



Kensington Village

1340 Huron St

London, On

N5V 3R3

EMERGENCY PLANNING



July 2022

Overview of Emergency Planning:

The Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg 246/22, s. 268, mandates that every Long-Term Care Home have emergency plans in place which comply with regulatory requirements, including measures for dealing with, responding to, preparing for emergencies, including pandemics and procedures for evacuation and relocation of residents and staff in the event of an emergency.

Sharon Village Care Homes acknowledges its obligation to ensure that each Home has:

- Developed and updated the Home specific emergency and pandemic plans in consultation with community emergency services, with Residents' Council and Family Councils,
- Included emergency planning for outbreaks of communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
- Consulted with the local Medical Officer of Health or their designate in the development, updating, testing and reviewing the emergency plans related to matters of public health significance,
- Ensured that the Infection Prevention and Control (IPAC) Lead participates in the development, updating, evaluating, testing and reviewing the emergency plan relating to the various types of outbreaks outlined in the Regulation,
- Ensured that the plan addresses the recovery phase from an emergency as outlined in the Regulation and the emergency plan is evaluated and updated within 30 days of an emergency being declared over and there is evidence of feedback from persons involved in the activation of the emergency,
- Ensured that a Hazard Identification Risk Assessment is completed to assess what risks or threats exist to persons served, to public safety, property or environment and to assess the impact,
- A planned process for areas of the Emergency Plan to be tested annually, evaluated and where deficiencies are noted, to develop and implement a corrective action plan which is part of the over-all Quality Improvement Initiative Program.

SVCH will develop a Home-specific Emergency Management Plan which outlines identified risks, determine likelihood, severity and plan(s) to prevent or mitigate the threat.

Emergency Management Process:

The emergency management process includes identifying and avoiding or reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning¹. This is commonly referred to as the five components of emergency management:

1. **Prevention & Mitigation:** actions taken to reduce the impact or risks of hazard through pro-active measures taken before an emergency or disaster occurs that can not be reasonably prevented.
2. **Preparedness:** to make ready to respond to a disaster and manage its consequences through measures taken prior to an event, for example emergency response plans, mutual assistance agreements (i.e shelter agreements), resource inventories and training, equipment, and exercise programs.
3. **Response:** to act during or immediately after a disaster to manage its consequences through, for example, emergency public communication, search and rescue, emergency medical assistance and evacuation to minimize suffering and losses associated with disasters.
4. **Recovery:** to repair or restore conditions to an acceptable level through measures taken after a disaster, for example return of evacuees, trauma counselling, reconstruction, economic impact studies, and financial assistance. There is a strong relationship between long-term recovery and prevention and mitigation of future disasters

Legislative & Regulatory Framework:

In reviewing and revising the Home's specific Emergency plan, the following legislations will be referred to, where applicable:

- FLTCH, 2021
- Health Protection & Promotion Act, 1990
- Emergency Management & Civil Protection Act, 1990
- Occupational Health & Safety Act, 1990
- Fire Protection & Prevention Act, 1997

Essential Day-to-Day Functions:

In preparing the home's emergency plan, it is important to review current essential day to day functions of the Home and to determine what additional emergency functions may/will be required

examples: increase in security, safety assessment of residents, staff and building.

Identifying essential functions clearly outlines what operations and activities the Home must try to maintain under emergency/disaster conditions. Additional consideration as to need for critical resources can be determined and prepared for in the emergency plan.

The Emergency Management Team will review and complete Appendix A-1 to establish baseline for essential day-to-day functions and pre-determine functions which can be adjusted or eliminated during an emergency situation.

Appendix A-1 –attached template

Critical Resources:

Critical Resources are identified as to needs of the Home to carry out essential functions.

To prepare for an emergency, the Emergency Management Team will identify critical resources required for the Home to continue to perform each essential function and determine the accessibility in acquiring or arranging.

Hazard Identification ((Hazard Identification and Risk Assessment) (HIRA):

Effective emergency preparedness starts with completing a risk assessment to understand what risks or threats to the people within the Home, public safety, property, the surrounding community or a larger geographic area and to assess the impact of that risk.

Understanding the risks allows for prevention/mitigation, preparedness, response to and recovery from those risks/threats:

- Factors that may contribute to emergencies
- Types of potential emergencies
- Consequences of emergencies
- Risk assessment

In creating and maintaining a HIRA, the Executive Director in collaboration with the Emergency Management Team will complete using the attached template (**Appendix B-1**)

- **Hazard Identification** – there are standard categories of hazards: Natural, Technological, Human-caused and System Hazards
***Note – Ontario Fire Marshall & Emergency Management, Ministry of Community Safety & Correctional Services. (Provincial HIRA Workbook 2012) can be used as reference guide
- **Risk Assessment**—frequency and consequences
- **Risk Analysis** – the likelihood of the risk happening and impact (severity)
- **Monitor & Review**—at a minimum annually for change in frequency and/or consequence

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Extreme Cold Tot Temp >26°C								0%
Drought								0%
Flood, External								0%
8								0%
9 Pandemic								0%
0 Epidemic								0%
1								0%
2								0%
3 AVERAGE SCORE		0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	*Threat increases with percentage.							
5	RISK = PROBABILITY * SEVERITY							
6	0.00 0.00 0.00							

PREVENTION & MITIGATION:

Emergencies will be assessed as to likelihood, severity and impact based upon following factors:

- Past experiences – was the Home prepared & was the preparedness adequate?
- What was the impact on operations and services?
- What was the impact on human resources and materials?
- How predictable is the event? Is there sufficient time to prepare in advance? (Lower risk)
- Can the event trigger multiple emergencies? (Higher risk)

Following completion of the HIRA, areas identified as high risk, high probability will be reviewed and appropriate actions determined

A separate Outbreak/Pandemic Contingency Plan will be developed and activated in the event of a confirmed outbreak and/or any pandemic or epidemic occurrence.

Home Profile

A Home Profile will be prepared which provides a brief description of the organization, an over-view of resident population, vulnerabilities and contact information in order to facilitate rapid communication between Community agencies as well as providing information as to the impact events may have on the Home.

Appendix C-1-attached

Community Resources & Emergency Management Partners:

In preparing and finalizing the Home's internal Emergency Plans it is essential that input is obtained from key community Emergency Management Partners, which include but not limited to:

- Ministry of Health & Long-Term Care
- Fire & Safety – Fire Department Liaison

- Emergency Medical Services –local EMS Liaison
- Public Health –local liaison
- Local Hospital(s)
- Other community resources based upon region and availability of services

A list of all Community Resources & Emergency Management Partners will be developed, updated as required and be readily accessible in the event of an emergency.

Appendix C-2-attached

Critical Emergency Planning:

It is essential for emergency planning to plan for the “worse” – in the event, the emergency potentially places the residents, staff, the physical plan at risk of harm or there is actual harm, a decision to evacuate the building may need to be made.

In the HIRA, risks have been identified which prepares for the Home to respond effectively, with internal and external emergency responders as necessary. To engage the emergency plan effectively, there needs to be an established chain of command and the human resources to direct and implement the emergency response.

Incident Management System (IMS):

Each Home shall have an Emergency Preparedness and Response Program in effect that reflects the Incident Management System model.

Incident Management System (IMS) is a recognized internationally accepted system for managing emergency incidents of all scales and types.

The IMS system will outline the Chain of Command and Roles for any type of emergency—it clearly details who is in charge and prepares everyone as to their roles during an emergency event.

During an emergency there are five (5) critical areas of responsibility:

- 1) Overall management of emergency response
- 2) Communication –internally and externally
- 3) Resident Care –clinical care and psychosocial care (includes family)
- 4) Facility Operations –encompasses the physical building, food service/deliver
- 5) Business Operations – finances and expenditures during the emergency, payroll, insurance claims etc.

As outlined in the IM System, a designated leader directs activities within that critical area.

It may be necessary for individuals to take on more than one of these leadership roles. Each lead will report back to the Command Chief.

Alternative leads will be assigned in the event the primary lead is unavailable or adversely affected by the emergency event.

Key IMS Structure:

Staff Educator (in collaboration with Executive Director)/designate:

- Incorporates Emergency preparedness into staff education programs
- Ensures staff is trained on emergency codes and practiced at least annually
- Ensures Emergency Preparedness is part of the on-boarding for all newly hired staff
- Ensures monthly fire drills on all shifts are conducted, recorded, debriefing following a drill is conducted and deficiencies are addressed
- Ensures emergency plans are conducted as outlined in the FLTCA, 2021 & O. Reg 246/22

- Ensures Emergency Plan is reviewed and updated at least annually and more frequently as required
- Ensures the Evacuation Plan is conducted at least every three (3) years
- Ensures the Home's Fire Safety Plan is current and approved by the local Fire Department liaison
- Involves volunteers, families and residents to attend fire safety education and training.

