



**WINDSOR
REGIONAL
HOSPITAL**

OUTSTANDING CARE – NO EXCEPTIONS!

WINDSOR REGIONAL HOSPITAL

REGIONAL RENAL PROGRAM

RENAL EMERGENCY MANAGEMENT PLAN

JANUARY 2020

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I. Introduction

In Spring 2015, the Windsor Regional Renal Program (WRRP) began to develop an Emergency Management Plan (EMP) to assess risk and develop mitigation strategies in the case of a local disaster.

Renal patients are a vulnerable population, requiring dialysis services as ongoing life-sustaining therapy. A disruption of dialysis services within the community could be life-threatening. An Emergency Management Plan is essential for disaster planning to ensure continuity of care.

The Windsor Regional Renal Program Emergency Management Plan will:

- Identify key stakeholders to consult across the community and within the organization
- Identify key resources across the organization working in partnership to support patient needs
- Identify clinical services, equipment, infrastructure and supplies required for treatment
- Identify local hazards and associated weighted risk
- Assess risks and develop management plans to mitigate hazards

It is expected that Windsor Regional Hospital will review this plan on an annual basis and add, edit, and refine as required or when the need may arise.

II. Planning Team

The Regional Renal Program established a Planning team to consult with during the planning and development of the Emergency Management Plan.

Membership was developed with adherence to the Planning Resource Checklist. (See Appendix A)

The Planning Team consisted of the following:

Area	Representative
Regional Renal Program	Jonathan Foster, Director Regional Renal Program and Mental Health
	Dr. Dana Walters, Medical Director
	Dr. Amit Patel, Regional Medical Lead
	Katherine Soulliere, Clinical Practice Manager
	Kristen Mailloux, Operations Manager MCKC and Home Programs
	Brent Vicary, Operations Manager In-center
	Denise Quigley, Administrative Assistant
Clinical Nutrition	Lisa Whatley, Registered Dietitian
	Emily Quenneville, Registered Dietitian
	Shannon Chesterfield, Registered Dietitian
Pharmacy	Antoinette Duronio, Director Pharmacy Services
	Derrick Soong, Renal Pharmacist
	Joseph Zagar, Renal Pharmacist
Social Work	Shari Fallon, Renal Social Worker
	Holly Audet, Renal Social Worker
	Michelle Dinardo, Renal Social Worker
Stores	Ben Gelsing, Manager
Biomedical Engineering	Amandeep Waraich, Director
Physical Plant	Kevin Marshall, Director
	John Faber, Manager

Laboratory	Jeff Booth, Director
Emergency Department	Dr. Snezana Ninkobich, Medical Director Jeff Geml, Manager
Security	Michael Broderick, Manager
Erie Shores Healthcare	Jason Keane, Senior Manager Facilities
LHIN Coordinator	Stephanie Drouillard, Case Manager- Renal

i) **Emergency Management Plan Planning and Development**

The EMP will be completed by Renal Program Leadership in partnership with hospital leadership.

The Vice President Renal and Cancer Services will act as the Executive Sponsor of the EMP planning process.

The Renal Director will be accountable for the development of the CKD EMP.

The Renal Medical Director as well as the ORN Regional Medical Lead will be the physician leadership who will provide ongoing medical advice and direction required throughout planning processes.

The plan will be reviewed with the Renal Patient and Family Council (PFAC) to provide feedback from the patient and family perspective.

III. Program Capacity and Capability

The Planning Team met regularly between 2015 and 2016 to conduct program capacity and capability assessments.

Assessments were completed using the inventory and checklist assessments included within the ORN Emergency Management Plan Toolkit. (See Appendix B, C, D)

i) Clinical Service Listing

Location	Normal	Emergency	Power Supply	Water Supply	Oxygen Outlets	Suction Outlets	Isolation Available
Jean Mance Building	16	22		Main RO	22	22	2
7th Floor Inpatient	0	4		Portable RO	4	4	0
Home Programs (Bell Building)	6	6		Main RO	6	1 Portable	6
Bell Building	24	24		Main RO	24	1 Portable	Home Programs
Leamington	7	8		Main RO	8	1 Portable	1

ii) Emergency Triage and Assessment

A plan has been established to review patient criteria for triage in the event of an emergency.

