

# STRATHMERE LODGE

## EMERGENCY EVACUATION AND RELOCATION PLAN (CODE GREEN)

**Revised Date:** June 25, 2026

**Next Review Date:** June 25, 2027

**Approved By:** Administrator

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# SECTION 1

## POLICY AND LEGISLATIVE AUTHORITY

### 1.1 Policy Statement

Strathmere Lodge is committed to protecting the health, safety, security and well-being of residents, staff, volunteers, contractors and visitors during emergencies requiring evacuation or relocation of all or part of the Home.

The Home shall maintain an Emergency Evacuation and Relocation Plan that provides for the orderly evacuation, transportation, temporary accommodation, care, accountability and return of residents during an emergency.

### 1.2 Legislative Authority

This plan is established pursuant to:

- Fixing Long-Term Care Act, 2021
- Ontario Regulation 246/22
- Occupational Health and Safety Act
- Fire Protection and Prevention Act
- Emergency Management and Civil Protection Act
- Applicable Ministry guidance and directives

### 1.3 Relationship to Other Plans

This plan forms part of the Home's overall Emergency Preparedness Program and shall be read in conjunction with:

- Fire Safety Plan
- Pandemic and Outbreak Plans
- Middlesex/London FLAG Group Shelter Agreement

### 1.4 Plan Review

This plan shall be:

- Reviewed annually;
- Reviewed following exercises;
- Reviewed following actual emergencies;
- Updated following significant operational changes.

## 1.5 Authority to Activate

The following individuals may activate this plan:

- Administrator (“Incident Commander”)
- Administrator Alternate/Designate

In conjunction with:

- Police
  - Emergency Medical Services
  - County Emergency Management Officials
- 

## SECTION 2

### PURPOSE, SCOPE AND OBJECTIVES

#### 2.1 Purpose

The purpose of this plan is to establish procedures that support:

- Safe evacuation of residents;
- Continuity of resident care;
- Resident accountability;
- Effective communications;
- Transportation and relocation;
- Recovery and repatriation.

#### 2.2 Scope

This plan applies to:

- Residents
- Staff
- Physicians
- Volunteers
- Students
- Contractors
- Visitors

## 2.3 Objectives

The objectives of this plan are to:

1. Protect life and safety.
  2. Maintain continuity of care.
  3. Preserve resident dignity.
  4. Ensure accountability for all residents.
  5. Maintain medication continuity.
  6. Maintain family communication.
  7. Coordinate with emergency responders.
  8. Restore normal operations safely and efficiently.
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## SECTION 3

### INCIDENT MANAGEMENT STRUCTURE

#### 3.1 Incident Management System (IMS)

Strathmere Lodge shall utilize an “Incident Management System (IMS)” during emergency events. An IMS is Ontario's standardized, province-wide framework used by first responders, municipalities, and government agencies to manage emergencies effectively.

#### 3.2 Incident Commander

Position: Administrator or Alternate/Designate

Responsibilities:

- Activate emergency plans (using “**Code Green**” when initiating Public Address (PA) System announcements at The Lodge during an Evacuation incident);
- Liaise with emergency responders;
- Authorize evacuation decisions;
- Coordinate recovery activities;
- Authorize communications.

#### 3.3 Operations Chief

Position: Director of Resident Care

Responsibilities:

- Coordinate resident care;

- Coordinate evacuation operations;
- Direct resident transfers;
- Maintain resident accountability processes.

### 3.4 Logistics Chief

Position: Environmental Services Manager

Responsibilities:

- Coordinate transportation resources;
- Coordinate equipment and supplies;
- Coordinate evacuation centre resources;
- Maintain facility support services.

### 3.5 Planning Chief

Position: Director of Resident Care or Designate

Responsibilities:

- Maintain situation reports;
- Track resident movement;
- Maintain documentation;
- Develop operational action plans.

### 3.6 Communications Officer

Position: Administrator

Responsibilities:

- Coordinate OneCallNow notifications;
  - Maintain communication logs;
  - Coordinate media inquiries;
  - Support family communications;
  - Communicate with families and substitute decision-makers;
  - Coordinate resident inquiries;
  - Provide resident location updates.
-

# SECTION 4

## EVACUATION READINESS

### 4.1 Resident Identification

Each resident shall have an emergency identification package maintained within the Home.

Identification shall accompany the resident during evacuation.

### 4.2 Resident Census

Current resident census information shall be available for emergency use and resident accountability purposes.

### 4.3 Evacuation Kits

Evacuation kits shall be maintained at the designated communication station(s).

Contents shall include:

- Resident Accountability forms
- Transportation forms
- Communication logs
- Flashlights
- Pens and markers
- Clipboards
- Safety vests

### 4.4 Monthly Verification

Evacuation supplies and documentation shall be inspected monthly by the Lodge Staff Educator.

### 4.5 Room Evacuation Markers

Door frame evacuation markers shall be utilized to identify rooms that have been searched and cleared.

### 4.6 Emergency Evacuation Equipment

The Home shall maintain wheelchairs and other relevant emergency supplies.

## 4.7 OneCallNow Readiness

OneCallNow message broadcast software shall serve as the Home's primary emergency notification system.

Emergency contact lists shall be maintained regularly by the Administrator.

## 4.8 Assembly Areas

### Internal Assembly Area

- Rose Room/Chapel Area

### External Assembly Areas

Primary:

- Visitor Parking Lot

Secondary:

- Staff Parking Lot

Assembly areas shall remain supervised at all times.

# SECTION 5

## INTERNAL RELOCATION PROCEDURES

### 5.1 Purpose

Internal relocation shall be utilized whenever residents can be safely moved away from a hazardous area while remaining within Strathmere Lodge.

Internal relocation is generally the preferred evacuation strategy as it minimizes disruption to resident care and avoids transportation risks.

### 5.2 Circumstances Requiring Internal Relocation

Internal relocation may be initiated due to:

- Fire or smoke conditions
- Flooding
- Utility failure
- Structural concerns
- Hazardous materials incidents

- Security threats
- Any condition that renders an area unsafe

## 5.3 Types of Internal Relocation

### Room Evacuation

When an emergency affects a single resident room:

- Remove residents and occupants immediately.
- Close windows if safe to do so.
- Close the room door.
- Apply room door evacuation marker.
- Relocate residents to a safe area.

### Area Evacuation

When an entire section of a Resident Home Area is affected:

- Remove residents from the affected area.
- Relocate residents beyond the affected zone (past fire separation doors).
- Maintain resident supervision and accountability.
- Continue evacuation until all residents are safe.

### Horizontal Relocation

Horizontal relocation shall be the preferred method whenever possible (i.e., before Vertical or Full Building Evacuation).

Residents shall be moved across fire separation doors into unaffected areas.