Executive Director:

Responsible for identifying the location of the Emergency Operations Centers and designated staff to carry out the Incident Management System Roles (IMS):

Note: The designate person can assume more than one role/function at a time based upon the staffing complement of the Home and availability during an emergency situation

- 1) **Emergency Operations Center** –during an emergency incident, the Emergency Operations Center is the centralized operations centre—to be identified in the emergency response plan.
- 2) **Incident Manager/designate** –responsible for the overall management of the Home during emergency situation. May maintain all functions for low to moderate risks.
For high/critical incidents, teams may be assigned for each function as determined by Incident Manager/designate.
 - Organizes and directs the emergency response for the emergency/incident
 - Gives overall direction for the operation of the Home and if needed, authorizes evacuation. In the event of a Fire Emergency, an order to evacuate will be the decision of the Fire Chief/designate
 - The Incident Manager role may be assumed by the first Supervisor or charge nurse arriving or already on site when emergency situation arises until relieved by a more senior manager
 - Will assign IMS roles that mirrors day to day staff routines and responsibilities as close as possible
 - Incident Manager/ designate may delegate roles or functions to others or designate a team lead for multiple functions
 - In collaboration with SVCH CEO, will have the authority to cancel staff leaves as required based on the nature and extent of the emergency
 - Ensures the Emergency Box is maintained and ready for any emergency situation.
Refer to Policy # EPM-B-50 --Emergency Disaster Box(es)
Ensures Emergency Disaster Box is labelled, items are checked at least quarterly, items such as battery packs are rotated out at determined intervals, staff are education on location and contents, and location of Emergency Box(es) are readily accessible in pre-determined locations in the Home
 - An Incident Manager will be assigned for all shifts
- 3) **Public Information Manager** (Corporate Office/Executive Director)– Corporate Office in conjunction with the Executive Director will be responsible for the development and release of information relating to the incident to the media.
Corporate Liaison Person will provide direction on all messages going out to the public, families, and other stakeholders
- 4) **Liaison Officer**-Responsible for community liaison and advising the Incident Manager about external assistance and support in collaboration with Corporate communication.
- 5) **Safety Officer/Coordinator**-responsible for monitoring conditions and developing safety protocols to ensure overall health and safety of residents and staff/volunteers.
The Safety Officer must have knowledge and experience to identify and mitigate occupational hazards.
- 6) **Information Technology Lead** -Responsible for managing IT requirements or issues during an emergency incident:
 - a) Liaisons with external IT support, as required
 - b) Provides status report(s) to Incident Manager/designate as required

- 7) **Operations Manager**-Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recover and directives of the Incident Manager/designate:
 - a) As/when required, coordinates and ensures ongoing resident care during emergency situation,
 - b) Monitors operational issues or needs including the implementation of the Emergency Response Plan and additional external resources
- 8) **Planning Manager** – responsible for monitoring the incident and developing resource projections
 - a) Develops short and long-term plan options
 - b) Collects, summaries, evaluates and conducts analysis of incident information for the IMS Team
- 9) **Logistics Manager**-Responsible for providing facilities, services and materials to support the emergency situation, including but not limited to:
 - a) Maintaining physical and environmental services of building
 - b) Maintaining adequate supplies and support during emergency
 - c) Conducts or collects information for damage assessment of Home
10. **Finance/Administration Manager (SVCH Corporate Lead)**-Responsible for the financial and administrative support and management and overall compliance with financial policies and procedures.

Appendix C-3 Incident Management System Designates-Home Specific-

Emergency Management Team:

Each Home will have an Emergency Management Team, lead by the Executive Director and be comprised of the Management Team, Infection Prevention and Control Lead, and other key personnel with the goal of planning, analyzing potential risks and determining the Home's vulnerabilities, reviewing the Emergency Plan, in collaboration with Corporate Directors and external partners and revising as required. The Emergency Management Team will seek input and feedback on the Emergency Plan from Residents Council and Family Council.

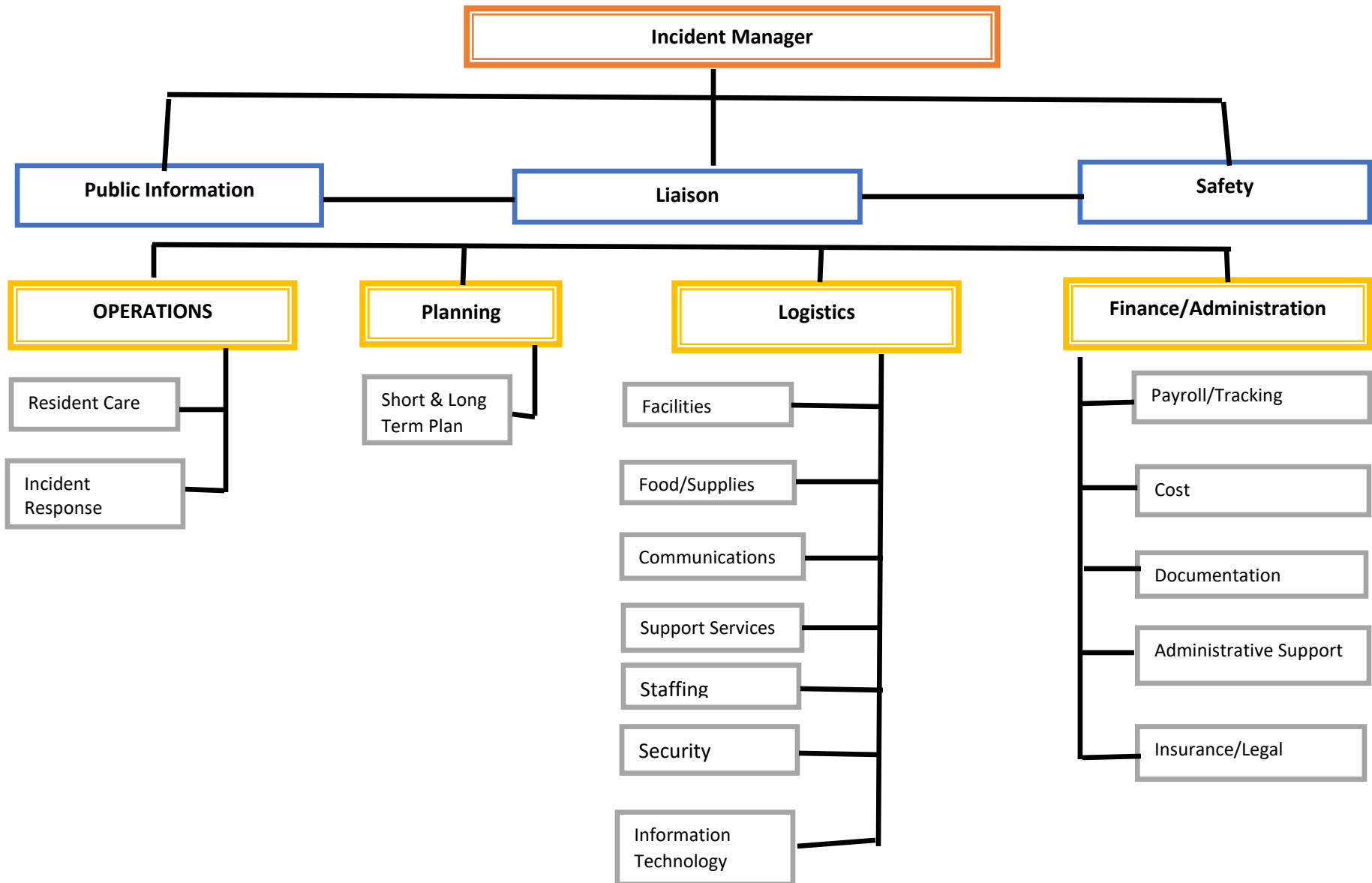
The Emergency Management Team will meet at least quarterly. There will be a pre-established agenda and minutes and attendance will be recorded.

The Emergency Management Team will be responsible for the evaluation and analysis of any emergency incident occurring and determining what actions are required to mitigate potential risks and/or improve on the overall Emergency Plan.

Incident Management System Organizational Chart:

The Incident Management System Organizational Chart provides a clear outline of the IMS organization position assignments for an emergency incident.

IMS Organizational Chart



Communication Systems:

At the time of an emergency, whether internal or community, communication systems may be severely compromised and/or non-existent

Prior to an emergency event, consideration and planning on alternative communication systems need to be completed and decisions made as to how the Home will be affected, internally and externally.

The ability to send and receive vital information and to coordinate efforts with partners and emergency responders is paramount during an emergency.

Key components of planning for emergency communication consists of:**1. Assessing the Home's communication equipment and technology**

- Compile an inventory of the Homes communication assets, includes telephone system, email, voice mail, computer network and internet connection, internal two-way radios etc.
- Is there a current emergency back-up telephone system?
- What is the strengths and limitations of the technology in communicating during an emergency?
- Is there access to radios and TV's for receiving emergency alerts, updates, any evacuation orders and news.

2. Building and sustaining Emergency contacts – consider alternate means of contacting emergency partners in even of communication equipment break-down.**3. Identify the lead (& back-up lead)** as to who will be responsible for providing information to families, staff and who will be the point person for communication with emergency authorities as outlined in the Incident Management structure for the home.

Any communication to the media and responding to any media questions will be the responsibility of a designated Corporate Lead, in conjunction with the Executive Director/designate.

4. Back-up plans for communication will be considered, determined and made accessible, (i.e. two-way radios for internal communication, satellite phone for the facility, connecting with external partners (i.e. radio operators, knowing what is available through an emergency partner)**Communication Protocols:**

- 1) Incident Manager/designate will contact SVCH Corporate CEO of the emergency situation and provide essential information,
- 2) The Corporate CEO, in collaboration with SVCH President, will prepare any key messages to be distributed to the residents, families, general public, the media and other stakeholders.

