



Emergency Management Plan



Revised: March 2026
Website Version

Message from the Administrator

At Au Château, safety is our number one priority. This commitment extends to everyone who enters our Home, residents, staff, visitors, volunteers, students, contractors, partners, and members of the broader community. We are dedicated to providing a safe, secure, and supportive environment at all times.

In accordance with the *Fixing Long-Term Care Act, 2021* and *Ontario Regulation 246/22*, Au Château maintains a comprehensive Emergency Management Plan (EMP). This plan outlines how the Home mitigates risk for, prepares for, responds to, and recovers from emergency situations that may impact health, safety, or the continuity of services. These include, but are not limited to, infectious disease outbreaks, loss of essential services, fires, evacuations, severe weather, and other community-wide or unforeseen events.

Our Emergency Management Plan is designed specifically for the long-term care environment and incorporates the principles of the Incident Management System (IMS), as required under the *Fixing Long-Term Care Act, 2021*. IMS provides a standardized and flexible framework that supports clear leadership, coordination, and communication during emergencies, while allowing for professional judgment and adaptability as situations evolve.

Emergency preparedness and response are shared responsibilities. This plan has been developed under the direction of the Leadership Team and community partners and is supported by managers, supervisors, and staff across all departments. The Administrator, Environmental Services Manager and the Joint Health & Safety Committee are responsible for the overall implementation, coordination, and ongoing maintenance of the plan. As a living document, the EMP is reviewed and updated regularly to reflect legislative requirements, emerging risks, and lessons learned through training, exercises, and real events.

The Emergency Management Plan is guided by the principle of life safety. Protecting residents, particularly those who are medically fragile or highly dependent remains paramount, while also ensuring the safety of staff, visitors, and anyone present in the Home. All individuals are expected to follow safety procedures, remain aware of their surroundings, and act responsibly during emergency situations.

Through preparation, teamwork, and a strong culture of safety, Au Château is committed to maintaining a safe, resilient, and responsive environment for all.

Andrée Quesnel, RN, BScN, LTC-CIP

Administrator & CEO

Au Château

Mitigation

Mitigation is a critical component of emergency preparedness as it focuses on reducing risks before an emergency occurs. Through proactive planning, hazard identification, and preventive measures, mitigation helps minimize the likelihood and impact of emergencies on residents, staff, and operations. Effective mitigation supports life safety, protects essential services, and strengthens the Home's ability to continue providing care during disruptive events.

Hazard Identification and Risk Assessment (HIRA)

A Hazard Identification and Risk Assessment (HIRA) is conducted annually to systematically identify potential hazards that could affect the Home and to assess their likelihood and potential impact (refer to [Appendix A](#)). This process enables the Home to prioritize risks, plan appropriate mitigation strategies, and ensure preparedness activities are aligned with the most relevant and emerging threats.

Community Partnerships and Agreements

Emergency preparedness relies not only on internal readiness but also on strong collaboration with community partners. Having formal agreements in place with external agencies such as other long-term care homes, hospitals, emergency services, suppliers, and municipal partners, supports coordinated response, resource sharing, and continuity of care during emergencies. These partnerships enhance the Home's resilience and ensure timely access to support when it is most needed.

Preparedness

Planning and preparedness focus on clearly defining leadership roles, responsibilities, and decision-making authority during an emergency. This includes identifying required resources, assigning personnel, and ensuring necessary equipment and supports are available. Ongoing education, training, and regular drills are used to test the plan, confirm readiness, and ensure staff understand their roles and responsibilities.

Emergency Contact and Notification Process

Timely and accurate communication is essential during an emergency to protect residents, staff, and visitors and to support coordinated response efforts.