Priority shall be given to:

- Residents closest to danger
- Ambulatory residents
- Residents requiring extensive assistance
- Residents with complex medical needs

### Vertical Relocation

Vertical relocation may be required when:

- A floor becomes unsafe
- Structural concerns exist
- Emergency officials (e.g., fire department) direct relocation

Where elevators are unavailable, approved evacuation equipment and techniques shall be utilized (stairwells are equipment with evacuation boards for applicable non-ambulatory residents).

## 5.4 Resident Movement Priorities

Residents shall generally be relocated in the following order:

Priority 1:

- Residents in immediate danger

Priority 2:

- Residents requiring extensive assistance

Priority 3:

- Remaining residents

## 5.5 Internal Assembly Areas

Primary Internal Assembly Areas:

- Rose Room/Chapel Area

The Incident Commander may designate alternate internal assembly locations if required.

## 5.6 Resident Accountability

During all relocation activities:

- Staff shall maintain resident supervision.
- Resident Accountability Tracking Forms shall be utilized.
- Census verification shall occur at regular intervals.

No relocation shall be considered complete until all residents have been accounted for.

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# SECTION 6

## FULL BUILDING EVACUATION

### 6.1 Purpose

Full evacuation procedures shall be implemented when all or a substantial portion of the Home must be vacated.

### 6.2 Authority to Evacuate

A full evacuation may be ordered by:

- Incident Commander
- Fire Department
- Police
- Emergency Medical Services
- County Emergency Management Officials

### 6.3 Evacuation Activation

Upon Full Building evacuation activation:

- Activate Emergency Evacuation and Relocation Plan.
- Utilize reference to “Code Green” (e.g., overhead PA announcements).
- Establish Incident Command.
- Activate OneCallNow notifications.
- Notify County leadership as required.
- Begin resident accountability procedures.

### 6.4 Evacuation Priorities

#### Priority 1 Residents

Residents requiring:

- Oxygen support
- Complex nursing care
- Behavioural support

#### Priority 2 Residents

Residents requiring:

- Wheelchairs
- Mechanical lifts
- Two-person assistance

### Priority 3 Residents

Residents who are:

- Ambulatory
- Independently mobile
- Able to transfer safely with supervision

## 6.5 External Assembly Areas

### Primary

Visitor Parking Lot

### Secondary

Staff Parking Lot

Assembly areas shall:

- Remain supervised
- Maintain resident accountability records
- Facilitate transportation coordination

## 6.6 Assembly Area Responsibilities

Designate Assembly Area Leads shall:

- Maintain resident accountability
- Coordinate resident supervision
- Monitor resident condition
- Coordinate transportation staging
- Communicate with Incident Command (e.g., Administrator, Director of Resident Care)

## 6.7 Visitor Management

Visitors shall:

- Be directed to designated safe locations
- Not interfere with evacuation activities

- Receive information through designated channels, including OneCallNow notifications

## 6.8 Traffic Control

Access routes shall be maintained for:

- Fire apparatus
- Ambulances
- Accessible transportation vehicles
- Emergency management personnel

## 6.9 Building Security

When safe to do so:

- Building access shall be restricted
  - Entrances shall be secured
  - Security shall be maintained until emergency operations conclude
- 

# SECTION 7

## TRANSPORTATION AND RESIDENT TRANSFER

### 7.1 Purpose

Transportation procedures ensure safe and accountable movement of residents to temporary evacuation centres or receiving facilities.

### 7.2 Transportation Resources

Transportation resources may include:

- Middlesex-London EMS
- Accessible transportation providers
- Voyago Transportation
- Langs Bus Lines
- Robert Q
- Enterprise Truck/Car Rental
- Other approved providers

Transportation resources shall be reviewed annually.

## 7.3 Transportation Prioritization

### Ambulance Transportation

Utilized for residents requiring:

- Stretcher transport
- Advanced monitoring
- Oxygen support
- Acute medical care

### Accessible Transportation

Utilized for residents requiring:

- Wheelchair accommodation
- Specialized seating
- Additional support during transport

### Standard Transportation

Utilized for residents who:

- Are ambulatory
- Can transfer safely
- Require minimal assistance

## 7.4 Resident Accountability During Transfer

Resident Accountability Tracking Forms shall record:

- Resident name
- Departure location
- Destination
- Transportation provider
- Departure time
- Arrival time
- Escorting staff member

## 7.5 Medication Transfer

The Director of Resident Care shall ensure:

- Current MAR (Medication Administration Record) accompanies resident
- Medication supply accompanies resident

- Physician orders accompany resident
- Care plan information accompanies resident

## 7.6 Controlled Substances

Controlled substances shall:

- Be reconciled whenever possible prior to transfer
- Be documented using reconciliation forms
- Remain under authorized staff control

## 7.7 Resident Equipment

Where practical, the following shall accompany residents:

- Wheelchairs
  - Walkers
  - Oxygen equipment
  - Specialty mattresses
  - Personal care supplies
  - Essential personal belongings
- 

# SECTION 8

## TEMPORARY EVACUATION AND RELOCATION CENTRE

### 8.1 Purpose

Temporary evacuation centres provide a safe location for residents pending return to the Home or transfer to receiving facilities.

### 8.2 Primary Temporary Evacuation Centre

Strathroy East Christian Reformed Church  
476 Metcalfe Street East  
Strathroy, Ontario N7G 1R5  
(519) 245 - 0851

The facility may be utilized for:

- Temporary shelter

- Resident registration
- Family reunification
- Staging for transportation
- Emergency feeding and hydration

### 8.3 Evacuation Centre Lead

The Incident Commander (Administrator) shall appoint an Evacuation Centre Lead.

Responsibilities include:

- Resident registration
- Resident Accountability
- Space allocation
- Family liaison activities
- Communication with Incident Command (Administrator, Director of Resident Care)

### 8.4 Resident Care

Residents shall continue to receive:

- Nursing care
- Medication administration
- Nutrition and hydration
- Personal care
- Psychosocial support

### 8.5 Family Reunification

Families shall receive information through:

- OneCallNow
- Telephone updates
- Direct communication from leadership

Family inquiries shall be coordinated through the Administrator/Director of Resident Care.

### 8.6 Resident Release to Family

Residents may be released to family members only when:

- Identity is confirmed
- Appropriate documentation is completed
- Resident care needs can be safely met

All releases shall be documented.

## 8.7 Longer-Term Relocation

Where return to Strathmere Lodge is not immediately possible:

- Middlesex/London FLAG Group arrangements shall be activated.
- Receiving facilities shall be identified.
- Resident transfers shall be coordinated through Lodge Incident Command.

## 8.8 Documentation

The Evacuation Centre Lead shall maintain:

- Resident accountability records
- Transfer records
- Communication logs
- Family reunification records
- Incident notes

All documentation shall be retained in accordance with Lodge policies.