Communication may be delivered through telephone calls to families, through email distribution, through public announcement and any other method deemed necessary and appropriate based upon the emergency situation.

A communication script may be provided to give direction to staff who may be receiving calls or making calls.

All staff are to be informed of the Communication Liaison person and must direct all questions to the appropriated individual(s).

EMERGENCY COMMUNICATION Planning -Appendix C-4

EMERGENCY RESPONSE:

The Emergency Response plan provides a protocol in defining risk and the action required to manage the emergency situation.

The Incident Management System (IMS) identifies four key levels of risk:

Low Risk: an emergency situation has occurred or is anticipated to occur that:

- Has not caused serious injury to residents or staff
- Poses minimal to no threat to the Home, and/or to reputation and/or operations
- Has little to no potential for media coverage

Moderate Risk: an emergency situation has occurred or is anticipated that:

- Poses a potential threat to resident and/or staff safety
- Poses a potential threat to the home, and/or reputation and/or operations
- Has potential for broader media coverage

High Risk: an emergency has occurred or is anticipated that:

- May harm or has the potential to harm residents or staff
- Will affect the home's reputation or SVCH reputation and/or operations
- May pose a potential risk to numerous homes and media coverage can be anticipated

Critical Risk: a major emergency situation has occurred or is anticipated that:

- Has caused harm to residents or staff
- Has affected operations of the home and/or severely damaged the home's reputation
- Has resulted in media contacting the home and/or SVCH Corporate Office

The IMS Team is accountable to review each emergency situation and to make decisions at every risk level of the emergency situation. Sharon Village Care Home's Corporate Office will be involved in the decision making and management of any potential or actual risk, regardless of the risk level.

Following any type of Emergency situation, the Executive Director in collaboration with the IMS Team, other staff and other persons involved in the management of the incident, residents and families will complete an evaluation of the emergency response, determine if any revisions are required to the plan, evaluate the response and reaction to the emergency and complete a written report within thirty (30) days of the incident.

The final report will be shared at the CQI Quality Council, Residents Council and Family Council (as applicable).

EMERGENCY RESPONSE PLANS:**Universal Emergency Codes:**

Emergency Codes are used to provide notification of emergency situation which requires immediate action and is designed to guide staff in the response and management of any disaster, emergency or any incident with the potential for significant impact on residents, staff and the normal operations of the Home.

It is an expectation of Sharon Village Care Homes that all employees and volunteers will be provided with education and training on the Universal Emergency Codes, their meaning and the response required.

Universal Code	When to activate	Activated by	SVCH Policy Reference
CODE RED –FIRE **Annual Testing	Initiate when the fire alarm is activated, and/or FIRES/SMOKE is discovered (Home specific Fire Safety Plan)	Person discovering	EPM-C-10 (General Policies)
Code Green-Evacuation **Test Every 3 Years	Code Green -Partial evacuation, removal of residents and staff from danger area to safe area behind fire doors within Home. Code Green STAT —complete evacuation of the Home to a safe location	Fire Department Fire Department	EPM-G-10
CODE BLUE-Medical Emergency	Initiate when a Medical situation requires additional support and external assistance	Person discovering person in distress	EPM-D-10
Orange -Community Disaster/Mass Casualties **Test Every 3 Years	When notice has been received from external Emergency Services	When directed by external Emergency Service	EPM-H-10
Code Grey-External Air Exclusion	Initiate when there is a threat of external airborne contamination or to maintain the internal environment.	When directed by external Emergency Service	EPM-J-60
Code Black-Bomb Threat/Suspicious Pkg **Test Every 3 Years	Initiate when there is a bomb threat received by any means or when a suspicious package is located on the premises	Person discovering	EPM-I-10
Code Purple-Hostage Taking	Initiate when a resident, staff, visitor or other is held or removed from the Home without authorization or consent	Person discovering/ identifying situation	EPM-L-05
Code Yellow-Missing Person **Annual Testing	Initiate when a resident can not be located on Home area/within Home	Person discovering/ identifying situation	EPM-F-10
Code Silver-Intruder with a Weapon	Initiate when an unauthorized person is in the Home/ with or without a visible weapon	Person discovering/ identifying situation	EPM-K-05
Code White-Violence **Test Every 3 Years	Initiate when a threat of aggression &/or violence	Person discovering/ identifying situation	
Code Brown-Hazardous Materials/ Chemical Spill **Test Every 3 Years	Initiate upon discovery or notification of known or unknown hazardous material, agent or contamination	Person discovering/ identifying situation/ being notified	EPM-J-120

Potential Risk of the likelihood of other Emergencies that may be identified in the HIRA may include but not limited to:

Potential of Other Emergency Incidents	When to activate	Activated by	SVCH Policy Reference
Loss of Electricity (Hydro)	Once Hydro is loss –Contact Local Hydro Company to determine estimated length of outage.	Most senior supervisor on site at time of outage	EPM-J-20
Loss of Natural Gas	Contact Local Gas Company to determine estimated length of outage & to identify problem	Most senior supervisor on site at time of outage	EPM-J-30
Loss of Water Supply **Test Annually	Contact Public Utilities to determine estimated length of outage & to identify problem.	Most senior supervisor on site at time	EPM-J-40
Loss of Communication System	Contact Telephone Service provider	Most senior supervisor on site at time	EPM-J-50
Flooding (internal & external)	Initiate immediately	Person discovering/ identifying situation	EPM-J-80
Explosion	Initiate immediately	Person discovering/ identifying situation	EPM-J-130
Natural Gas Leak	Initiate immediately	Person discovering/ identifying situation	EPM-J-140
Inclement Weather Conditions <ul style="list-style-type: none"> ○ Tornadoes ○ Ice Storm ○ Severe Snowstorm ○ Earthquake ○ Extreme Heat ○ Extreme Cold ○ Floods 	Initiate immediate precautions for any alerts & secure building, supplies and staffing Floods – Test annually Nature disasters or extreme weather events— Test annually	Person discovering/ identifying situation News Alerts Community Alerts	EPM-J-05
Infectious Outbreaks <ul style="list-style-type: none"> ○ Pandemic, ○ Epidemic 	Initiate immediately as per directives from Public Health or other governing agencies/individuals **Test Annually	Most senior person on site. Contact IPAC Lead	IPAC Section “B” - Outbreak Management
Unsafe Water Advisory	Initiate Immediately	Public Health Alerts	EPM-J-150
Loss of Elevator Service	Initiate immediately	Person discovering/ identifying situation	
Other (specify)			
Computer system failure			
HVAC failure			
Communication System Failure			

FIRE SAFETY PLAN:

The Home is required by law to have a Fire Safety Plan and Emergency Response Plan that meets the national Fire Code and which has been reviewed and approved through the local Fire Department.

The Home's Fire Safety Plan must be reviewed and updated as changes occur and at least reviewed by the Emergency Team annually for relevance. Any changes made must be made in collaboration with the local Fire Department Liaison and approved through the Fire Department.

Appendix D-1 –Home Specific Fire Plan –to be inserted**The Home will have responsibility for:**

- Fire Drill practices on every shift monthly. All drills will be documented and staff attendance recorded.
Refer to Policy # EPM-C-50
Fire Drill Form will be used to record all Fire Drills and debriefing notes and any required actions required.
- Preparing, updating and sustaining "Employee Emergency Call-In Roster" –to be updated at least quarterly and more frequently as required, and practiced at least every 6 months. Copies must be provided to all Managers and Supervisors and kept off-site at Home for easy access after regular business hours.
- Preventative Maintenance program for all fire equipment and logs of all checks (Policy # EPM-C-70)
- Fire Safety -on-boarding for all newly hired staff –competency-based training and documentation
- Fire Safety training for all staff at least annually –competency-based training and documentation
- Fire Safety training for all volunteers annually
- Involvement of residents, families and other stakeholders in fire safety practices

Emergency/Disaster Preparedness Box(es) will be available in central location(s) within the Home which includes articles needed in the event of an emergency response requiring evacuation.

The Emergency/Disaster Box must be labelled in large print, stored in designate Emergency Control areas and each Home will determine number required – at a minimum there must be 1 box for operations and one for Care.

A checklist must be developed and affixed to the outside of the Emergency/Disaster Box and include at a minimum:

- Communication equipment (internal communication & external communication system)
- Batteries – various sizes
- Additional flashlights & other lantern type equipment
- Blankets
- Roll of Caution tape – to block off access to an area or to designate specific areas i.e. triage
- Disposable gloves, masks, hand sanitizer, small first aid kit
- Bottled water
- Safety vest
- Markers, scissors, cardboard
- Emergency Response binder (which includes but not limited to
 - Staff Call-in Roster; telephone contact lists, floor plans, ID bracelets/ white tags or adhesive labels; markers, pens etc); clipboards; notepads; Resident List & contact information etc)
 - External Shelter Agreement Contact Information
 - Transportation Resources that can be accessed in event of emergency evacuation (may include Community Public Transit, taxi companies—wheelchair accessible and non-wheelchair accessible,
 - List of volunteers and family who may be accessible to assist during an emergency situation

Additional contingency plan will be outlined by each Home for:

- Emergency supplies i.e. medical equipment (i.e. oxygen cylinders) and other general supplies) (Director of Care/designate)
 - Medical Supply Vendor Emergency Contact Information
- Personal Protective Equipment (Director of Care/designate)
 - Maintaining resources on site with established quota for emergency usage
 - Medical Supply Vendor Emergency Contact information
 - Alternate resource to obtain supplies
- Food & Supplies Emergency Preparedness (Dietary Manager)
 - must have at least 3 days supply of food and beverages
 - Emergency Menu prepared and accessible to all staff
 - Supplier agreement for accessing food and supplies during an emergency
 - Resource external food supply to bring food into the Home
- Medication supply (Director of Care/designate)
 - Delivery of essential medications and alternate storage as needed
 - Copies of Medication Administration Record Sheet as needed
 - Part of written contract too provide emergency service/supplies
- Staffing Contingency Plan

Other Requirements:

Training & Orientation:

The Home will provide training to staff, volunteers and students on emergency and evacuation procedures prior to commencing any work duties. Such training will be documented.