When Calling 911

Staff member designated to Call 911 will provide the following information to the Dispatcher and will remain on the line until instructed to disconnect:

- Name of property: Au Château

- Address:
 - Street Address: 100 Michaud Street
 - City: Sturgeon Falls
- Closest main intersection: Michaud Street and Ethel Street
- Telephone number: (705) 753-1550
- Nature of the emergency: provide a clear and specific description of what is occurring
- Be prepared to answer questions about the relevant colour code e.g. medical (Code Blue), Violence (Code White).
- Any other questions asked e.g. conscious, breathing, bleeding

Staff Emergency Call List and External Notifications

- The Staff Emergency Call List is activated when the incident significantly impacts operations, staffing levels, resident safety, or the Home’s ability to maintain essential services.
- Vendors, utilities, and community partners are contacted when their services or resources are required to support the response or maintain continuity of care.

Activation of notifications is coordinated through the Incident Command and the Emergency Control Group (ECG), as appropriate to the scale of the incident.

Board of Management Notification

The Administrator or Delegate is responsible for ensuring appropriate notifications occur and for providing timely updates to the Board of Management during significant incidents. Updates may include information related to resident safety, service impact, response actions and recovery status.

Contact Information Management

Accurate and current contact information is essential to effective emergency communication. Contact details for staff, residents, volunteers, students, community partners, vendors, and suppliers are maintained to ensure timely coordination and response during an emergency. Contact information is reviewed and verified on a quarterly basis, or more frequently as required.

Supporting Documents

Additional procedures and contact tools are available in the following appendices:

- [Appendix B](#)
- [Appendix C](#)
- [Appendix D](#)

Incident Management System (IMS) Framework

The IMS is a standardized framework use to organize people, roles, and resources during an emergency. It provides clear leadership, defined responsibilities, and a coordinated approach to managing incidents of any size, while allowing flexibility based on the situation.

Standardized IMS colours are used to clearly identify leadership and functional roles during an emergency. This supports visibility of key positions, enhances security within the Incident Command Post (ICP), and helps quickly identify authorized personnel. The approved IMS colours are:

- Incident Commander & Command Staff: **Green**
- Operations: **Red**
- Planning: **Blue**
- Logistics: **Yellow**
- Finance & Administration: **Grey**

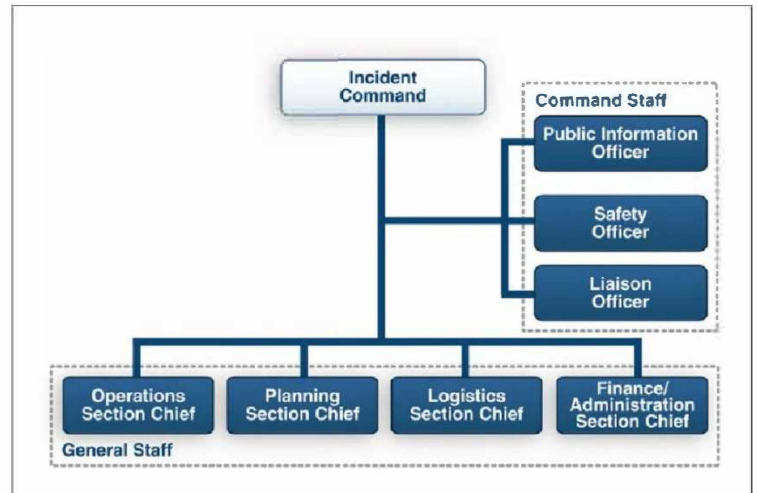
During significant events, staff assigned to IMS roles are required to wear the approved IMS-coloured vests. These vests are stored in the Emergency Kit located at the reception office. Refer to [Appendix E](#) for a complete list of items contained in the Emergency Kit.

Emergency Response Roles and Responsibilities

Incident Commander (IC)

At the start of any emergency, only one individual shall be clearly identified as the Incident Commander (IC). The first individual who becomes aware of an incident will assume the role of Incident Commander until the role is transferred.

For specified emergency codes requiring an extensive IMS activation, an IMS Form ([Appendix F](#)) must be completed, as outlined in the applicable emergency code policy and procedure. Any change in the Incident Commander during these events must be documented on the IMS Form and include a full briefing. Completed forms must be provided to the Administrator.



Responsibilities

The Incident Commander is responsible for overall incident management and coordination, including:

- Ensuring the safety of all individuals.
- Assessing and reassessing the situation.
- Establishing priorities, objectives, and strategies appropriate to the incident.
- Implementing an IMS command structure.
- Coordinating all response activities.