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# SECTION 9

## COMMUNICATIONS

### 9.1 Purpose

The purpose of this section is to ensure timely, accurate and coordinated communication with residents, families, staff, emergency responders, government agencies and community partners during emergency events requiring evacuation or relocation.

### 9.2 Communications Objectives

Strathmere Lodge shall:

- Maintain situational awareness.
- Provide timely information to residents and families.
- Support emergency responder coordination.
- Maintain communication documentation.
- Reduce confusion and misinformation.

- Support continuity of operations.

## 9.3 Primary Communication Systems

### Primary System

OneCallNow Emergency Notification System

OneCallNow shall be utilized to notify:

- Staff
- Residents' families
- Substitute Decision Makers
- Leadership personnel

### Secondary Systems

- Overhead Paging
- Cellular Telephones
- Landline Telephones
- Email
- Face-to-Face Communications
- County Emergency Communications Systems

## 9.4 Staff Notification

The Lodge Communications Officer shall coordinate emergency staff notifications.

Notifications may include:

- Nature of emergency
- Reporting location
- Reporting time
- Staffing requirements
- Operational updates

Department Managers shall confirm staffing availability and report shortages to Lodge Incident Command.

## 9.5 Family Notification

Families and Substitute Decision Makers shall receive information regarding:

- Nature of emergency
- Resident status
- Resident location

- Relocation site information
- Family reunification information
- Repatriation information

OneCallNow shall be utilized whenever possible.

## 9.6 Emergency Responder Communications

Lodge Incident Command shall maintain communication with:

- Fire Department
- Police Services
- Emergency Medical Services
- County Emergency Management Officials
- Public Health Authorities

## 9.7 Ministry and Regulatory Notification

The Administrator or designate shall notify appropriate agencies as required.

Notifications may include:

- Ministry of Long-Term Care
- Ontario Health
- Middlesex-London Health Unit
- County of Middlesex
- Other authorities as required

All notifications shall be documented.

## 9.8 Media Relations

Only the Administrator or designated spokesperson may provide information to media.

Information released shall:

- Be factual
- Protect resident privacy
- Support emergency operations
- Comply with applicable legislation

## 9.9 Communication Documentation

The Emergency Communications Log shall be utilized to record:

- Significant communications

- Agency notifications
  - Family notifications
  - Staff notifications
  - Operational updates
- 

## SECTION 10

### RECOVERY AND REPATRIATION

#### 10.1 Purpose

Recovery activities shall begin as soon as emergency conditions permit.

The objective is to restore operations and safely return residents to Strathmere Lodge.

#### 10.2 Repatriation Authority

Authorization to return residents shall be provided by the Incident Commander (Administrator) following consultation with:

- Emergency Responders
- County Leadership
- Environmental Services Manager
- Director of Resident Care
- Other authorities as required

#### 10.3 Building Readiness Assessment

Prior to repatriation, verification shall occur regarding:

##### Life Safety Systems

- Fire Alarm System
- Sprinkler System
- Emergency Lighting
- Fire Separations

##### Building Systems

- Electrical Service
- Water Service
- Sewer Service

- HVAC Systems
- Elevators
- Nurse Call System
- Information Technology Systems

## Resident Care Services

- Medication Availability
- Clinical Supplies
- Food Services
- Environmental Services (Laundry, Housekeeping, Maintenance)
- Staffing Levels

## 10.4 Resident Room Readiness

Resident rooms shall be inspected to verify:

- Safety
- Accessibility
- Cleanliness
- Required Equipment Availability

## 10.5 Transportation for Return

Resident transportation shall be coordinated using the same accountability standards utilized during evacuation.

Resident Accountability Tracking Forms shall remain active until all residents have returned.

## 10.6 Family Notification

Families shall be notified regarding:

- Repatriation date
- Transportation arrangements
- Home operational status
- Contact information

OneCallNow shall be utilized whenever possible.

## 10.7 Documentation

The following records shall be retained:

- Transportation Records

- Resident Accountability Records
- Communication Logs
- Incident Reports
- Recovery Documentation

## 10.8 Post-Incident Debriefing

Following emergency operations:

- Leadership debriefings shall occur.
  - Staff debriefings shall occur.
  - Lessons learned shall be documented.
  - Corrective actions shall be assigned.
  - Emergency plans shall be re-drafted
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# SECTION 11

## TRAINING, TESTING AND EVALUATION

### 11.1 Purpose

Training and testing activities ensure staff are capable of implementing this plan safely and effectively.

### 11.2 Orientation

All new employees shall receive orientation regarding:

- Emergency Codes
- Evacuation Procedures
- Resident Accountability
- Communication Procedures
- Emergency Roles and Responsibilities

### 11.3 Annual Education

Emergency preparedness education shall be provided annually.

Topics may include:

- Internal Relocation
- Building Evacuation

- Resident Transfers
- OneCallNow Procedures
- Resident Accountability Procedures
- Transportation Coordination

## 11.4 Emergency Exercises

The Home shall conduct emergency preparedness exercises to evaluate readiness.

Exercises may include:

### Tabletop Exercises

Discussion-based emergency scenarios.

### Functional Exercises

Testing of procedures and documentation.

### Full-Scale Exercises

Exercises involving simulated or actual resident movement.

## 11.5 Planned Evacuation Exercise

In accordance with Ontario Regulation 246/22, Strathmere Lodge shall conduct a planned evacuation exercise at least once every three years.

The exercise should evaluate:

- Lodge Incident Command
- Resident Accountability
- Communications
- Transportation Coordination
- Temporary Relocation Operations
- Family Communication
- Recovery Processes

Where practical, the exercise should include participation from community partners.

## 11.6 Exercise Documentation

Exercise records shall include:

- Exercise Objectives
- Scenario Description
- Participant List

- Evaluator Notes
- Recommendations
- After Action Report

## 11.7 After Action Review

Following exercises and actual emergencies:

- Strengths shall be identified.
- Areas for improvement shall be identified.
- Recommendations shall be documented.

## 11.8 Corrective Action Process

Recommendations shall:

- Be assigned to a responsible individual.
- Include completion timelines.
- Be monitored until completed.

## 11.9 Annual Review

This plan shall be reviewed annually.