In the event of an emergency or exceptional and unforeseen circumstance, training must be provided within one (1) week of when the person begins their responsibilities.

The Executive Director is responsible to ensure further training needs are evaluated annually by designated Staff Educator/or other. This evaluation will be documented and further training needs will be scheduled within a reasonable time frame.

RESOURCES:

- **MOH FACT SHEETS (emergencies –policies)**
- **Vermont: Emergency Preparedness Planning for Nursing Homes and Residential Care Settings in Vermont**
- **Emergency Plan for Vulnerable Populations (Simcoe County and District of Muskoka)**
- **Ontario Hospital Association (OHA) Emergency Management Toolkit**
- <https://www.ready.gov/be-informed>
- <https://www.ready.gov/risk-assessment>
- <https://www.ready.gov/business/implementation/emergency>
- https://www.emergencymanagementontario.ca/sites/default/files/content/emo/docs/HIRA%20WCAG%20EN_PDFUA.pdf

SHARON VILLAGE CARE HOMES

KENSINGTON VILLAGE

1340 Huron St

London, ON N5V 3R3

FIRE SAFETY PLAN

Date: April 29, 2009

Date: Revised July 2017

Prepared by: Glenna Grimmer, Director of Facility Services

TABLE OF CONTENTS

		Page
Section 1	Introduction to the Fire Safety Plan	3
Section 2	Facility Information	4
Section 3	Facility Description	5
Section 4	Facility Audit	7
Section 5	Audit of Human Resources and supervisory staff contact information	10
Section 6	Facility Staffing Patterns (Days, Evenings & Nights)	11
Section 7	Training of Supervisory staff	12
Section 8	Resident Emergency instructions – Nursing Home	14
Section 9	Resident Emergency instructions – Retirement Home	15
Section 10	General Fire procedure	16
Section 11	Department Fire Procedure	18
Section 12	Fire Drills	24
Section 13	Facility Maintenance for Fire Protection	25
Section 14	Facility Fire Protection Equipment	31
	Facility Map	33
Appendix:		
	Organizational Chart	
	Fan Out List	
	Fire Drill Report Sheet (sample)	

Section 1 Introduction to the Fire Safety Plan

In compliance with The Ontario Fire Code, Kensington Village has a Fire Safety Plan developed and implemented in the event of a fire emergency.

Kensington Village will maintain and implement the Fire Safety plan to ensure that all resources are utilized for the protection and safety of the residents, families, staff and visitors to the facility.

This fire plan is suited for the facility, owned and operated by Sharon Farms and Enterprises Limited and is located in the main entrance by the annunciator panel. Chub box is located outside on the wall by the main entrance.

1340 Huron Street

London, ON N5V 3R3

This fire safety plan will enable staff and residents at Kensington Village to perform an emergency evacuation at the time of the emergency and to ensure that all emergency response units have the ability to protect the safety of the facility and residents, families, visitors.

The fire safety plan at Kensington Village will be updated as required and reviewed by the management team on an annual basis. The fire safety plan will be updated with any changes as a result of facility renovations, staffing level changes or the addition of new fire safety equipment.

Section 2

Facility Information

Facility Name: Sharon Farms & Enterprises Ltd
o/a Sharon Village Care Home - Kensington Village Retirement and Long Term Care

Location: 1340 Huron Street
London, Ontario N5V 3R3

Telephone No: 519-455-3910

Fax No: 519-455-1570

E-mail: infokv@svch.ca

President: Peter Schlegel

Phone No: 519-870-8088

Section 3 Facility Description

Type of Building: 2 level – multi-unit

Building Use: Retirement and Long Term Care Home

Date of Construction: 1984

Date of Renovations: 1991

1997

2003 – Addition of 5th, 6th, 7th Avenues (Retirement Home)

2006 – Lower level, offices, hairdressing room,
record storage

2014 – Long Term Care – Renovation 1st and 2nd floor,
Lower Level

Number of Resident Nursing & Retirement Suites: 222

Number Residents: 1st floor - 46

2nd floor - 32

Retirement home = 144 residents

Total resident capacity Retirement home -144 Residents

Long Term Care – 78

Total facility capacity - 222

Number of Storeys: 1 level – Retirement Home

2 level – Long Term Care

Basement: 1 Partial basement – located on East side under
Long Term Care

Type of Construction: Single story construction with full sprinkler – in 2003 addition
Balance of Retirement Home & Two story construction with 2 stage fire alarm
system– Nursing Home (multi-level)

Floor Construction: Non Combustible

Roof Construction: Both – Combustible and Non Combustible

Roof Types: Flat Roof – Long Term Care Home
Pitched Roof – Retirement Home

Interior Finishes: Wall – steel with drywall
Floors – vinyl flooring
Ceilings – Fire wall Protected

Kitchens RH/LTC: **Retirement Home** - Located on south east corner of building. We have 3 dining
rooms, located throughout the building.

LTC Kitchen – lower level. We have 3 Sevieries (2 on 1st floor and 1 on 2nd floor) to
serve all 3 dining rooms.

Section 4

Facility Audit

Item	Retirement Home	LTC Home
Fire Vehicle Access Route:	West side with access from Highbury Ave South side with access from Huron Street	South, East and partial north side with access from Huron Street
Siamese Connections: see diagram	West side – 4 connections *all identified by signage and noted on floor plan (facing Highbury Ave)	East side – 2 connections *all identified by signage and noted on floor plan (off Huron Street)
Fire Alarm system	2 stage alarm system	2 stage alarm system
Fire Alarm monitoring company	Fire Monitoring of Canada Phone: 1-800-563-3840	Fire Monitoring of Canada Phone: 1-800-563-3840
Fire Alarm & Detection system	Manufacturer: Mir Com Model: FX 2000S Type: 2 stage Primary Power Supply: Secondary Power Supply: Generator	Manufacturer: Mir Com Model: FX 2000S Type: 2 stage Primary Power Supply: Secondary Power Supply: Generator
Fire Panel Location	Main Entrance doors off Huron Street	
Annunciator Panel Locations:	Main Entrance doors off Huron Street and Highbury Entrance	1 st Floor nursing station x 2, 2 nd floor nursing station. LTC entrance by Tuck Shop

Fire Pull Stations	At all exit doors - See map	At all exit doors - See map
--------------------	-----------------------------	-----------------------------

Individual Balconies	Some rooms on the Retirement Home have patio access	None
----------------------	---	------

Sprinkler System Coverage	Full sprinkler coverage on 5 th , 6 th and 7 th avenues No sprinkler coverage on 3 rd , 4 th and 8 th avenues.	LTC side is full sprinkler coverage
---------------------------	---	-------------------------------------

Item	Retirement Home	LTC Home
Sprinkler shut off valve Location	5 th mechanical room – west side 5 th ave – outside of facility 6 th Avenue – outside of building on south-west corner of facility 7 th Avenue – outside of building on the north west corner of facility Highbury Entrance- double doors in foyer	1 st avenue, East mechanical room – for kitchen pantry East mechanical room shut off valve for main system. North Hall between fire doors and room 114 ceiling – shut off valve Lower level staff lounge ceiling – shut off valves all valves in ceiling identified by signage.

Standpipe and Hose System	Yes See map	Yes see map
---------------------------	--------------------	--------------------

Fire Pump	5 th Ave – mechanical room (by 526)	Yes Location: Lower Level – mechanical room 1 st floor – east mechanical room
-----------	--	---

Emergency Power

Yes – Generator Power

Make: KOHLER

Model: 350REOZJB

Location: Outside SE corner by
garbage area

Kitchen exhaust hood LTC

Attached to our BAS system,
high thermostat in the hood
trips from fire shuts down the
exhaust fan and unit. Reset is
in the bulk head.

