Manor

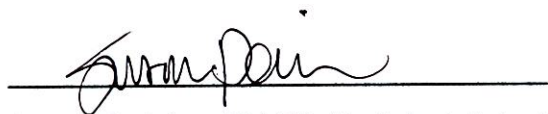
Date of the Attestation: January 29, 2026

Name & Title of Person Attesting: Susan Poirier, Administrator

I attest that the requirements under s.90 of the Act, and s. 269 and 270 under this regulation are complied with.

I attest that all the information and answers provided in the attestation are complete, true, and correct.

I attest that the licensee understands that any misrepresentation, falsification, or omission of any material facts may render the attestation void.

A handwritten signature in black ink, appearing to read 'Susan Poirier', is written over a horizontal line.

Susan Poirier, RN BScN, Administrator

Copy to MOHLTC Director Annually