The review shall verify:

- Contact Information
- Transportation Resources
- Receiving Site Information
- OneCallNow Databases
- Equipment Inventories
- Training Records
- Exercise Schedules

# APPENDIX A

## EMERGENCY CONTACT DIRECTORY

**Organization**

**Emergency Evacuation Role Summary**

**Phone Number**

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<b>Middlesex County Chief Administrative Officer (CAO)</b>	<b>County command lead.</b> Directs regional administration relief, unlocks emergency reserve funding, and activates county asset deployments.	<b>(519) 434-7321</b> <i>(Main County line)</i>
<b>Middlesex County Community Emergency Management Committee (CEMC)</b>	Program coordination and planning lead. Formulates regional evacuation protocols, oversees public alert systems, establishes reception centres, and deploys Community Emergency Response Volunteers (CERV).	<b>(519) 434-7321</b> <i>(Main County line)</i>
<b>Emergency Services (Police / Fire / EMS)</b>	First responders for immediate life safety, tactical command, and mass triage operations.	<b>911, or contact Police, Fire, EMS as below</b>
<b>Provincial Emergency Operations Centre (PEOC)</b>	<b>Maintains ultimate provincial command.</b> Receives the official local Declaration of Emergency and orchestrates provincial-level disaster logistics.	<b>1-866-314-0472</b> <i>(Toll-free emergency line)</i>
<b>Ontario Health atHome (South West Region)</b>	<b>Coordinates bed tracking.</b> Manages immediate long-term care data and regional capacity routing to safely place evacuated residents into appropriate care facilities.	<b>1-800-811-5146</b> <i>(Toll-free regional line)</i>
<b>Ministry of Long-Term Care (Daytime Support)</b>	<b>Provincial compliance oversight.</b> Receives mandatory daytime notification regarding immediate facility threats, building status, and active resident evacuation.	<b>1-866-434-0144</b> <i>(Family Support/ACTION Line)</i>
<b>Ministry of Long-Term Care / ServiceOntario (After-Hours Desk)</b>	<b>Provincial oversight outside business hours.</b> Receives critical incident reports and emergency evacuation notifications occurring on evenings, weekends, or holidays.	<b>1-888-999-6973</b> <i>(ServiceOntario After-Hours Desk)</i>
<b>Strathroy-Caradoc Police Service</b>	<b>Perimeter security.</b> Establishes local traffic control cordons for incoming transport buses and secures the physical facility once evacuated.	<b>(519) 245-1250</b> <i>(Non-emergency desk)</i>
<b>Middlesex-London Paramedic Services (EMS)</b>	<b>Medical logistics officer.</b> Orchestrates multi-casualty transport, manages advanced on-scene medical care, and handles critical-care ambulance shifts.	<b>(519) 679-5466</b> <i>(General inquiry line)</i>
<b>Strathroy-Caradoc Fire Department</b>	<b>Tactical scene command.</b> Directs building safety checks, structure containment, and provides physical manpower to move non-ambulatory residents.	<b>(519) 245-1990</b> <i>(Non-emergency admin line)</i>

<b>Lodge Leadership Team (Members of the “Incident Management System”)</b>	
<b>Title</b>	<b>Phone</b>
Administrator	(519) 719-9987
Director of Resident Care	(519) 355-4657
Environmental Services Manager	(519) 317-2913
Food Services Manager	(519) 983-3634
Programs and Services Manager	(519) 762-0029
Office Supervisor	(519) 281-2525

**APPENDIX B**

**RESIDENT ACCOUNTABILITY TRACKING FORM**

**Copy form as necessary**



Organization	Emergency Evacuation & Fleet Role Summary	Phone Number
<b>Middlesex-London Paramedic Services (EMS)</b>	<b>Critical Medical Transport.</b> Manages triage on-scene and dispatches ambulances for high-acuity, medically fragile, or unstable residents.	<b>(519) 679-5466</b> <i>(General inquiry line)</i>
<b>Voyageur Transportation Services</b>	<b>Contracted Stretcher &amp; Wheelchair Transfer.</b> Mobilizes multi-passenger non-emergency medical vehicles and patient transfer vans for non-ambulatory residents.	<b>(519) 455-4579</b> <i>(Patient Transfer Dispatch)</i>
<b>Voyago Inter-Community Transit</b>	<b>Public Route Shuttle Transit.</b> Coordinates local inter-city public buses to assist with mass relocation of fully ambulatory residents.	<b>(519) 787-1055</b> <i>(Booking &amp; Seat Dispatch)</i>
<b>Middlesex County Connect Transit</b>	<b>Municipal Public Shuttle.</b> Dispatches county-run accessible fixed-route fleet vehicles to assist with community-to-community shelter relocations.	<b>1-888-465-0783</b> <i>(Middlesex Transit Support)</i>
<b>Langs Bus Lines (Strathroy Head Office)</b>	<b>Mass School Bus Evacuation.</b> Mobilizes a high-capacity school bus fleet from the local depot to rapidly transport large volumes of stable, mobile residents.	<b>(519) 245-2350</b> <i>(Local Operations Desk)</i>
<b>Robert Q Airbus</b>	<b>Charter Coach &amp; Shuttle Service.</b> Dispatches a regional fleet of large passenger vans and commercial charter highway coaches for long-distance regional relocation.	<b>(519) 673-6804</b> <i>(or 1-800-265-4948)</i>
<b>Enterprise Rent-A-Car (London/Regional)</b>	<b>Logistics Cargo &amp; Support Fleets.</b> Fast-tracks emergency rentals of cargo vans, SUVs, and passenger minivans to transport resident luggage, medical charts, and staff.	<b>1-833-619-3659</b> <i>(Corporate Emergency Line)</i>
<b>VON Middlesex-Elgin (Strathroy Office)</b>	<b>Accessible Community Transportation.</b> Deploys localized community support vans and volunteer driver networks equipped for seniors with mild mobility aids.	<b>(519) 245-3170</b> <i>(Local Admin Line)</i>
<b>Care Ride Mobility</b>	<b>Specialized Accessible Provider.</b> Dispatches local wheelchair-accessible vans and non-urgent private stretchers to handle individuals with severe mobility challenges.	<b>(519) 281-3351</b> <i>(Dispatch Line)</i>

## APPENDIX D

# EAST CHRISTIAN REFORMED CHURCH SITE INFORMATION SHEET

## Primary Temporary Evacuation Centre

### Address:

476 Metcalfe Street East Strathroy, Ontario

### Potential Uses:

- Temporary Shelter
- Family Reunification
- Resident Registration
- Transportation Staging
- Emergency Feeding Area

# APPENDIX E

## MIDDLESEX/LONDON FLAG GROUP SHELTER AGREEMENT

### London-Middlesex Long Term Care Homes Collaborative Emergency Shelter Plan

**Purpose:** To provide a summary of resources available and 24-hour contact for decision makers at all London-Middlesex Long Term Care Homes in the event that any Long-Term Care Home needs emergency shelter for its residents.

**Scope:** This is a mutual agreement between the *evacuating home* and the *receiving home* to provide assistance in the event an evacuation of either location is required.

**Please note:** Each resident's original "home" is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of said LTC home, regardless of the resident's relocation status during a disaster. All costs incurred for care and services provided are the responsibility of the resident's "home".