Immediate Actions

Upon assuming command, the Incident Commander will:

- Identify themselves clearly and don the Incident Commander vest.
- Address immediate life safety concerns and stabilize the situation.
- Establish an Incident Command Centre and clearly identify its location.
- Determine required staffing and assign IMS roles, including:
 - Command Staff: Safety Officer, Liaison Officer, Emergency Information Officer, and Scribe.
 - General Staff: Operations, Planning, Logistics, and Finance Officers.

Closing and Incident

Command remains in place until operations have fully returned to normal. Incident closure includes:

- Completing required reports and documentation.
- Conducting briefings and debriefings.
- Releasing resources no longer required.
- Notifying the Senior Leadership Team of incident termination.

Command Staff

Emergency Information Officer (EIO)

- Develops and coordinates emergency communications
- Ensures all messaging is approved by Administrator
- Acts as the primary contact for public, media, and stakeholder communications.

Safety Officer

- Monitors safety conditions and recommends protective measures
- Works with Operations to reduce risk and ensure safe practices
- Ensures appropriate personal protective equipment and staff relief periods are in place.

Important Note: The Safety Officer should preferably be a Certified Member of the Joint Health and Safety Committee (JHSC). If the Safety Officer determines that conditions are unsafe, work must stop until the hazard is addressed. Decisions related to worker safety cannot be overridden, including by the IC until the issue is resolved in accordance with the *Occupational Health and Safety Act*.

Liaison Officer

- Serves as the primary point of contact with external partners and responding agencies
- Coordinates support from organizations not present in the Command Centre

Scribe

- Documents key decisions and actions
- Supports the IC and assigned IMS roles
- Maintains accurate incident records (not meeting minutes)

General Staff

Operations Officer

- Responsible for implementing the Incident Action Plan (IAP) and managing operational response activities while maintaining essential day-to-day services.

Planning Officer

- Coordinates the development, documentation, and evaluation of the IAP, supports decision-making, and manages incident documentation and demobilization planning.

Logistics Officer

- Ensures personnel, equipment, supplies, communication systems, and facilities are available and maintained throughout the incident.

Finance Officer

- Tracks costs, staffing time, contracts, reimbursements, and financial impacts associated with the incident, and provides cost analysis to support decision-making.

Incident Command Post (ICP)

An Incident Command Post (ICP) will be established during an emergency to provide a central location for coordination and communication. Unless otherwise directed based on the nature of the incident, the ICP at Au Château will be located in the RN Office/Library area.

This location is where the Incident Commander, leadership personnel, and designated front line staff will report to support coordinated decision-making, response activities and liaison with community partners and emergency service providers, as required. During significant incidents, signage will be posted to clearly identify the ICP location.

Emergency Operations Centre (EOC)

During significant emergencies that require leadership coordination, an Emergency Operations Centre (EOC) will be activated to support the response and ensure the continuity of essential long-term care services.

For Au Château:

- The primary EOC location is the Board Room.
- In the event of a power outage or if the Board Room is unavailable, the alternate EOC location will be the Library.

The EOC focuses on life safety, supporting the site-level response, and maintaining critical services and continuity of operations for residents, staff, and visitors.

Emergency Control Group (ECG)

At Au Château, the Emergency Control Group (ECG) is made up of the Administrator and members of the Senior Leadership Team, along with other key emergency personnel as required by the nature of the emergency. The ECG operates from the Emergency Operations Centre (EOC) to support and guide the Home's response during significant incidents.

The ECG is responsible for:

- Supporting the Incident Commander and site-level response
- Making organization-wide decisions when needed
- Ensuring critical long-term care services and resident care continue
- Coordinating staffing, resources, and external supports
- Supporting recovery and the safe return to normal operations

The Administrator or Delegate is a core member of the ECG and provides leadership oversight, ensures compliance with legislative and organizational requirements, and supports coordinated decision-making throughout the emergency.