The attending nephrologist will oversee triage and screening of CKD patients in the event of an emergency.

The nephrologist will work with the Renal care team to manage patient intake, and identification of chronic and acute renal patients.

The Jeanne Mance clinic rooms as well as the Multi-Care Kidney Clinic will be identified for patient triage and screening in the event of an emergency. These locations can support 12 patient screening and triage areas at one time.

The standard triage tools will be used, including FRI assessment. Standard documentation techniques within Nephrocare will apply to ensure appropriate documentation standards are upheld and communication and the patient chart is enabled as the patient moves throughout the Renal Program.

iii) Priority and Non Essential Services

During the evening of an emergency, the RRP will use existing resources within the most needed areas. The following services will be suspended during the event of an emergency to maximize staff and supplies:

- Routine program and staff meetings (MMH, Program Meeting, Staff Meeting, PFAC meeting, IRPC meeting, etc)
- Regularly scheduled multidisciplinary team rounds
- Multi-Care Kidney Clinic routine appointments
- Home Program training
- Home Program clinics
- Home Program consults
- Routine scheduled vascular access consults

All resources and staff will shifted to the area of most need based on the triage and assessment of CKD patients and emergency at hand.

Priority services include:

- Triage and assessment
- Acute hemodialysis treatments
- Chronic hemodialysis treatments

iv) Surge Demand

As of January 2020, the WRH RRP volume per program area and site is as follows:

Hemodialysis			
Locations	# Stations	Maximum # of Patients Served	Current Number of Patients Served

Bell Building	24	144	134
Jeanne Mance Building	10	60	89
7th floor Inpatient Unit	4	24	(combined with above)
Leamington Satellite	7	42	27
TOTALS			
Total Current Hemodialysis patients: 252 Total Maximum Number of Hemodialysis patients serviced = 270			
Home Programs			
Bell Building	6	36	3 Home Hemo 70 PD Patients
Leamington Satellite	1 hemodialysis/PD training station	3	--
Multi-Care Kidney Clinic			
	n/a	500	154

If the number of patients requiring hemodialysis services exceeds 270, the WRH RRP will go in to a surge.

Physical capacity is able to be increased by utilizing other areas of the hospital historically not used for hemodialysis treatments. This includes examination rooms within the Emergency Department

Once an emergency situation is identified, the Renal Leadership team along with the charge nurse and Clinical Resource Nurses will review patient treatment availabilities, staffing recourses, and supply quotas.

Biomed will be consulted to ensure adequate machine resources and ensure safe use of infrastructure. Biomed will remain responsible for machine repairs and remain a presence within the program during the emergency. The Biomed manager will act as the main point of contact for all issues arising regarding resources, maintenance, repair

and turn over. The manager of Biomed will be the main point of contact for outreach to other dialysis facilities for support (LHSC) regarding input, resources, and infrastructure.

Stores will be consulted to ensure adequate supply of critical stock remain within critical areas. Stores staff will be responsible for ensuring stock is replenished as needed during high volume turn over. Stores will ensure that regular ordering schedule will be amended to ensure “just in time” (JIT) will be on hand when required. Stores management will be accountable to ensure that emergency supply stock of key items are on hand at the point of care at all sites and stock remains reordered and rotated.

The Renal Director will be responsible for outreach to neighboring programs to review capacity options and the ability to refer non-essential patient services other renal centres or to LHIN agencies

Nursing and allied health staff within the Home Program and Multi-Care Kidney Clinic will be pulled from their home areas and delegated tasks including intake assessments, resource management, or hemodialysis treatment.

Clerks will be responsible for calling in additional staff resources to support the surge in patients.

Existing staff will be informed of the emergency and action plan at a team huddle.

