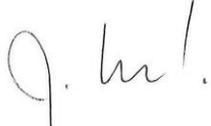


Leamington Mennonite Home
Long Term Care

**EMERGENCY MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Communication	SUBJECT: Emergency Communication	SECTION: B POLICY: 1
DATE: June 27, 2022	Administrator's Signature: 	

EMERGENCY COMMUNICATION

POLICY:

The Home will have a communication procedure in place for use during an emergency, including backup/secondary communication methods.

The Home's emergency plan will include a plan to ensure access to reliable communications equipment, including for the purpose of obtaining emergency assistance, always, including in the event of a power outage.

PROCEDURE:

A Communication Team will be set up to act as a relay and liaison during an emergency and will consist of persons who understand the Home's Emergency Response Team's responsibilities.

Communication: Directing Incoming Calls

Make a plan to handle incoming calls, preparing to respond with/to:

- Status updates on emergency/location/residents
- Offers to help/resources or staff coming from other facilities
- Staff calling to find out work schedule
- Medical information

Communication: Residents & Family Members

Prepare a telephone tree and have various staff call family members to assure them of their family member's safety and advise them of the Home's plan for the crisis.

Staff calling will:

- Remind family members that in crisis such as severe weather, telephone contact may be lost.
- Advise family members that staff will be focused on providing resident care and protection, so telephone inquiries should be short.
- Advise that you will keep them up to date and ask for several numbers where they can be reached.
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- Track calls made and any follow up required on the Family Emergency Contact Record Template.

The goal is to help family members feel comfortable and confident that you are doing all you can to ensure their loved one's safety.

The communications team will compile a "key point bulletin" for resident and family member communication consisting of these basic elements:

- Type of threat (e.g., ice storm)
- Estimated time and severity of impact
- General outlook at the time
- Expected disruptions to services and routines
- What the Administrator has done and is doing to lessen negative outcomes
- When to expect an updated status report
- What residents and family members can do to help

Prepare announcements that can be made over the public address system/sent via an automated messaging system (as applicable) as appropriate.

Based on the nature of the emergency, staff will keep residents informed via various strategies such as daily updates, one-to-one conversations, printed text of automated call scripts, updates to all residents in the dining room with opportunity for Q&A, Residents' Council meetings, etc.

Communication: Emergency Response Team, Staff, Volunteers, & Students

See Fan Out Policies/Templates.

Communication: Alternate Methods

In an emergency, normal means of communication may become unreliable or non-existent. Methods of communication in a disaster may include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Fax machine (if phones are operable)
- Scan and send (if internet is available)
- Internet or local area networks (if computer systems are operative)
- Email and texting

Communication: Provincial Regulatory Authorities

The Administrator will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

The Administrator, Director of Nursing & Personal Care, or designate will:

- 1) Ensure ongoing communication using the methods noted above to residents, substitute decision makers, staff, volunteers, students, caregivers, and the Residents' and Family Councils, including:
 - a. At the beginning of the emergency;
 - b. When there is a significant status change throughout the course of the emergency;
and
 - c. When the emergency is over.