Emergency Power areas covered by generator back up:

- **Nurse call system, fire protection equipment, corridor lighting, telephone, receptacle in residents room, receptacle at nursing stations and elevator.**

Item	Retirement Home	LTC Home
Elevator	None	<p>Yes – two</p> <p>Connects basement to 1st and 2nd floors</p> <p>Elevator machine room located on lower level beside the elevator for main car, and elevator machine room in lower level kitchen by elevator doors</p> <p>2nd elevator connects the 1st and 2nd floor severys from LTC kitchen in lower level</p> <p>Key: Charge nurse, facility services have the elevator key</p> <p>Complies with OBC and OFC</p> <p>Elevator Car #2 is the fire fighter Elevator Car #1 has no emergency functions</p>
Portable Fire Extinguishers	<p>Yes</p> <p>Type: ABC</p> <p>Kitchen: Type K & BC</p>	<p>Yes</p> <p>Type: ABC</p> <p>Kitchen: Type ABC & K</p>
Fixed Fire Extinguishers	BC – dry chemical in hood above kitchen stove on East side of hood	ABC – dry chemical in hood above kitchen stove
Exits	<p>West: Highbury Entrance</p> <p>South: Huron Entrance</p> <p>*see map for secondary exits</p>	<p>Main Exits:</p> <p>East: 1st floor Nursing</p> <p>Lower Level – 2 exits</p> <p>2nd floor – 3 exits</p>
Fire Separations	<p>Corridors – see map</p> <p>Stairwells</p> <p>Resident Rooms</p>	<p>Corridors – see map</p> <p>Stairwells</p> <p>Resident Rooms</p>

Zone Separations	Yes	Yes
	See map	See map
	See map	See map
Water Supplies (ie. Public & private)	4 – north, south west and west sides	2 – east side of building north and south location
		See map -
Gas Shut off Valves	None	2 – Lower Level mechanical room and East mechanical room
		East Mechanical room -
		Main power disconnect

Section 5

Audit of Human Resources and Supervisory staff Contact Information

Director of Facility Services	
Name	Glenna Grimmer
Street Address	43 Glenburnie Cres
City/Postal Code	London, Ontario N5X 2A1
Cell Number	519-902-1490
Business Number	519-455-3910 ext 277, 519-317-8372

Building Owner	
Name	Amy Schlegel
Street Address	511 Algonquin Trail
City/Postal Code	Kemble, Ontario N0H 1S0
Cell Number	519-476-8088
Business Number	

Administrator - RH	
Name	Tracie Klisht
Street Address	1918 Downes Court
City/Postal Code	London, Ontario N6G 5E8
Cell Number	519-709-4398
Business Number	519-455-3910 ext 290

Director of Operations	
Name	Leslie Ducharme
Street Address	25 Virginia Cres
City/Postal Code	London, Ontario N5X 3E4
Cell Number	519-319-6210
Business Number	519-455-3910

Building Owner	
Name	Peter Schlegel
Street Address	Webster Street
City/Postal Code	London
Cell Number	519-870-8088
Business Number	226-663-1802

Section 6 Facility Staffing Patterns (Days, Evenings, Nights)

The following represents the general number of staff on at any one time.

Position	Days	Evenings	Nights
<u>Retirement Home staff</u>			

Administrator RH / LTC (both sides)	1		
RH Registered Staff	2	2	1
RH HCA/PSW	6	5	2
Retirement Activation Department	1	1 some days	

Dietary – Facility RH/LTC

Dietary Management - RH	2		
Cook/ Dietary – RH	4	3	
Dietary Management - LTC	1		
Cook/Dietary aides - LTC	4	2	

Facility Department staff RH/LTC

Director of Facility Services	1		
Environmental Services Department	6	1 (3-4 days per week)	

Nursing Department LTC

Nursing Management DOC/RAI	3		
LTC - Registered Staff	3	3	2
LTC - HCA/PSW	8	8	3
LTC – Dir. Act & Volunteer services	1		
LTC - Activation	2	1	
Physiotherapy/Kinesiology	1		
Hairdresser 1 RH, 1 LTC(WED, FRI)	2		

<u>Totals For RH/LTC</u>	48	25	8
---------------------------------	-----------	-----------	----------

***This is an account of the types of positions and the number of people at any one time in the facility. This number represents the general staffing components. Some evenings are split in recreation and environmental (not on all evenings).**

Section 7 Training of Supervisory Staff

Definition of Supervisory Staff:

“Means those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the fire safety plan and may include the fire department where the fire department agrees to accept these responsibilities”

Fire Safety Training is conducted on initial orientation of new employees.

All key personal are to be shown:

- How to reset the fire alarm system(an activated system must not be reset until authorized by a fire department officer or by verbal approval of a fire officer)
- Location of the sprinkler controls and how to operate them properly
- Conduct fire watch when alarm and or sprinkler system is not working (RN/RPN's)

Supervisory Staff Procedures:

Ensure the fire alarm has been activated

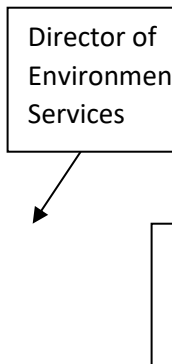
Ensure the key to activate 2nd stage is available

Notify the Fire Department

Ensure all staff responds to the alarm

Assists in the evacuation of resident

Director of
Environmen
Services



IN CASE OF FIRE

UPON DISCOVERY OF FIRE

Leave fire area immediately

Close Doors

Call Fire Dept 911

Sound Fire Alarm

Leave building via nearest exit

DO NOT USE ELEVATOR

UPON HEARING FIRE ALARM

Leave building via nearest exit

Close doors behind you

CAUTION

If you encounter smoke in the stairway use alternate exit

REMAIN CALM

EVACUATION MEETING LOCATION

In the event that residents must be evacuated from the building the nearest point is:

Location: St. John the Baptist Church
1350 Huron Street
London, ON N5V 2E2

Contact: ROB: 519-317-8968

Key location for St. John the Baptist church is located in the evacuation binder at the First Floor Nurses' Station.
Communication yearly with Church to ensure key has not been changed.

It is the role of the 1st floor Control Officer (Charge Nurse) to delegate a staff member (RPN) to take the resident evacuation BAG from 1st and 2nd floor to the meeting location and account for all residents. RPN on RH side will delegate who is to take their charts to the meeting location.

Section 8 NURSING HOME FIRE ALARM PROCEDURE

1. When alarm is activated, the annunciator panel [at both Huron and Highbury and LTC entrance doors and 1st/ and 2nd floor nursing station] will light up showing zone/ area affected and alarm bell will ring at slow speed. The location of the alarm will be announced by the Nursing Home 1st floor charge nurse who will also contact the Fire Department. Retirement staff will meet Fire Department at front door.
2. Remove any residents from immediate danger. All residents in the area of the fire should be evacuated beyond the closest fire doors. "Evac Alert" will be used to identify vacated rooms.
3. Close all windows and doors and clear corridor of equipment (carts, lifts etc.).
4. Residents in other areas of the building should be instructed to stay where they are unless otherwise advised. Keep residents calm and wait for further instructions.
5. Dietary/Kitchen aides are to turn off all equipment in the kitchen, close all windows and proceed at once to nearest nurses' station. If in a dining room, comfort Residents.
6. Activation aides are to comfort residents at activities or report to the nearest nursing station.

7. Laundry aide is to turn off all equipment, and proceed immediately to 1st floor nursing station.
 8. Housekeeping staff are to clear corridors of all equipment, i.e. floor machine, mops, and proceed at once to the nearest nurse's station.
 9. If evacuation of the building becomes necessary, the fire chief will notify the First Floor Charge Nurse (Control Officer). In his/her absence, the Director of Nursing Care or his/her alternate becomes the responsible person. Evacuation routes to be used are those to the outside of the building only. Do not use any courtyard exits as evacuation routes.
 10. If it becomes necessary to evacuate the building, St. Albans Anglican Church will supply temporary emergency accommodation for the residents. The church key is located in the first floor nursing med room.
- Second stage indicates total evacuation of facility. (**Second stage will alarm with in 5 mins of 1st stage if not reset prior to the 5 minutes.**)

Section 9 RETIREMENT FIRE ALARM PROCEDURE

1. When alarm is activated, the light on annunciator panel [at both Huron and Highbury and LTC doors and 1st floor nursing station] will light up showing zone/ area affected and alarm bell will ring at slow speed. The retirement R.P.N. will personally meet, or will assign a staff person to meet the fire department at front door. The Nursing Home first floor charge nurse will announce the location of the alarm.
2. Retirement Aides are to remove any residents from immediate danger. All residents in the area of the fire should be evacuated beyond the closest fire doors.
3. Close all windows and close doors and clear corridor of equipment (carts, etc.). If safe to do so.
4. Residents in other areas of the building should be instructed to stay where they are unless otherwise advised. Keep residents calm and wait for further instructions.
5. Dietary/Kitchen staff is to turn off all equipment in the kitchen, close all windows and proceed at once to nearest resident care station. If in a dining room, comfort Residents.
6. Retirement Activation staff are to comfort residents at activities or report to the nearest resident support station.

7. Retirement Housekeeping staff are to clear corridors of all equipment, i.e. floor machine, mops, and proceed at once to the nearest resident support station.
8. If evacuation of the building becomes necessary, the fire chief will notify the First Floor Charge Nurse (Control Officer). In his/her absence, the Director of Nursing Care or his/her alternate becomes the responsible person. Evacuation routes to be used are those to the outside of the building only. Do not use any courtyard exits as evacuation routes.
11. If it becomes necessary to evacuate the building, St. Albans Anglican Church will supply temporary emergency accommodation for the

Section 10 Facility General Fire Procedures

(A) IF YOU DISCOVER FIRE OR SMOKE:

1. Remove all residents from the room.
2. Close the door to delay the spread of fire and toxic gases.
3. Flip the evacuation tag.
4. Sound the fire alarm to get help (operating nearest pull station).
5. Begin evacuation of residents out of fire zone.
6. Attempt to extinguish fire **by trained personnel only** after all residents are removed from the fire zone. Continue with the evacuation of endangered residents.