Hours of operation will be amended to support additional patients. This includes running a midnight shift from 23:00-3:00, and 3:00-7:00. This plan will have to be reviewed with Biomed to ensure preventative maintenance of machines and infrastructure has been completed and equipment is safe to use during these times.

v) Staff Planning

In the event of an emergency, staff planning and assignments may differ to move resources to the areas of greatest needs. In order to manage resources, the following chart outlines the established staff planning sheets that remain in place in typical daily work:

CLASSIFICATION	SHIFT	M	T	W	T	F	S	S
RN - 7.5hrs (7am - 3pm) Jeanne Manse	D	5	5	5	5	5		5
RN - 7.5hrs (9am - 5pm) Jeanne Manse	D*	1	1	1	1	1		1
RN - 7.5hrs (3pm - 11pm) Jeanne Manse	E	5	5	5	5	5		5
RN - 7.5hrs (7am - 3pm) Leamington	D	2	2	2	2	2	2	
RN - 7.5hrs (3pm - 11pm) Leamington	E	2	2	2	2	2	2	
RN - 7.5hrs (7am - 3pm) Bell	D	4	4	4	4	4	4	
RN - 7.5hrs (3pm - 11pm) Bell	E	4	4	4	4	4	4	
RN - Orientation								
Total RNs								
CRN - 7.5hrs	D	1	1	1	1	1		
Total CRNs	E	1	1	1	1	1		
RPN - 7.5hrs (7am - 3pm) Jeanne Manse	D	1	1	1	1	1		1
RPN - 7.5hrs (3pm - 11pm) Jeanne Manse	E	1	1	1	1	1		1
RPN - 7.5hrs (7am - 3pm) Leamington	D							
RPN - 7.5hrs (3pm - 11pm) Leamington	E							
RPN - 7.5hrs (7am - 3pm) Bell	D	3	3	3	3	3	3	
RPN - 7.5hrs (3pm - 11pm) Bell	E	3	3	3	3	3	3	
Total RPN								
NP - 7.5hrs (8am - 4pm)	D	1	1	1	1	1		
Total Acute Care NP	N							
Unit Clerk - 7.5hrs (6:30am – 2:30 pm) - Jeanne Mance	D	1	1	1	1	1		1
Unit Clerk - 7.5hrs (2:30 pm- 10:30pm) - Jeanne Mance	E	1	1	1	1	1		1
Unit Clerk - 7.5hrs (6:30am – 2:30pm) - Leamington	D							
Unit Clerk - 7.5hrs (2:30 pm- 10:30pm) - Leamington	E							
Unit Clerk - 7.5hrs (6:30 am –	D							

2:30pm) - Bell		1	1	1	1	1	1	
Unit Clerk - 7.5hrs (2:30 pm-10:30pm) - Bell	E	1	1	1	1	1	1	
Total Unit Clerk	N							
Dialysis Asst - 12hrs (6:30am - 6:30pm) JM	D	1	1	1	1	1		1
Dialysis Asst - 12hrs (6:30am - 6:30pm) LMH	D	1	1	1	1	1	1	
Dialysis Asst - 8hrs (6:00am – 2:00pm) Bell	D	1	1	1	1	1	1	
Dialysis Asst - 8hrs (2:00 pm-10:00om) Bell	E	1	1	1	1	1	1	

IV: Critical Infrastructure

A program infrastructure assessment were completed using the inventory and checklist assessments included within the ORN Emergency Management Plan Toolkit. (See Appendix E,F,)

i) Water and Power Generation

All Program Facilities have emergency power and water supply in key critical areas including in center hemodialysis, home dialysis, clinic, water treatment rooms, biomed facilities.

Generators are in place at all facilities to support emergency power. All locations also have a secondary incoming water supply that is distributed from the City to ensure service during times of water restriction or emergency.

ii) Laboratory Services

Hospital laboratory services will remain the primary service facility in the event of an emergency. All lab results remain lined to patients charting in Nephrocare, supporting access to patient information in real time and at the bedside.