Emergency Preparedness Orientation, Training, and Testing

Orientation and Training

Au Château ensures that emergency preparedness training and orientation are provided in accordance with the *Fixing Long-Term Care Act, 2021* and *Ontario Regulation 246/22*, which

require long-term care homes to maintain a comprehensive emergency plan and ensure that staff, volunteers, and students are educated on their roles and responsibilities prior to performing duties and on an ongoing basis. Training must support safe, coordinated emergency response and continuity of care.

The first step in preparedness is the orientation and training of staff members to their roles in the Emergency Management Plan (EMP) and Fire Safety Plan. All staff members will receive training and orientation to the Emergency Management Plan (EMP) to ensure preparedness to an emergency. All staff will receive training at orientation before performing their duties independently. Staff will be retrained on an annual basis. If the EMP is updated, all affected staff will be retrained as soon as reasonably possible.

Emergency Preparedness Testing

Au Château conducts regular emergency drills and exercises to test emergency procedures, validate staff readiness, and identify opportunities for improvement. Drills are documented and reviewed to inform updates to the Emergency Management Plan and training programs.

Testing Frequency

The required testing frequency as required under *Ontario Regulation 246/22* is as follows:

Every Year	Every Third (3) Year
1. Outbreaks (communicable disease/disease of public significance), epidemics, and pandemics.	1. Code Orange (community disaster)
2. Code Red (fire)	2. Code White (violent outbursts)
3. Code Yellow (missing resident)	3. Code Black (bomb threat)
4. Code Grey (loss of one or more essential services)	4. Code Brown (chemical spills)
5. Code Blue (medical emergency)	5. Code Brown (gas leak)
6. Code Orange (natural disasters or extreme weather events)	6. Code Green (evacuation)
7. Code Grey (boil water advisory)	
8. Code Brown (internal flooding)	

Accepted Emergency Testing Methods

Emergency preparedness testing may take different forms depending on the complexity, risk level, and objectives of the test. The following methods are recognized and appropriate in long-term care settings.

1. Table-Top Exercises

- A facilitated discussion, based exercise where participants walk through an emergency

scenario, roles, decisions, and communications.

2. Drills

- A focused, practical test of specific procedure or response, often involving front line staff.

3. Functional Exercises

- A simulated emergency that tests coordination, command, and communication, without full physical deployment e.g. may use this testing method to test its capacity to evacuate a portion (or all) of its occupants.

4. Field Exercises (Full-Scale Exercises)

- A live, real-time simulation involving actual movement of people, equipment, and resources.

Important Notes

- In accordance with the *Fixing Long-Term Care Act, 2021* and *Ontario Regulation 246/22*, Au Château tests its Emergency Management Plan on a regular basis using risk-based methods. Functional and full-scale exercises are conducted as appropriate, based on identified risks, operational changes, or lessons learned, rather than on a prescribed schedule.
- Due to the medically fragile nature of the resident population, Au Château does not conduct full-scale (field) emergency exercises involving the live movement of residents. Resident safety, dignity, and well-being remain the highest priority.
- Emergency testing follows a progressive approach. Complex exercises are not undertaken unless the EMP is sufficiently mature and participants have received training.
- For detailed guidance on planning, conducting, evaluating, and documenting emergency drills and exercises, refer to [Appendix G](#)

Documentation, Attendance, and Record Keeping

All emergency preparedness activities at Au Château, including orientation, training, annual education, drills, table-top exercises, and functional exercises must be fully documented. Documentation includes, at a minimum, the date, topic or scenario, participants, outcomes, and any lessons learned, or improvement actions identified.

Attendance is recorded, verified, and retained for all emergency preparedness orientation, training sessions, annual education, and testing activities. Records are maintained in accordance with organizational policy and legislative requirements. Findings from training, drills, and exercises are reviewed by leadership and used to inform plan updates, staff education, and continuous improvement of the Emergency Management Plan.

Emergency Plan Maintenance and Updates

Review and Updates of the Emergency Management Plan

Au Château's Emergency Management Plan is reviewed and updated at least annually to ensure it remains current, effective, and aligned with legislative requirements, identified risks, and operational practices. The review considers lessons learned from emergencies, drills, exercises, and changes to the Home's operations or environment.