**Responsibilities of the *Evacuating Home* include, but are not limited to:**

- Ensure appropriate care and services for the resident(s)
- Promptly notify the receiving home of the potential to evacuate
- Promptly notify the receiving home when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the receiving home
- Supplement the receiving home's staff
- Make arrangements with external providers to provide the following items as quickly as possible:
  - Resident medications and medication storage unit
  - Medical supplies and equipment
  - Food and water
  - Medical Records
  - Blankets as needed
  - Staff

**Responsibilities of the *Receiving Home* include, but are not limited to:**

- Provide a person of contact upon notification of imminent evacuation.
- Receive residents and direct to area where they will be sheltered.
- Coordinate appropriate use of medical supplies and services.
- Integrate evacuating home's staff into resident care planning
- Integrate evacuating home's Kitchen staff.
- Provide dietary needs using food supplies from evacuating home.

In the event of a disaster or other emergency that damages both homes, the senior management of both locations, in collaboration with local emergency response supports, determine to what extent each home may be able to assist the other.

*This agreement will be automatically renewed on January 31<sup>st</sup> of each year, without action by the participating homes who have consented to participate in the Shelter Agreement. Any home may terminate this agreement with a thirty (30) day written notice".*

**PARTICIPATING HOMES**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| 1. AgeCare London                | 2. AgeCare Parkhill                  |
| 3. Babcock Community Care Centre | 4. Country Terrace                   |
| 5. Craigwiell Gardens            | 6. Dearness Home                     |
| 7. Earls Court                   | 8. Elmwood Place                     |
| 9. Extendicare London            | 10. Henley Place                     |
| 11. Kensington Village           | 12. McCormick Home                   |
| 13. McGarrell Place              | 14. Meadowpark London                |
| 15. Middlesex Terrace            | 16. Mount Hope Centre for LTC        |
| 17. Peoplecare Oakcrossing       | 18. Southbridge London               |
| 19. Southbridge London East      | 20. Sprucedale Care Centre           |
| 21. Strathmere Lodge             | 22. The Village of Glendale Crossing |
| 23. Westmount Gardens            |                                      |

If the automated system is used to alert homes of a potential evacuation, alerts will also go to Middlesex-London Ontario Health Team, Middlesex London Health Unit, Home and Community Support Services, City of London.

**It is the responsibility of each Executive Director/ Administrator to keep their Home's information up to date should it change during the calendar year.**

Date:	October 15, 2025
LTC Home:	AgeCare London
Address	2000 Blackwater Road London
Telephone #:	519-434-2727
Fax#:	519-679-3442
Name of person completing this form:	Lori Demaiter
E-mail Address:	Lori.demaiter@AgeCare.ca

Number of square feet of Shelter you are able to provide:	280
How many residents could you accommodate?	2
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No, mattresses available
Bathrooms?	Yes

**Emergency Contact Name:** Manager on Call

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Manager on Call	
Contact Information:	Work	519-434-2727
	Home	
	Cell (Indicate if Text ok)	226-495-0587

Alternate Contact Name:	Maureen Cooke	
Position:	PSSM	
Contact Information:	Work	519-434-2727 Ext 238
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Deborah Adetinkan	
	Work	519-434-2727 Ext 225
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

Date:	November-07-2025
LTC Home:	AgeCare Parkhill
Address	250 Tain Street, Parkhill, ON N0M 2K0
Telephone #:	519-294-6342
Fax#:	519-294-0107
Name of person completing this form:	Cara Van Massenhoven
E-mail Address:	Cara.vanmassenhoven@AgeCare.ca

Number of square feet of Shelter you are able to provide:	600 -sunroom, 60-lounge, 100- 2 <sup>nd</sup> lounge
How many residents could you accommodate?	15
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No- but mattresses available
Bathrooms?	Visitor- accessible washrooms

**Emergency Contact Name:** Cara Van Massenhoven

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Interim Executive Director	
Contact Information:	Work	519-294-6342 ext 222
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Jennifer Muma	
Position:	Environmental Manager	
Contact Information:	Work	519-294-6342 ext 230
	Home	
	Cell (Indicate if Text ok)	519-520-7628

Director of Care:	Interim Amy Morrissey	
Contact Information:	Work	519-294-6342 ext 222
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

Date:	July-04-2025
LTC Home:	Omni Quality Living-Country Terrace
Address:	10072 Oxbow Dr.
Telephone #:	519-657-2955
Fax#:	519-657-8516
Name of person completing this form:	Rob Bissonnette
E-mail Address:	rbissonnette@omniqualityliving.com

Number of square feet of Shelter you are able to provide:	500
How many residents could you accommodate?	8
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	At least Mattress
Bathrooms?	Yes

**Emergency Contact Name:** Rob Bissonnette

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator -Rob Bissonnette	
Contact Information:	Work	519-657-2955
	Home	
	Cell (Text ok)	519-851-5915
Alternate Contact Name:	Warren Calhoun	
Position:	Maintenance Manager	
Contact Information:	Work	519-657-2955
	Home	
	Cell (Text ok)	519-719-7280
Director of Nursing:	Crystal Brooks	
Contact Information:	Work	519-657-2955
	Home	
	Cell (Text ok)	519-200-3260

Other pertinent information:

Date:	April 12, 2024
LTC Home:	Craigwiel Gardens
Address	221 Ailsa Craig Main Street, Ailsa Craig, Ontario. NOM 1A0
Telephone #:	519 293-3215
Fax#:	519 293 3941
Name of person completing this form:	Sarah Campbell
E-mail Address:	scampbell@craigwielgardens.on.ca

Number of square feet of Shelter you are able to provide:	400
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	YES
Can you provide beds?	NO
Bathrooms?	YES

**Emergency Contact Name:** Sarah Campbell

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	CEO	
Contact Information:	Work	519 293-3215 EXT.222
	Home	
	Cell (Indicate if Text ok)	519-494-1950

Alternate Contact Name:		
Position:		
Contact Information:	Work	519 293-3215 EXT 234
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Nicole Fleischauer	
	Work	519 293-3215 EXT.223
	Home	
	Cell (Indicate if Text ok)	519 872-2468

Other pertinent information:

Date:	July 03, 2025
LTC Home:	Dearness Home
Address	710 Southdale Road
Telephone #:	519-661-0400
Fax#:	519-661-0446
Name of person completing this form:	Eileen Marion-Bellemare
E-mail Address:	ebellemare@london.ca

Number of square feet of Shelter you are able to provide:	700
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	yes
Can you provide beds?	no
Bathrooms?	yes

**Emergency Contact Name:** Leslie Hancock

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator – Leslie Hancock	
Contact Information:	Work	519-661-2489 x8260
	Home	
	Cell (Indicate if Text ok)	226-448-5292