NOTE: If the door to the room is closed, do the following:

- (a) Feel the door to see if it is hot.
- (b) If it is hot to the touch, don't open it.

- (c) If not hot, open it slowly until you find out the extent of the fire.
- (d) Enter the room for rescue only.
- (e) Try to have help with you when you enter.
- (f) Search all areas - under beds, in washrooms, behind privacy curtains, closets, etc.

NOTE: If you detect an odor or something burning, or see smoke, don't try to locate the source before sounding the alarm.

If the alarm is sounding continuously:

- this indicates that this is the 2nd stage alarm – the building needs to evacuate
- Residents will be evacuated in the following sequence:
 - Ambulatory residents
 - Wheelchair residents
 - Bedridden residents
 - Resistive/Aggressive resident

When the location of fire is on either the Retirement Home side or the LTC home side follow the following procedures

Fire Alarm Flow Chart

Alarm Sounds

Main Annunciator Panel – Huron Entrance, 1st floor Nursing Home Entrance, 1st and 2nd floor nursing stations and the 1st floor unit, and Highbury Entrance

1st Floor Charge Nurse (Control Officer), RPN or staff member if charge nurse is not at the nurse's station

- Makes announcement to location of fire zone
- Repeats announcement 3 times CLEARLY
- Calls 911

LTC Home, 1st floor charge nurse

- directs staff to Fire Zone
- Directs staff to mandate all armed doors now unlocked (no one is to leave or enter these exits without permission from the Control Officer)
- * If evacuation is necessary
- Calls Retirement RPN for staff assistance
- Makes call to the Administrator who then begins the Fan Out List

Retirement Home RPN

Listens to location of fire zone

- Directs a staff member to meet the Fire Department
- Directs staff to go to the fire zone

*If evacuation is necessary

- calls Charge Nurse (Control Officer on 1st floor nursing LTC home) to inform the need to evacuate
- Directs staff to fire zone
- Plans where the holding area is to be related to fire zone

Fire zone "all clear" by the fire department, then

LTC home 1st floor charge nurse gets call from the Retirement RPN saying all clear

- 1st floor RN (control officer) makes announcement over the PA saying all clear resume duties, staff mandating the exit doors, stay at your posts until 2nd all clear has been made and all mag locks have been reset

RPN on retirement receives the all clear by the fire department

- RPN calls the 1st floor charge nurse (control officer) to make the all clear announcement
- RPN waits for the all clear from the 1st floor charge nurse (control officer) to reset the fire panel.

Section 11 Departmental Fire procedures

Administrators (Facility RH/LTC)

Fire alarm response procedure:

- Listen for the announcement and the location of the fire. Do not cross the fire zone while moving through the building, unless safe to do so
- Close all windows and doors in your area in order to stop smoke and eliminate drafts. If safe to do so
- Turn off all lights and shut any fans off. If safe to do so
- Do not use the telephone except to give vital information. At least one administrative employee is to stay by the phone
- Report as quickly as possible to the Retirement nursing station for further instructions

Director of Activation & Volunteer Services

Fire alarm procedure:

When a Fire Occurs in Your area (all staff)

1. Remove anyone from immediate danger from the affected area
2. Confine fire – close door if safe to do so
3. Sound alarm – if not already activated
4. Initiate evacuation of the wing
5. Fight fire if possible and continue with evacuation of all endangered residents
- 6.

If you are involved in a program with Residents:

- Remain with residents and wait for assistance with evacuation if you are in the fire zone.
- Supervise residents and keep residents calm

If you are not involved in a program with Residents:

- Report directly to the nearest Nurses Station

Directors of Dietary Services (Facility RH/LTC)

Fire Alarm Response Procedure:

- If fire is in the kitchen activate the Automatic Extinguishing System.
- Close the door to the room in which the fire is located
- Pull the fire alarm
- Close all windows and doors in your department if safe to do so.
- Turn off all the lights
- Shut off all fans and cooking equipment in the area
- If you are in the main kitchen area report to the Retirement home nursing station unless there are residents in the dining room, in which case comfort the residents and await further instructions.

Dietary Cooks/Dietary Aides (Facility RH/LTC)

Fire Alarm Response Procedure:

- The designated Cook will shut down all equipment.

Procedure for suppression hood system:

- **If a fire occurs on or near the stove or area you are to turn on the suppression system via the liquid pull station located and identified with instructions by the PULL STATIONS. On the RH side the pull station is located by the west door in the kitchen, and on the LTC side the pull station is located by the entry door beside the DDS office in the kitchen.**
- Listen for the announcement and the location of the fire. Do not cross the fire zone while moving through the building.
- If you are in the main kitchen area report to the 1st floor nursing station unless there are residents in the dining room, in which case comfort the residents and await further instructions.

Director of Facility Services (Facility RH/LTC)

Fire Alarm Response Procedure:

- Listen for the announcement and the location of the fire. Do not cross the fire zone while moving through the building unless safe to do so
- Remove anyone in immediate danger from the affected area
- Confine fire – Close door
- Sound Alarm – if not already activated
- Initiate evacuation of the wing
- Fight the fire if possible and continue with evacuation of all endangered residents.
- Work with the Control officer to ensure the safety of the staff, residents and visitors

Housekeeping Department (Facility RH/LTC)

Fire Alarm Response Procedures:

- Listen for the announcement and the location of the fire
- Do not cross the fire zone while moving through the building unless safe to do so
- Clear all equipment such as carts, lifts and hampers from the corridors
- Report to the Nurse's Station
- Follow the instruction given from the 1st floor Control officer (charge nurse)
- Be prepared to respond the announcement for evacuation
- If you are away from your assigned floor, report to the nearest nurse's station and wait instruction given by the floor's Charge Nurse.
-

Laundry Department

Fire Alarm Response Procedures:

- Listen for the announcement and the location of the fire. Do not cross the fire zone while moving through the building unless safe to do so
- Turn all off all equipment & Close laundry doors
- Report to the 1st floor nursing station
- If you are away from the laundry room, report to the nearest nurse's station and wait further instructions given by the floor's Charge Nurse

Maintenance Staff (Facility RH/LTC)

Fire Alarm Response Procedures:

- Assist in clearing all equipment from the corridors
- Shut down any machinery in use
- Report to the Control Centre and take instructions from the Control Officer
- Be prepared to respond to the announcement for building evacuation

Directors of Care (Facility RH/LTC)

Fire Alarm response procedure:

- Listen for the announcement and the location of the fire. Do not cross the fire zone while moving through the building.
- Report to the 1st floor nursing station and wait instructions from the Control Officer, if not in the area for reporting to the 1st floor nursing station, report to the nearest nursing station and wait for further instructions.
- Be prepared to respond to the announcement for the building evacuate.

Retirement Nursing Staff

Fire Alarm Response:

- Upon hearing the fire alarm, the RPN Staff member from Retirement Home will go to the front door (Huron entrance) to meet the Fire Department and take them to the site of the alarm.
- The RPN will direct staff to the fire zone as necessary to commence evacuation
- The RPN will notify the Control officer Charge Nurse on 1st floor once the Fire has been declared all Clear.
- The Control Officer will announce that All Clear and Retirement RPN please reset the Panel.
- Once the ALL CLEAR has been announced, the RPN staff member is to assist the Fire Department in either silencing and re-setting the alarm
- The RPN resets all maglocks once the Fire has been declared all clear
- RPN must ensure that a Fire Drill report sheet is filled out by all staff in attendance. See appendix B for sample sheet

NO ONE HAS THE AUTHORITY TO SILENCE OR RESET THE FIRE ALARM ``OFF`` UNTIL PERMISSION IS GIVEN BY THE FIRE CHIEF.P

Section 12 Fire Drills

Purpose: To ensure the safety of our residents in case of smoke, fire or evacuation.

- Fire Drills will be done monthly on all 3 shifts, day, evenings and nights.
- All staff will be documented in a fire log attendance to ensure all staff have been trained in a fire drill exercise. If not available yearly all staff either in a review or handout will fill out a questionnaire.

Procedure of a Fire Drill exercise:

- Ensure that Fire Monitoring of Canada (FMC) and Fire Dept. have been notified before conducting a Fire Drill. Phone # Fire Department - 519-661-5615, FMC 1-800-563-3840
Director of Environmental / RN on 1st floor have the FMC phone number and procedure at the desk.
- All Drills will be conducted by the Director of Facility Services, maintenance assistant or the Control Officer (1st floor charge nurse).
- Once the Fire Drill has been completed the Fire Dept. and FMC will be notified that the drill exercise has been completed.
- The Director of Facility Services will review each drill for deficiencies and notes made on the Fire Drill Record by the person conducting the drill pertaining to staffs responses and any other issues or concerns that occurred during the drill.

Section 13 Maintenance of Fire Protection

Ensure that all fire protection equipment and building features such as fire separations, emergency lighting, fire alarm systems, sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishing and voice communication systems are **checked, tested, inspected** and maintained in accordance with Parts 2 (building and occupant Fire Safety) 6 (Fire protection systems in high building) of the Fire Code and all applicable standards referenced therein.

Fire safety equipment: kitchen fixed extinguishing system tested every 6 months by a certified technician. All other fire protection equipment tested yearly by certified fire technicians.

Ensure that magnetic locking devices, if installed on exit and access to exit doors, release upon activation of the fire alarm and adjacent manual pull stations.