In the event that laboratory services are inoperable, outside private labs may be consulted to support the demand. Clerk staff will be responsible for transcribing the labs within Nephrocare once provided to the unit.

iii) Diagnostic Imaging Services

The program has dedicated OR time to support the creation of AV fistulas. In the event of an emergency, the Director of the program will work with DI leadership to convert this OR time to benefit the greatest need.

iv) Product Supply

The RRP has ensured a supply of 3 weeks will be available for product consumables for hemodialysis treatment in the event of an emergency. This emergency supply of product is stored on site at the Bell Building facility and is identified as ‘For Use in the Event of an Emergency Only.’

The type and product numbers of critical supplies have been provided to Stores Leadership along with quota required on hand. This includes:

- 5008/2008 K at home lines
- FX 800 dialyzers
- K2 1.25 Ca jugs of acid
- 650g bicarbonate bags / liquid bicarb

Emergency quotas have been provided to Stores to maintain on hand in the event of an emergency. Stores will be accountable for rotating stock ensuring expiry dates are reviewed and maintaining the integrity of the product.

A secondary storage facility for the region in Chatham also maintains a stock of renal products in the case of an emergency or a delivery disruption. This facility can be accessed through the regional procurement provider, Transform. Transform will be notified through Stores manager in the event of a critical shortage. Transform has a 24/7 afterhours access line available in the case of an emergency.

v) Pharmacy Products

Pharmacy products needed in the event of an emergency are stored within the central pharmacy of the Ouellette Campus.

Supplies of drugs differ based on product. Most common formulary drugs are kept in Pharmacy with a 2 week supply. These supplies are rotationally ordered as stock is depleted and are not designated for use in an emergency only.

In the event of an emergency, the Renal Director will work with Pharmacy Leadership to develop a plan to ensure drugs will be ordered through vendors in a “rush” capacity for immediate use.

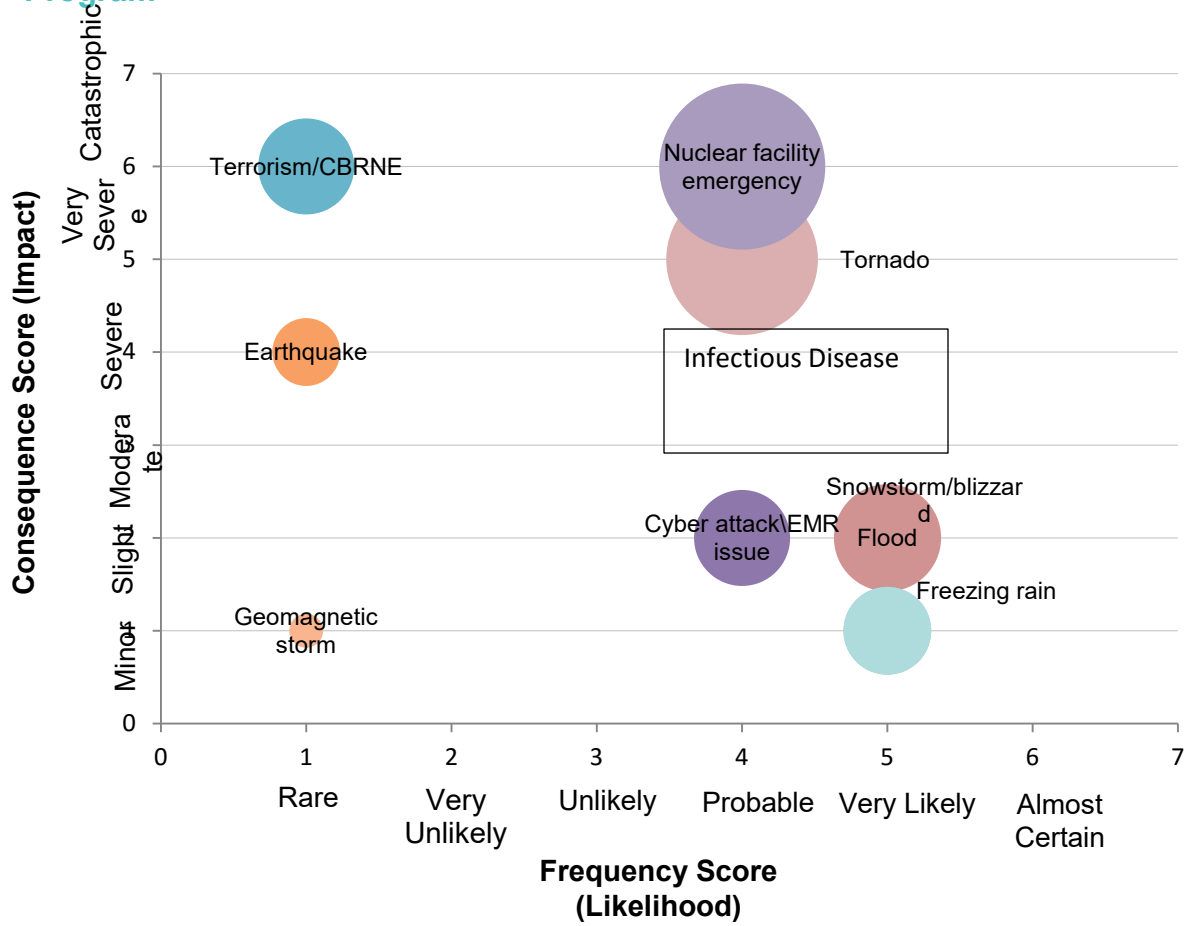
IV. Hazard Identification and Risk Assessment