Alternate Contact Name:	Rick Nolan	
Position:	Manager of Environmental Services	
Contact Information:	Work	519-661-2489 X8229
	Home	
	Cell (Indicate if Text ok)	226-926-2376

Director of Care:	Eileen Marion-Bellemare	
	Work	519-661-2489 x8263
	Home	
	Cell (Indicate if Text ok)	226-268-6190

Other pertinent information:

Date:	October 15, 2025
LTC Home:	Earls Court Village
Address:	1390 Highbury Ave North, London ON N5Y 0B6
Telephone #:	519-601-5088
Fax#:	519-601-5388
Name of person completing this form:	Everton Kuhn
E-mail Address:	ekuhn@svch.ca

Number of square feet of Shelter you are able to provide:	840
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, but mattresses available
Bathrooms?	Visitor accessible washroom

**Emergency Contact Name:** Everton Kuhn

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519-601-5088 Ext 501
	Home	
	Cell (Indicate if Text ok)	226-503-7034

Alternate Contact Name:	Dave Pranger	
Position:	Director of Facility Services	
Contact Information:	Work	519-601-5088 Ext. 506
	Home	
	Cell (Indicate if Text ok)	519-520-9793

Director of Care:	Gemma Nott	
	Work	519-601-5088 ext 501
	Home	
	Cell (Indicate if Text ok)	519-476-1430

Other pertinent information:

Date:	October 23, 2025
LTC Home:	Elmwood Place
Address	3400 Morgan Ave London ON N6L 0G7
Telephone #:	519-433-7259
Fax#:	519-660-0158
Name of person completing this form:	Dawn Mackintosh
E-mail Address:	<a href="mailto:dawn.mackintosh@extendicare.com">dawn.mackintosh@extendicare.com</a>

Number of square feet of Shelter you are able to provide:	500
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	3 cots and 1 Queen non-medical bed
Bathrooms?	yes

**Emergency Contact Name:** Dawn Mackintosh

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	226-926-4755
	Home	Same as below
	Cell (Indicate if Text ok)	226-926-2451

Alternate Contact Name:	Kamal Virk	
Position:	Associate Director of Care	
Contact Information:	Work	519-433-7259 x 2023
	Home	
	Cell (Indicate if Text ok)	647-336-3355, yes

Director of Care:	Shirley Nieman Interim DOC	
Contact Information:	Work	519-433-7259 x2003
	Home	
	Cell (Indicate if Text ok)	226-973-4786

Other pertinent information:

Date:	October 29, 2024
LTC Home:	Extendicare London
Address:	860 Waterloo Street, London, ON; N6A 3W6
Telephone #:	519-433-6658
Fax#:	519-642-1711
Name of person completing this form:	Janet Lakie
E-mail Address:	Janet.lakie@extendicare.com

Number of square feet of Shelter you are able to provide:	600
How many residents could you accommodate?	5
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Manager on Call

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Manager on Call	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	519-668-4393

Administrator Contact Name:	Janet Lakie	
Position:	Administrator	
Contact Information:	Work	519-433-6658 Ext. 212
	Home	
	Cell (Indicate if Text ok)	519-709-0774

Director of Care:	Michelle Lemhenyi	
	Elvira Villeneuve	
	Michelle	519-433-6658 Ext. 217
	Elvira	519-433-6658 Ext. 236
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	February 16, 2023
LTC Home:	Henley Place
Address	1961 Cedarhollow Blvd. London
Telephone #:	519-951-0220
Fax#:	519-951-0212
Name of person completing this form:	Rae Ajayi
E-mail Address:	RAjay@primacareliving.com

Number of square feet of Shelter you are able to provide:	2500
How many residents could you accommodate?	13
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Rae Ajayi

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519 951 0220 x 220
	Home	
	Cell (Indicate if Text ok)	226-984-9327

Alternate Contact Name:	Niklas Chandrabalan	
Position:	Vice President	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	647-524-7287

Director of Care:	Amy McLean	
Contact Information:	Work	519-951-0220 x221
	Home	
	Cell (Indicate if Text ok)	519-495-2664

**Other pertinent information:**

Date:	February 15, 2023
LTC Home:	Kensington Village
Address:	1340 Huron St, London, Ontario, N5V 3R3
Telephone #:	519-455-3910
Fax#:	519-455-1570
Name of person completing this form:	Michelle Dawson
E-mail Address:	<a href="mailto:mdawson@svch.ca">mdawson@svch.ca</a>

Number of square feet of Shelter you are able to provide:	700
How many residents could you accommodate?	6
Can you provide food for those you are sheltering?	yes
Can you provide beds?	yes
Bathrooms?	yes

**Emergency Contact Name:** Michelle Dawson

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519-455-3910 x 230
	Home	
	Cell (Indicate if Text ok)	519-200-8153 (ok to text)

Alternate Contact Name:	Leslie Ducharme	
Position:	Director of Operations	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	519-319-6210 (ok to text)

Director of Care:	Melanie Campbell	
	Work	519-455-3910 x 228
	Home	
	Cell (Indicate if Text ok)	226-377-4629 (ok to text)

**Other pertinent information:**

Beds on Retirement side would be able to accommodate Residents, which would include beds. Staff would ideally accompany the Residents from their LTC home.

Date:	February 03, 2023
LTC Home:	McCormick Home
Address	2022 Kains Road, London On N6K 0A8
Telephone #:	519-432-2648
Fax#:	519-472-1486
Name of person completing this form:	Lisa Maynard
E-mail Address:	lmaynard@mccormickcare.ca

Number of square feet of Shelter you are able to provide:	1750
How many residents could you accommodate?	5
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Lisa Maynard

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator	
Contact Information:	Work	519-432-2648 Ext. 2321
	Home	
	Cell (Indicate if Text ok)	519-317-3776

Alternate Contact Name:	Jim Davis	
Position:	Manager of Environmental Services	
Contact Information:	Work	519-432-2648 Ext. 2379
	Home	
	Cell (Indicate if Text ok)	519-933-7090

Director of Care:	Kerri Gaffney	
	Work	519-432-2648 Ext. 2322
	Home	
	Cell (Indicate if Text ok)	519-282-7718

Other pertinent information:

Date:	October 23, 2025
LTC Home:	McGarrell Place
Address	355 MCGARRELL DRIVE LONDON ON N6G0B1
Telephone #:	519-672-0500
Fax#:	519-472-7987
Name of person completing this form:	CHRISTEN MCLEOD
E-mail Address:	Christen.mcleod@reveraliving.com

Number of square feet of Shelter you are able to provide:	1000 sq ft
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	YES
Can you provide beds?	NO
Bathrooms?	YES

**Emergency Contact Name:** CHRISTEN MCLEOD

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Christen McLeod- Executive Director	
Contact Information:	Work	519-672-0500 X2002
	Home	
	Cell (Indicate if Text ok)	519-494-0165 TEXT-YES