Maintain permanent records of all fire equipment inspections, tests and maintenance as set out in Subsection 1.1.2 (Written records shall be kept of tests and corrective measures for 3 years after they are made).

Access roadways, fire routes, hydrants and Siamese connections are accessible to the fire department and are clear of all obstructions (i.e. snow, parked vehicles and shrubs).

Do not permit combustible materials to accumulate in any part of the building.

All stairwells, landings and exits are to be clear of any obstructions at all times.

Maintenance to ensure that all electrical rooms are clear of any storage items and have nothing blocking the electrical panels.

Definitions of Checked, Inspected and Tested:

Checked: Visual observation to ensure the device of system is in place and is not damaged or obstructed

Inspected: Physical examination to determine that the device or system will perform in accordance with its intended operation or function.

Tested: Operation of device or system to ensure that it will perform in accordance with its intended operation or function

FIRE DETECTION ALARM SYSTEM

1. TWO STAGE SYSTEM:

The Alarm System at Kensington Village is a two stage system.

Stage 1

- This sound indicates the presence of the fire in the building that requires a local or horizontal evacuation

Stage 2

- This alarm indicates the need for a total evacuation of the building.
- The second stage fire alarm will go into alarm after 5 minutes automatically if 1st stage has not been reset at panel. The 2nd stage can also be put into alarm via a general alarm key.

ACTIVATING FIRE ALARM SYSTEM:

The fire alarm system can be activated in several ways.

- (A) Fire pull station.
- (B) Heat Detector. (with or without sprinkler)
- (C) Smoke Detector.
- (D) Sprinkler activation (pressure drop or flow)

Note: As soon as the fire alarm is activated all magnetic locks automatically unlock (i.e. doors to 2nd floor stair wells, 1st floor stairwells and entry to the units of LTC Home main doors and 8th ave. doors RH side). Staff must guard these unlocked doors to prevent resident elopement.

2. MONITORING:

The Fire Alarm System is monitored by FMC (Fire Monitoring of Canada) over a support telephone line. In the event our fire alarm system is activated, FMC(Fire Monitoring of Canada) immediately contacts the Fire Department.

- In order to ensure maximum fire safety the Nurse in Charge at the first floor Nursing Station must call the Fire Department at 911 once the fire alarm system is activated and not rely on FMC (Fire Monitoring of Canada).

EMERGENCY ELECTRICAL POWER SUPPLY (CSA C282-09)	
Check/Inspection/Test	Frequency
Check all components of the system, operate the generator set under at least 50% of rated load for 60 minutes:	Bi Weekly, by maintenance
Check and clean crankcase breathers, governors and linkages on emergency generators:	Every 6 Months, by Generator co.
Inspect and service generator and generator set:	Annually, by Generator co.
Check torque heads and valve adjustments for engines:	Every 2 Years, by Generator co.
Inspect and service injector nozzles and valve adjustments on diesel engines:	Every 3 Years, by Generator co.
Check installation of generator windings:	Every 5 Years, by Generator co.

FIRE ALARM SYSTEMS	
<i>Reference should be made to ULCS-536-1979 for exact details.</i>	
Check/Inspection/Test	Frequency
Check trouble conditions:	Daily, by Nursing
Check central alarm and control facility:	Daily, by Nursing
Test fire alarm system:	Monthly, in house - maintenance
Test voice communication to and from floor areas to the central alarm and control facility:	Monthly, in house maintenance

Test fire alarm system by persons acceptable to the authority having jurisdiction for service:	Annually, by Fire co.
--	-----------------------

Check/Inspection/Test	Frequency
Check hoods, ducts subject to accumulations of combustible deposits and clean as necessary:	Semi- annually, by maintenance,
Inspect chimneys, flues and fluepipes and clean as necessary	In the Fall by our Plumbing co.
Inspect disconnect switch for mechanical air conditioning and ventilation:	By our Electrician on an as needed basis
Inspect controls for air-handling systems used for venting:	Annually, by Heating and cooling co.
Clean all ducts for dryer vents to the roof top unit	Semi annually, or as needed by outside co.

STANDPIPE AND HOSE SYSTEMS	
Check/Inspection/Test	Frequency
Inspect hose cabinets to ensure hose position and that equipment is in place and operable:	Monthly, maintenance
Inspect hose valves to ensure tightness and to ensure no water leakage:	Annually, by Fire co.
Remove and re-rack hose and replace worn gaskets:	Annually, Fire co.
Remove plugs or caps on fire department connections and inspect for wear, rust or obstructions:	Annually, Fire co.
Hydrostatically test standpipe systems piping which normally remains dry:	Every 5 Years, Fire co.
Hydrostatically test standpipe systems that have been modified, extended or are being restored to use after a period of disuse exceeding a year:	As Required, by Fire co.

MEANS OF EGRESS

Check/Inspection/Test	Frequency
Inspect all doors in fire separations	Monthly, by maintenance
Maintain exit signs to ensure they are clear and legible:	Check daily by Nursing
Maintain exit lights to ensure they are illuminated and in good repair:	Repaired by maintenance

SPRINKLER SYSTEM	
Check/Inspection/Test	Frequency
Check that air pressure on dry pipe systems is being maintained:	Weekly, by maintenance
Check exposed sprinkler system pipe hangers:	Annually, by Fire co.
Check all sprinkler heads:	Annually, by Fire co.
Inspect dry pipe valve priming level:	Annually, by Fire co.
Remove plugs or caps on fire department connections and inspect for wear, rust or obstruction:	Annually, by Fire co.
Test water flow on wet sprinkler systems using most remote test connection:	Annually, by Fire co.
Trip-test dry pipe trip system:	Annually, by Fire co.
Test flow of water supply using main drain:	Annually, by Fire co.
Inspect dry pipe system for obstructions and flush where necessary:	Every 15 Years
FIRE DEPARTMENT ACCESS	
Check/Inspection/Test	Frequency
Ensure streets, yards and private roadways provided for fire department access are kept clear:	Daily, by Maintenance and Managers

WATER SUPPLIES FOR FIRE FIGHTING	
Check/Inspection/Test	Frequency
Inspect valves controlling fire protection water supply:	Annually, by Fire co.
Operate and inspect fire pumps:	Annually, by Fire co.
Test fire pump at full rated capacity:	Annually, by Fire co.
Inspect all fire hydrants:	Annually by, Fire co.
Inspect all fire hydrant water flow:	Annually, by Fire co.

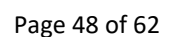
COMMERCIAL COOKING EQUIPMENT
Check/Inspection/Test
<p><u>NFPA 96-2111</u>, “ Standard for Ventilation and Fire Protection of Commercial Cooking Operations”</p> <p><u>Fire equipment</u>: Tested every 6 months (Suppression system, hoods, exhaust, and duct system). Inspected by our fire company.</p> <p><u>Grease traps</u>: Cleaned every 6 months, or as needed. Both Kitchens (RH and LTC), cleaned by grease trap company.</p>

Section 14

Facility Fire Protection Equipment

Nursing Home		Retirement Home	
Location of Cabinet	Hose or Portable	Location of Cabinet	Hose or Portable
<u>Lower Level</u>		<u>3rd Ave Retirement</u>	
Laundry room behind the dryers	portable	Hallway by rooms, 306 and 314	Cabinet, hose and portable
Laundry room clean area side & soiled side	Portable	<u>4th Ave Retirement</u>	
Hallway by laundry room soiled area	Cabinet, hose and portable	4 th ave café' - by coffee maker	Portable
Hallway by elevator	Cabinet, hose and portable	4 th ave in hallway by room 409	portable
<u>1st floor Nursing station</u>		<u>5th Ave Retirement</u>	
Short hall – hallway by room 112	Cabinet, hose and portable	Hallway – by room 501and 531	Cabinet, hose and portable
Long hall – hallway by rooms 143 and 133	Cabinet, hose and portable	<u>6th Ave Retirement</u>	
Derby dining room – by entrance doors	Portable	Hallway – by rooms 612, 618	Cabinet, portable
North hall – hallway by room	Cabinet, hose and portable	Hallway – by library	Cabinet, portable
Nurses station	Cabinet, hose and portable	6 th ave activity room – right side of entrance	portable
<u>Mechanical Rooms</u>		<u>7th Ave Retirement</u>	
Basement mechanical room – lower level across from laundry	portable	Hallway – by room 722	Cabinet, portable
8 th ave mechanical room – beside Thames servery door	Portable	<u>8th Ave Retirement</u>	
Nursing Home		Retirement Home	

Location of Cabinet	Hose or Portable	Location of Cabinet	Hose or Portable
2 nd floor Nursing Home Short Hall – by room 212	Cabinet, hose and portable	Hallway – entrance across from Thames severy	Cabinet, hose and portable
Long Hall – by hallway by rooms 227 and 213	Cabinet, hose and portable		
Activity room 2 nd floor	Portable		
<u>Kitchen – Main and LTC</u>			
Located by range hood	Wet chemical system		
<u>Staff Room 1st floor</u>			
Located by fridge	portable		