The Planning Team completed a HIRA using the ORN Toolkit. (See Appendix H, I)

According to established severity and likelihood, the most impactful emergencies within the region are likely due to extreme weather conditions. This includes: Tornado, flood, snowstorm/blizzard, freezing rain, earthquake, and extreme temperatures. These risk factors remain the most significant and likely hazards to impact dialysis services for the Windsor Regional Renal Program. The City of Windsor Emergency Management Plan identifies the same areas of potential hazard for the area. As a result, the WRH Emergency Management Plan will focus on these possible environmental disasters.

Nuclear facility emergency and cyber attack were also assessed as possible risks with high impact to services. These risks have not been addressed within the Renal Emergency Management Plan, as they are encompassed under the corporate disaster planning measures of Windsor Regional Hospital. In the event that these emergencies occur, the RRP will follow WRH hospital protocol. These protocols can be found on the WRH intranet site.

Diagram I: Frequency and Consequence Score for Windsor Regional Renal Program



V. Risk Mitigation

The following risk mitigation strategies have been developed for use in an emergency.

If at any point the mitigation strategies and action plan fail and hemodialysis service for patients is suspended, dialysis leadership will work directly with the Medical Director of the program to assess patient needs to reschedule treatments.

If rescheduling of treatments is not possible, Criticalll will be utilized to identify a local emergency. WRH patients will be moved across the province to fill open dialysis spots at the closest dialysis sites in Ontario.

i) HIRA Identified Risk

The risks identified though HIRA analysis are: Tornado, flood, snowstorm/blizzard, freezing rain, and earthquake.

Potential Risk	Mitigation	Action Plan
Tornado within Windsor-Essex County	<ul style="list-style-type: none"> Review staffing needs Confirm patient barriers to treatment (transportation, access, etc) Obtain social work support to provide psychosocial support Triage patient needs Outreach to community agencies and partners 	<p>Upon learning of Tornado:</p> <ul style="list-style-type: none"> Alert administration and Medical Director CRNs review staff on hand and call in additional staff members if required. Clerks, Charge RN, CRNs phone patients living in effected area to determine any barriers to attending treatment. <p>Upon learning of transportation barriers to attend treatment:</p> <ul style="list-style-type: none"> Social workers to assess patients needs for transportation and implement solutions <p>If patients unable to attend treatment due</p>