Alternate Contact Name:	Jennifer Lightfoot (interim)	
Position:	ESM	
Contact Information:	Work	519-672-0500 X2007
	Home	
	Cell (Indicate if Text ok)	519-494-7813 YES

Director of Care:	Lincy Thankaraj Sisil	
	Work	519-672-0500 X2003
	Home	
	Cell (Indicate if Text ok)	226-448-4267

Other pertinent information:

Date:	October 16, 2025
LTC Home:	Meadowpark London
Address	1210 Southdale Road East London
Telephone #:	519-686-0484
Fax#:	519-686-9932
Name of person completing this form:	Emaculada Chesher
E-mail Address:	<a href="mailto:echesher@jarlette.com">echesher@jarlette.com</a>

Number of square feet of Shelter you are able to provide:	0
How many residents could you accommodate?	0
Can you provide food for those you are sheltering?	0
Can you provide beds?	0
Bathrooms?	0

**Emergency Contact Name:** Emaculada Chesher

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator	
Contact Information:	Work	519-686-0484 Ext. 31
	Home	
	Cell (Indicate if Text ok)	519-870-6103

Alternate Contact Name:	Ron Wall	
Position:	Environmental Supervisor	
Contact Information:	Work	519-686-0484 Ext. 15
	Home	
	Cell (Indicate if Text ok)	226-234-9062

Director of Care:		
	Work	519-686-0484 Ext. 32
	Home	
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	November 08, 2024
LTC Home:	Middlesex Terrace
Address:	2094 Gideon Drive Delaware, On N0L 1E0
Telephone #:	519-652-3483
Fax#:	519-652-8733
Name of person completing this form:	Carol Bradley
E-mail Address:	cbradley@middlesexterrace.ca

Number of square feet of Shelter you are able to provide:	600 sq feet
How many residents could you accommodate?	2
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	Yes
Bathrooms?	Yes

**Emergency Contact Name:** Carol Bradley

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519-652-3483 Ext 38
	Home	
	Cell (Text OK)	Carol- 226-228-5789

Alternate Contact Name:	Leader on Call	
Position:		
Contact Information:	Work	
	Home	
	Cell (Text OK)	548-888-3483

Director of Care:	Angela Dayman	
Contact Information:	Work	519-652-3483 Ext 39
	Home	
	Cell (Text OK)	519-859-3189

**Other pertinent information:**

Date:	October 25, 2025
LTC Home:	Mount Hope Centre for Long Term Care
Address:	21 Grosvenor St. London, ON N6A 1Y6
Telephone #:	519-646-6100
Fax#:	519-646-6148
Name of person completing this form:	Tanya Pol
E-mail Address:	tanya.pol@sjhc.london.on.ca

Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate?	10 (Could consider more)
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	Yes
Bathrooms?	Yes

**Emergency Contact Name:** On-Call Leader Pager #10580

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Tanya Pol- Executive Director	
Contact Information:	Work	519-646-6100- Ext.65395
	Home	
	Cell (Indicate if Text ok)	519-859-0549

Alternate Contact Name:	Clinical Leader on Call	
Position:		
Contact Information:	Work	519-646-6100 Ext. 10580
	Home	
	Cell (Indicate if Text ok)	519-630-1375

Director of Care:	Bessy Avelino	
	Work	519-646-6100 Ext. 65287
	Home	
	Cell (Indicate if Text ok)	416-770-0356

Other pertinent information:

Date:	October 16, 2025
LTC Home:	Oakcrossing LTC
Address	1242 Oakcrossing Rd London Ontario
Telephone #:	519-641-00231
Fax#:	519-641-0028
Name of person completing this form:	Deborah Sims
E-mail Address:	dsims@peoplecare.ca

Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	yes
Can you provide beds?	3 plus pull outs
Bathrooms?	Shared yes

**Emergency Contact Name:** Deborah Sims

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Deborah Sims- Executive Director	
Contact Information:	Work	519-641-0021 Ext 103
	Home	519-496-2171
	Cell (Indicate if Text ok)	yes

Alternate Contact Name:	Lea-Ann Riddell	
Position:	Interim, Director of Care	
Contact Information:	Work	519-641-0021 Ext 109
	Home	
	Cell (Indicate if Text ok)	705-331-7248

Director of Care:		
	Work	
	Home	
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	February 10, 2023
LTC Home:	Southbridge London
Address	3715 Southbridge Ave
Telephone #:	226-289-3731
Fax#:	226-289-3737
Name of person completing this form:	Suzi Holster
E-mail Address:	sholster@southbridgecare.com

Number of square feet of Shelter you are able to provide:	1125 SQ FT –main floor activity /chapel room (additional area if vacant beds –private and basic rooms)
How many residents could you accommodate?	2 (main floor space) + any vacant room beds
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, only if have vacant residents/beds
Bathrooms?	yes

**Emergency Contact Name:** Suzi Holster

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director – Suzi Holster	
Contact Information:	Work	226-289-3731 Ext 1001
	Home	N/A
	Cell (Indicate if Text ok)	519-670-3173 Text okay

Alternate Contact Name:	Jody Abbot	
Position:	Director of Care	
Contact Information:	Work	226-289-3731 ext 1002
	Home	N/A
	Cell (Indicate if Text ok)	226-927-2681 Text okay

Director of Care:	Same as above	
	Work	
	Home	
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	February 21, 2023
LTC Home:	Babcock Community Care Centre
Address:	196 Wellington Street, Wardsville, ON NOL2N0
Telephone #:	519-693-4415
Fax#:	519-693-4876
Name of person completing this form:	Joe Babcock
E-mail Address:	admin@babcockonline.com

Number of square feet of Shelter you are able to provide:	1000
How many residents could you accommodate?	2
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	Yes
Bathrooms?	Yes

**Emergency Contact Name:** Joe Babcock

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	519-359-3645 – text ok

Alternate Contact Name:	Jeff Babcock	
Position:	Administrative Director	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	519-868-8224 – text ok

Director of Care:	Janet Lunn	
	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	519-360-6051

**Other pertinent information:**

Unable to accept covid positive residents

Date:	June 15, 2026
LTC Home:	Southbridge London East
Address	1390 Dundas St, London ON
Telephone #:	519-457-0174
Fax#:	519-457-9053
Name of person completing this form:	Courtney Lines
E-mail Address:	clines@southbridgecare.com

Number of square feet of Shelter you are able to provide:	1250 sq ft (between multiple rooms)
How many residents could you accommodate?	6
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, only if vacant rooms/beds
Bathrooms?	Public Washroom on main floor and 2 in every Resident Home Area

**Emergency Contact Name:** Courtney Lines

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519-457-0174 ext. 1001
	Home	
	Cell (Indicate if Text ok)	226-386-3013