The Administrator and Environmental Service Manager are responsible for coordinating the annual review and updates, with input from key members of the Senior Leadership Team and Emergency Control Group, using an Incident Management System (IMS) approach to continuous improvement.

This document, all appendices, and related emergency documents are reviewed as part of the annual process. Any emergency code that results in a true activation is reviewed within 30 days by the Administrator or Delegate, in collaboration with key participants involved in the response. Findings from this review are used to update the Emergency Management Plan, procedures, training, and supporting documents as required.

Following approval, the updated Emergency Management Plan is posted on the Au Château website to ensure public access. All changes are communicated internally using the Home's Change of Policy- Memo process, and staff education is updated as needed.

Access to the Full Plan and Appendices

The full version of the Emergency Management Plan (EMP), including all appendices, is available on the shared drive:

S:\Policies & Procedures\Emergency Preparedness

If an appendix contains sensitive information that cannot be shared with all staff, the appendix will clearly indicate where and how authorized staff can access that information (e.g., through the Administrator/Delegate or a secure folder).

A contingency hard copy of the current EMP and critical appendices is kept in the Administrator's office.

Note: Not all emergency procedures are contained within this document. Related emergency plans, including Pandemic/Outbreak, Generator, and Staffing Contingency procedures, are maintained separately and cross-referenced as part of the Emergency Management Plan.

Agreements with Community Partners

Au Château enters into agreements with external organizations to support emergency response and continuity of operations. These agreements may include the provision of temporary or remote shelter, transportation, resources, supplies, and services, as required during an emergency.

All agreements are reviewed and renewed annually. Renewal is confirmed, documented, and maintained in the Administrator's office. Key agreement details and contact information are referenced in:

- [Appendix D](#)
- [Appendix H](#)
- [Appendix I](#)

Agreements may be established for, but are not limited to, the following services or resources:

- Temporary shelter and remote shelter (more than 3 km away, if required)
- Transportation
- Emergency supplies
- Food and potable water
- Generator support
- Any other agreements required to support the Home during an emergency

Site Profile

A Site Profile for Au Château is maintained and reviewed annually by the Leadership Team and the Joint Health and Safety Committee. The Site Profile identifies all essential service locations and service providers for the Home, including but not limited to electrical, water, natural gas, and other critical building systems. The Site Profile is accompanied by current floor plans that support understanding of the building layout and systems.

The Site Profile is used to refine and validate Emergency Colour Code procedures, support orientation to the building and its systems, and may be referenced during an emergency to assist with response, decision-making, and coordination.

Response

During an emergency, immediate and time-sensitive actions are taken to protect residents, staff, volunteers, and students, and to limit the impact of the situation. Response efforts prioritize life safety and are guided by the principles of the Incident Management System (IMS) and the established emergency colour-code procedures outlined in this plan

Emergency Code Announcements

In the event of an emergency, the Home uses a colour-code system to quickly alert staff and coordinate a response.

Emergency announcements are made over the Overhead Paging System, which is located at the Front Office and the 1st-Floor Nursing Station. In addition, all analogue telephones within the Home can be used to make overhead announcements and page all phones by dialing *444.

Note: Any staff member is authorized to initiate and announce a Code Blue or Code White without delay when an emergency is identified.

Announcements are made three (3) times to ensure they are clearly heard. Each colour code has a specific announcement that must be used when the code is initiated. As an example, standardized announcement for Code Blue and Code White are outlined below:

“Attention All staff members, Code _____, (Announce Location)”

“Attention All staff members, Code _____, (Announce Location)”

“Attention All staff members, Code _____, (Announce Location)”

If there is a power outage, alternative communication methods may be used, such as megaphones, walkie-talkies or in-person communication.

During an emergency, staff members respond according to their specific roles. For example, maintenance staff may be required to shut off utilities such as water or gas valves.

Staff ensure their work areas are safe and secure before leaving and take steps to maintain the safety of residents and visitors. At least one staff member remains in each Home Area at all times to provide support and supervision.