	<p>to street closure and debris:</p> <ul style="list-style-type: none"> • Charge RN to work with the Physician on Call to triage patient needs and appointment times for next available day. • Operate midnight shift to accommodate patient dialysis runs if required. <p>If patients unable to attend due to hospital infrastructure failure:</p> <ul style="list-style-type: none"> • Critical patients to next available centre
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Potential Risk	Mitigation	Action Plan
<p>Flooding within Windsor-Essex County</p>	<ul style="list-style-type: none"> • Review staffing needs • Confirm patient barriers to treatment (transportation, access, etc) • Triage patient needs • Extend operating hours 	<p>Upon learning of mass flooding:</p> <ul style="list-style-type: none"> • Alert manager. • CRNs review staff on hand and call in additional staff members if required. • Clerks, Charge RN, CRNs phone patients living in effected area to determine any barriers to attending treatment. <p>Upon learning of transportation barriers to attend treatment:</p> <ul style="list-style-type: none"> • Social workers to assess patients needs for transportation and implement solutions

	<p>If patients unable to attend treatment due to street closure:</p> <ul style="list-style-type: none"> • Charge RN to work with the Physician on Call to triage patient needs and appointment times for next available day. • Operate midnight shift to accommodate patient dialysis runs if required. <p>If patients unable to attend due to hospital infrastructure failure:</p> <ul style="list-style-type: none"> • Critical patients to next available centre
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Potential Risk	Mitigation	Action Plan
Snowstorm within Windsor-Essex County	<ul style="list-style-type: none"> • Review staffing needs • Confirm patient barriers to treatment (transportation, access, etc) • Triage patient needs • Outreach to community agencies • Extend operating hours 	<p>Upon learning of snowstorm:</p> <ul style="list-style-type: none"> • Alert manager • CRNs review staff on hand and call in additional staff members if required. • Clerks, Charge RN, CRNs phone patients living in effected area to determine any barriers to attending treatment. <p>Upon learning of transportation barriers to attend treatment:</p> <ul style="list-style-type: none"> • Social workers to assess patients needs for transportation and

	<p>implement solutions If patients unable to attend treatment due to street closure and debris:</p> <ul style="list-style-type: none"> • Charge RN to work with the Physician on Call to triage patient needs and appointment times for next available day. • Operate midnight shift to accommodate patient dialysis runs if required. • Outreach to community agencies for transportation support
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Potential Risk	Mitigation	Action Plan
Freezing Rain within Windsor-Essex County	<ul style="list-style-type: none"> • Review staffing needs • Confirm patient barriers to treatment (transportation, access, etc) • Triage patient needs • Extend operating hours 	<p>Upon learning of freezing rain:</p> <ul style="list-style-type: none"> • Alert manager • CRNs review staff on hand and call in additional staff members if required. • Clerks, Charge RN, phone patients living in effected area to determine any barriers to attending treatment. <p>Upon learning of transportation barriers to attend treatment:</p> <ul style="list-style-type: none"> • Social workers to assess patients needs for transportation and implement solutions <p>If patients unable to</p>

	<p>attend treatment:</p> <ul style="list-style-type: none"> • Charge RN to work with the Physician on Call to triage patient needs and appointment times for next available day. • Operate midnight shift to accommodate patient dialysis runs if required.
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Potential Risk	Mitigation	Action Plan
<p>Earthquake within Windsor-Essex County</p>	<ul style="list-style-type: none"> • Review staffing needs • Confirm patient barriers to treatment (transportation, access, etc) • Obtain social work support to provide psychosocial support • Triage patient needs • Outreach to community agencies 	<p>Upon learning of Earthquake:</p> <ul style="list-style-type: none"> • Alert administration and Medical Director • CRNs review staff on hand and call in additional staff members if required. • Clerks, Charge RN, CRNs phone patients living in effected area to determine any barriers to attending treatment. <p>Upon learning of transportation barriers to attend treatment:</p> <ul style="list-style-type: none"> • Social workers to assess patients needs for transportation and implement solutions <p>If patients unable to attend treatment due to street closure and debris:</p> <ul style="list-style-type: none"> • Charge RN to work with the Physician on Call to triage patient