Alternate Contact Name:	Sarah Hind	
Position:	Director of Care	
Contact Information:	Work	519-457-0174 ext. 1002
	Home	
	Cell (Indicate if Text ok)	519-317-4924

Assistant Director of Care:	Sonia Puthett	
	Work	519-432-1855 ext. 264
	Home	
	Cell (Indicate if Text ok)	226-700-8808

**Other pertinent information:**

Date:	February 6, 2023
LTC Home:	Sprucedale Care Centre
Address:	96 KITTRIDGE AVE.E
Telephone #:	519-245-2808
Fax#:	519-245-1767
Name of person completing this form:	BEV RIPLEY
E-mail Address:	bev@sprucedale.ca

Number of square feet of Shelter you are able to provide:	1775 square feet
How many residents could you accommodate?	15
Can you provide food for those you are sheltering?	Short Term
Can you provide beds?	NO
Bathrooms?	YES

**Emergency Contact Name:** Corrie VanHeeswyk

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director – Corrie VanHeeswyk	
Contact Information:	Work	519-245-2808 ext. 7127
	Home	
	Cell (Indicate if Text ok)	519-854-9422

Alternate Contact Name:	Bev Ripley	
Position:	Director of Environmental Services	
Contact Information:	Work	519-245-2808 ext.7114
	Home	
	Cell (Indicate if Text ok)	519-852-5488

Director of Care:	Jennifer Turnbull	
	Work	519-245-2808 ext.7101
	Home	
	Cell (Indicate if Text ok)	226-919-4943

Other pertinent information:

Date:	February 8, 2023
LTC Home:	Strathmere Lodge
Address:	599 Albert St. Strathroy, ON N7G 3J3
Telephone #:	[519] 245-2520
Fax#:	519] 245-5711
Name of person completing this form:	Brent Kerwin
E-mail Address:	bkerwin@middlesex.ca

Number of square feet of Shelter you are able to provide:	1500
How many residents could you accommodate?	20
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Brent Kerwin

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator – Brent Kerwin	
Contact Information:	Work	(519) 245-2520, ext. 6222
	Home	(519) 719-9987
	Cell (Text ok)	(519) 719-9987

Alternate Contact Name:	Augustine Caines	
Position:	Office Supervisor	
Contact Information:	Work	(519) 245-2520, ext. 6246
	Home	(519) 762-0356
	Cell (Text ok)	(519) 281-2525

Director of Care:	Sonya Gillett	
	Work	(519) 245-2520, ext. 6234
	Home	
	Cell (Text ok)	(519) 355-4657

**Other pertinent information:**  
Accommodation would be provided in our "Rose Room", which has two wheelchair-accessible washrooms. Lack of privacy could be an issue; arrangements would have to be made to acquire and erect privacy curtains.  
**Would not accept evacuated residents if they were COVID+, or if we were in outbreak.**

Date:	February 8, 2023
LTC Home:	The Village of Glendale Crossing
Address:	3030 Singleton Ave London ON N6L0B6
Telephone #:	519-668-5600
Fax#:	519-668-5604
Name of person completing this form:	Holly Ross
E-mail Address:	Holly.Ross@schlegelvillages.com

Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate?	6
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Holly Ross

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Assistant General Manager	
Contact Information:	Work	519-668-5600 Ext 8003
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Cindy Awde	
Position:	General Manager	
Contact Information:	Work	519-668-5600 Ext 8203
	Home	
	Cell (Indicate if Text ok)	226-919-7190 Ok to text

Director of Care:	Anne Marggraf	
	Work	519-668-5600 Ext 8005
	Home	
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	October 15, 2025
LTC Home:	Westmount Gardens
Address	590 Longworth Road
Telephone #:	519-472-6424
Fax#:	519-472-8852
Name of person completing this form:	Scott Mumberson
E-mail Address:	Scott_mumberson@srgroup.ca

Number of square feet of Shelter you are able to provide:	1600
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	yes
Can you provide beds?	no
Bathrooms?	yes

**Emergency Contact Name:** Scott Mumberson

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Scott Mumberson- Administrator		
Contact Information:	Work	519-472-6424 Ext 401	
	Home	226-234-1073	
	Cell (Indicate if Text ok)	519-808- 1784 Text ok	

Alternate Contact Name:	Navjot Singh		
Position:	Environmental Service Manager		
Contact Information:	Work	519-472-6424 Ext 428	
	Home		
	Cell (Indicate if Text ok)	226-237-4184	

Director of Care:	Carrie Morton		
Contact Information:	Work	519-472-6424 Ext 416	
	Home		
	Cell (Indicate if Text ok)	226-234-6408	

Other pertinent information:

# APPENDIX F

## MEDICATION TRANSFER FORM

Resident: \_\_\_\_\_

Destination: \_\_\_\_\_

Date: \_\_\_\_\_

Documentation Included:

- MAR (Medication Administration Record)
- Physician Orders
- Care Plan Summary
- Advance Directives
- Allergy Information

Transferred By: \_\_\_\_\_

Received By: \_\_\_\_\_



# APPENDIX H

## ONECALLNOW FAMILY NOTIFICATION PROCEDURE

- Activate OneCallNow.
- Identify emergency.
- Provide resident location.
- Provide contact information.
- Issue updates as required.
- Document notifications.

# APPENDIX I

## ONECALLNOW STAFF NOTIFICATION PROCEDURE

- Incident Commander authorizes notification.
- Communications Officer activates OneCallNow.
- Provide reporting instructions.
- Confirm staffing requirements.
- Document notifications.



# APPENDIX K

## PLANNED EVACUATION EXERCISE PACKAGE

Exercise Title: \_\_\_\_\_

Date: \_\_\_\_\_

Objectives:

Resident Accountability

Transportation

Communications

Family Notification

Temporary Relocation

Recovery

Evaluator Comments:

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# APPENDIX L

## AFTER ACTION REPORT

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Strengths:

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Areas for Improvement:

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Recommendations:

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Name: \_\_\_\_\_



# APPENDIX N

## REPATRIATION CHECKLIST

Before returning residents who have been evacuated, a review of facility safety will be conducted, using the following criteria.

### Building Safety

- Fire Alarm Operational
- Sprinkler System Operational
- Emergency Lighting Operational
- Water Service Restored
- HVAC Operational
- Elevators Operational
- Nurse Call System Operational

### Resident Care Readiness

- Medications Available
- Clinical Supplies Available
- Food Services Operational
- Laundry Services Operational
- Staffing Available

### Communications

- Families Notified
- OneCallNow Notification Issued
- Transportation Arranged

### Authorization

Administrator: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Director of Resident Care: \_\_\_\_\_ Date/Time: \_\_\_\_\_