Once the situation has been resolved, an “All Clear” announcement is made over the overhead paging system. The announcement is repeated three (3) times to ensure all staff members are informed that normal operations can safely resume.

“Attention All staff members, Code _____ has ended, All Clear”

“Attention All staff members, Code _____ has ended, All Clear”

“Attention All staff members, Code _____ has ended, All Clear”

Emergency Colour Codes

To support clear communication and a coordinated response during emergencies, Au Château uses standardized emergency colour codes. These colour codes provide a quick and consistent way to identify the nature of an emergency and guide appropriate actions to protect the safety of residents, staff, visitors, and all individuals within the Home.

The Emergency Colour Code Chart below provides a high-level overview of each colour code used at Au Château. This chart is intended to help staff, residents, families, visitors, and members of the public understand the types of emergencies that may occur and how they are communicated within the Home.

CODE BLACK	BOMB THREAT/SUSPICIOUS PACKAGE
CODE BLUE	MEDICAL EMERGENCY
CODE BROWN	HAZARDOUS SPILLS/LEAKS
CODE GREEN	EVACUATION
CODE GREY	LOSS OF ESSENTIAL SERVICES/CYBERSECURITY
CODE ORANGE	MAJOR EMERGENCY/DISASTER (EXTERNAL)
CODE RED	FIRE
CODE WHITE	VIOLENCE & AGGRESSION
CODE YELLOW	MISSING PERSONS

In accordance with the *Fixing Long-Term Care Act, 2021* and *Ontario Regulation 246/22*, Au Château maintains written emergency colour code procedures. Detailed response actions, roles, and responsibilities associated with each colour code are outlined in the corresponding appendices.

The appendices listed below form part of this Emergency Management Plan and constitute the Home's approved emergency colour code policies and procedures, as required under provincial regulation.

Emergency Colour Codes Policy and Procedures

Code **Green** (Evacuation)

- Refer to [Appendix L](#)

Code Blue (Medical Emergency)

- Refer to [Appendix M](#)

Code Brown (Carbon Monoxide Detection, Natural Gas Lead, Chemical Threat, Liquid/Chemical)

- Refer to [Appendix N](#)

Code Black (Bomb Threat/Suspicious Package)

- Refer to [Appendix O](#)

Code Grey (Loss of Essential Services and Cybersecurity)

- Refer to [Appendix P](#)

Code Orange (Air Exclusion, Severe Weather, Weather Warning, Shelter for External Group)

- Refer to [Appendix Q](#)

Code Red (Fire)

- Refer to [Appendix R](#)

Code White (Violence, Aggression, Active Attacker)

- Refer to [Appendix S](#)

Code Yellow (Missing Person)

- Refer to [Appendix T](#)

Recovery

Recovery begins as soon as it is safe to do so and focuses on restoring services, infrastructure, and operations following an emergency. The goal of recovery is to return the Home to normal functioning as safely and efficiently as possible, while addressing any identified gaps and incorporating lessons learned.

As part of the Incident Management System (IMS), planning for recovery and demobilization will begin during the response phase. This includes coordinating repairs, restoring essential services, and returning staff and resources to regular operations.

Recovery planning may involve contacting external supports such as insurance providers, contractors, and disaster clean-up or restoration services, as required.

Recovery considerations are incorporated into emergency planning, staff education and training, and emergency exercises to support preparedness and continuous improvement.

Recovery efforts may include:

- Restoration of the physical building and essential services
- Debriefing and review following an incident

- Access to counselling or staff support services, if required

The Joint Health and Safety Committee may be involved in recovery planning and review, particularly where staff safety and well-being are concerned.

For significant events, an established recovery procedure is used to support a structured and coordinated return to normal operations, please refer to [Appendix U](#).

Through effective recovery planning, review, and continuous learning, the Home remains committed to strengthening resilience and maintaining the safety and well-being of residents, staff, and visitors.

Glossary of Terms

A glossary of Incident Management (IMS) terms used throughout this document is provided in [Appendix V](#).

References

Government of Ontario. (2022). *Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Schedule 1*.
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