	<p>needs and appointment times for next available day.</p> <ul style="list-style-type: none"> Operate midnight shift to accommodate patient dialysis runs if required. <p>If patients unable to attend due to hospital infrastructure failure:</p> <ul style="list-style-type: none"> Critical patients to next available centre
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Potential Risk	Mitigation	Action Plan
Infectious Disease Outbreak	<ul style="list-style-type: none"> Triage patients Review required precautions and follow care plan Offering vaccinations Ensure appropriate PPE, equipment and training 	<p>Upon learning of Infectious Disease Outbreak:</p> <ul style="list-style-type: none"> Alert administration and Medical Director RP review staff on hand and call in additional staff members if required. Collaborate with IPAC, housekeeping and Engineers if negative pressure required

ii) Program Identified Risk

The risks identified by the RRP include: High Endotoxin Count, Water Pressure Low, Proprietary Supplies Unavailable, Impeded Flow of Acid Delivery. These risks have been identified as a known risk requiring mitigation.

Potential Risk	Mitigation	Action Plan
Endotoxin levels are above CSA standards	<ul style="list-style-type: none"> Several water samples assessed to 	If endotoxin levels elevated:

	<p>ensure accuracy and safety with routine water testing (Compete)</p> <ul style="list-style-type: none"> • Water samples taken at multiple points to assess safety within each mechanical component. (Complete) • Water samples taken in advance on multiple dates to ensure timeline for analysis and results prior to operation. • Final safety check to be confirmed by Biomedical Engineering (Complete) 	<ul style="list-style-type: none"> • Alert administration and Medical Director • 6 additional RO machines on hand to act as secondary filter <p>If secondary ROs fail:</p> <ul style="list-style-type: none"> • Connect with London Health Sciences to request assistance and borrow unused RO machines <p>If ROs unavailable:</p> <ul style="list-style-type: none"> • Connect with moving company to move dialysis machines back to main unit. • Redirect patients from Bell Building back to Jean Mance Building. • Operate midnight shift to accommodate patient dialysis runs.
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Potential Risk	Mitigation	Action Plan
Water pressure issues could impact operation of dialysis machines	<ul style="list-style-type: none"> • Water system reviewed and certified by vendor. (Complete) • Secondary peer safety check of water system by LHSC biomed. (Complete) 	<p>If pressure issues occur:</p> <ul style="list-style-type: none"> • Alert administration and Medical Director • Connect with moving company to move dialysis machines back to main unit. • Redirect patients from Bell Building back to Jean Mance Building. • Operate midnight shift to accommodate patient dialysis runs.

Potential Risk	Mitigation	Action Plan
Proprietary supplies not available for treatment	<ul style="list-style-type: none"> • Stores staff and front line staff involved in building accurate supply quotas and carts (In Progress) • Emergency stock in basement of Stores Department for 3 days worth of critical supplies. (Complete) • Emergency stock in basement of Bell Building for 14 days worth of critical supplies. (Complete) • Stores and Renal management team to review usage plan for stock rotation and move to larger emergency management storage on site for 1 month worth of supplies. (In development) 	<p>If supply issues occur:</p> <ul style="list-style-type: none"> • Alert Stores Department. Alert administration and Medical Director. • Pull stock from emergency supplies. • Pull remaining stock from McDougall Satellite. • Pull excess stock from other operational units (Jean Mance/Leamington)

Potential Risk	Mitigation	Action Plan
Impeded flow of acid delivery system	<ul style="list-style-type: none"> • Acid system reviewed and certified by vendor. (Complete) • Secondary peer safety check of acid system by LHSC biomed. (Complete) 	<p>If supply issues occur:</p> <ul style="list-style-type: none"> • Alert Stores Department. Alert administration and Medical Director. • Pull disposable jugs of acid from emergency supplies stock. • Pull remaining stock from McDougall Satellite.

- Pull excess stock from other operational units (Jean Mance/Leamington)

VI. Emergency Training and Education

WRH RRP Clinical Practice Manager regularly provides education and learning opportunities to the staff within the program. Upon opening the Bell Building in May 2017, all program staff were required to attend a half day session for orientation that included emergency management situations. Ongoing regularly scheduled emergency management training sessions will be conducted to support mock disasters and mock code blues. Training is tracked to ensure all staff have been included and is considered paid education time to ensure compliance.

Emergency management information is sent through normal program protocols to support communication. Due to having 4 locations across the region, the program primarily communicates through e-mail. Formal memos are sent directly to staff e-mail. Verbal discussion of safety occurs twice a day on bullet rounds. All sites within the RRP phone in to a teleconference to review program highlights, education, and safety issues daily at shift exchange. Education also includes monthly renal reviews sent directly to staff in e-mail requiring a read and learn activity to support compliance. Responses and completion is tracked.

Patient currently are not involved in mock disasters, however, the PFAC has reviewed the EMP for patient input. The program has also developed emergency preparedness materials for patients developed by social workers and dieticians.

VII. Plan and Operationalize

Windsor Regional Hospital is committed to reviewing the EMP on an annual basis to add, edit, and refine.

Assessments were completed using the inventory and checklist assessments included within the ORN Emergency Management Plan Toolkit. (See Appendix K, L, M, N, O)

Action Items

i) Triage:

- Development of standardized triage and screening tools developed for use in the event of an emergency for CKD patients. Recommended review with WRH Ethics Response Team.
- Development of an EMP reflective of supporting Home Programs patients within the home.

ii) Infrastructure

- Develop end of life plans for infrastructure- ROs/Generator/Pipes
- Determine length of time emergency generators will last to fuel facility/water volume requirements for new facility

iii) Supplies

- Stores and Renal management team to review usage plan for stock rotation and move to larger emergency management storage on site for 1 month worth of supplies.

iv) Continued Review

- Review of updated October 2017 EMP by PFAC Nov 2017.

- Next full review and update of EMP due October 2018.

VIII. Emergency Contacts

In the event of an Emergency situation, the following list of people and community agencies can act as a guide for quick communication.

Regional Renal Program	Jonathan Foster, Director Regional Renal Program and Mental Health
	Dr. Dana Walters, Medical Director
	Dr. Amit Patel, Regional Medical Lead
	Katherine Soulliere, Clinical Practice Manager
	Kristen Mailloux, Operations Manager MCKC and Home Programs
	Brent Vicary, Operations Manager In-center
	Denise Quigley, Administrative Assistant
Clinical Nutrition	Lisa Whatley, Registered Dietitian
	Emily Quenneville, Registered Dietitian
	Shannon Chesterfield, Registered Dietitian
Pharmacy	Antoinette Duronio, Director Pharmacy Services
	Derrick Soong, Renal Pharmacist
	Joseph Zagar, Renal Pharmacist
Social Work	Shari Fallon, Renal Social Worker
	Holly Audet, Renal Social Worker
	Michelle Dinardo, Renal Social Worker
Stores	Ben Gelsinger, Manager
Biomedical Engineering	Amandeep Waraich, Director
Physical Plant	Kevin Marshall, Director
	John Faber, Manager
Laboratory	Jeff Booth, Director
Emergency Department	Dr. Snezana Ninkobich, Medical Director
	Jeff Geml, Manager
Security	Michael Broderick, Manager
Erie Shores Healthcare	Jason Keane, Senior Manager Facilities

LHIN Coordinator	Stephanie Drouillard, Case Manager-Renal
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Community Agency	Representative
Windsor Fire and Rescue	Stephen Laforet, Chief
County of Essex	Dan Metcalf, Emergency Management Coordinator
City of Windsor	Stephen Laforet, Community Emergency Management Coordinator (see Windsor Fire and Rescue)
Erie Shores Healthcare	Jason Keane, Manager Facilities
Essex-Windsor Emergency Medical Service	Bruce Krautner, Chief
	Ryan Lemay, Deputy Chief of Operations