ESSENTIAL & EMERGENCY FUNCTIONS

	Essential Functions	Emergency Functions/Resources
Resident Care/ Nutrition & Hydration	Preparation of Meals	<ul style="list-style-type: none"> ○ Use Emergency Menu & Snack Menu ○ Source out ready-made products ○ Disposable dishes/cutlery ○ Prepared “thickened fluids” ○ Modified dietary lists (as needed) ○ Nutritional Supplements available
	Hygiene Needs	<ul style="list-style-type: none"> ○ Bathing –may need to revisit frequency of showers/baths (utilize bed-baths as warranted) ○ Dressing & basic grooming needs (peri-care, hair care, oral care) ○ Toileting & Continent Product Changes
	Medical Appointments	<ul style="list-style-type: none"> ○ Re-evaluation of outside appoints and need to cancel with exception of medical treatment needs (i.e. dialysis)
	Psychological & Emotional Support	<ul style="list-style-type: none"> ○ 1:1 visits more frequently ○ Re-arrangement of Recreational Programs to fit the incident
	Assessments/medications/medical needs	<ul style="list-style-type: none"> ○ Depending upon the emergency, it may be necessary to review medications with MD/NP to provide only most essential meds. ○ Ongoing assessments per individual needs ○ Ensuring sufficient supplies for medical needs (i.e. G-feed/tubing; Oxygen—liquid + concentrator availability; catheter care & supplies) <ul style="list-style-type: none"> ○ Wound care ○ **see Policy re: loss of hydro (low air loss mattress /alternative mattresses/Oxygen liquid supply; G-feed pumps etc)
	Palliative/End-of-Life Care	<ul style="list-style-type: none"> ○ Family visits ○ Pastoral Visits ○ Set up Palliative Care Baskets & have readily accessible
	Rest area for staff who may need to remain on site (rest place, hygiene needs etc.)	<ul style="list-style-type: none"> ○ Plan out designated location on-site or off site near home if no location on site ○ Consider meals/ personal supplies for hygiene needs, laundry for clothing as needed ○ Other considerations based upon individualized priority needs (example: personal medication)
	Volunteers –may include family members	<ul style="list-style-type: none"> ○ List of volunteers who could assist during emergency/family ○ Consider any pre-training (i.e. assisting with feeding, safety rounds of residents)
	Cleaning & Disinfecting	<ul style="list-style-type: none"> ○ High touch cleaning frequency

Facility Operations		<ul style="list-style-type: none"> ○ Removal of garbage
	Maintenance of Emergency Equipment On-going top-up for diesel Coolant for compressors	<ul style="list-style-type: none"> ○ Additional diesel for generator (as applicable) ○ Generators requiring natural gas (?back-up)
	Emergency/Disaster Boxes (Home specific considerations)	<ul style="list-style-type: none"> ○ Restock & maintain inventory control ○ Additional supplies as applicable
Administrative Operations	Purchasing Essential Supplies & Equipment	<ul style="list-style-type: none"> ○ Inventory Control & monitoring expiry
	HR Management	<ul style="list-style-type: none"> ○ Staff Contingency Plan ○ Payroll Management
Emergency Communication	Internal Communication-staff	<ul style="list-style-type: none"> ○ 2 -way radios/receivers
	External Communication: family/external stakeholders	<ul style="list-style-type: none"> ○ Social media ○ Radio announcement (if loss of major communication systems internally & externally)
	Media Communication	<ul style="list-style-type: none"> ○ Corporate/Executive Director or designate ○ Available scripts for various emergency types readily accessible
Other		

Community Resources & Partners

The Community Resources * & Partner information will be maintained and updated by the Executive Director/designate and be readily accessible to the Emergency Team in the event of an emergency event.

Name of LTC Home: Kensington Village	
Address: 1340 Huron St, London, On N5V 3R3	
Phone # : 519-455-3910	
Primary Contact Person in Home: Executive Director	
Name: Tracie Klish	
Contact #: 519-709-4398	Email: tklish@svch.ca
Secondary Contact (Back-Up designate): Director of Environmental Services	
Name: Glenna Grimmer	
Contact #: 519-902-1490	Email: gggrimmer@svch.ca
Sharon Village Care Homes Corporate Contact Person:	
Name: Shirley Thomas-Weir	
Contact #: 1-905-975-9671	
Ministry of Health & Long-Term Care:	
Contact #: 1-416-314-5518 or 1-866-532-3161	
Community Emergency Preparedness (if applicable):	
To launch Emergency Response: 911	
Director of London Emergency Services: 306-471-9998	
Police Liaison:	
Non-Emergency #: 519-661-5670	
Emergency Phone #: 911	
Fire Department Liaison:	
Non-Emergency #: 519-661-5615	
Emergency Phone #: 911	
Public Health: Number: 519-663-5317 After Hours Number: 519-663-5317 Option 2	
Hospital(s): (identify all hospitals within proximity of the Home)	
Hospital Name: University Hospital is closest in proximity	

<p>Contact #: 519-685-8500</p> <p>Hospital Name: Victoria Hospital is second closest in proximity</p> <p>Contact # 519-685-8500</p>
<p>Other: N/A</p>



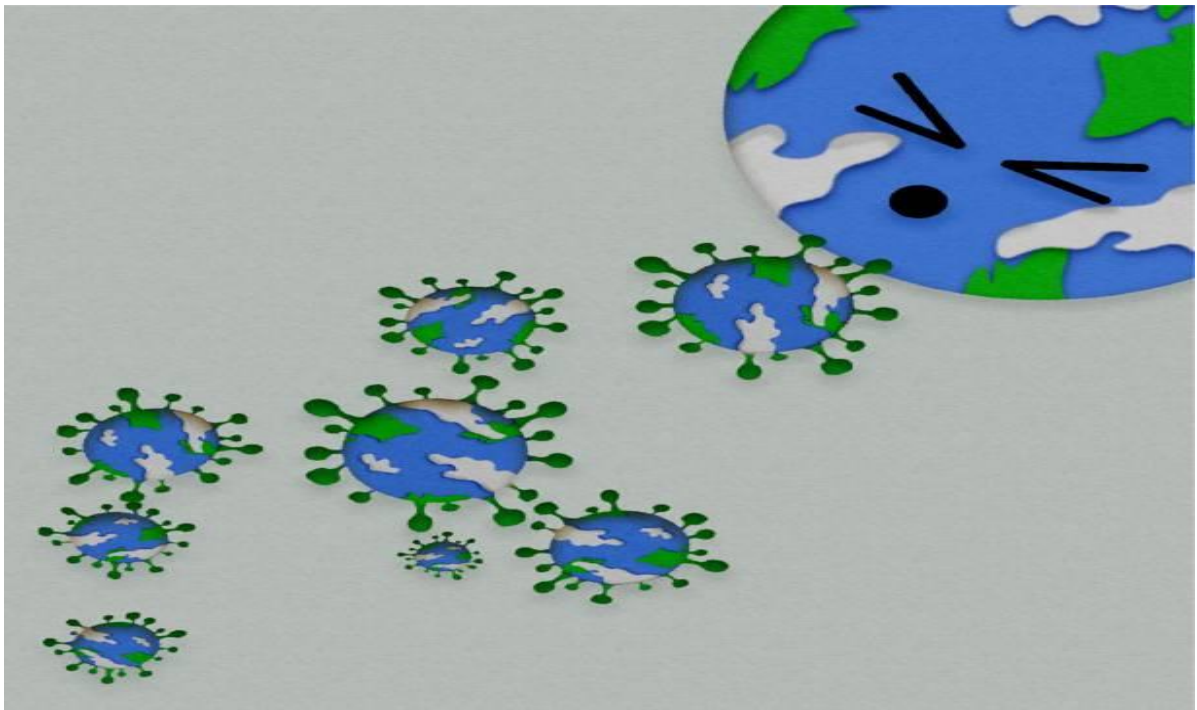
Appendix C-4

Emergency Communications Team & Responsibilities

Lead	Person(s)	Responsibilities
Communication Team Lead	Executive Director/ designate Lead: Tracie Klisht Back-up: Glenna Grimmer	<ul style="list-style-type: none"> ○ Coordinates full communication response in collaboration with Corporate Office ○ Oversees message development ○ Primary spokesperson internally ○ Communicates with Emergency Services ○ Ensures Employee Fan-out list is up to date & accessible –provides direction to initiate call-ins
Corporate	Peter Schlegel-President Shirley Thomas-Weir -CEO	<ul style="list-style-type: none"> ○ Works with Team Lead to coordinator communication response ○ Primary spokesperson for media information ○ Script message(s) to be provided by staff for call-ins
	Director of Care/ designate DOC: Melanie Campbell ADOC: Shirley Nieman	<ul style="list-style-type: none"> ○ In collaboration with ED, coordinates message to residents, families, other stakeholders ○ Coordinates additional help that residents/ families may need <ul style="list-style-type: none"> ○ Coordinates with MOH/LHIN ○ Connects with Advisory Physician & Attending Physician(s)



Infectious Disease Outbreak & Pandemic Plan



SHARON VILLAGE CARE HOME INFECTIOUS DISEASE & PANDEMIC PLAN

The Infectious Disease Emergency Response Plan will assist Sharon Village Care Homes to identify response needs and coordinate resources to effectively respond to and manage diseases of public health significance or any emerging infectious disease.

Sharon Village Care Home expects each Home will have a proactive Infection Prevention and Control program which is lead by a qualified IPAC Lead. The Infection Prevention and Control Lead ensures that there is an organized infection prevention and control program that meets regulatory requirements and is in line with Provincial Infectious Disease Advisory Committee (PIDAC) standards

Key functions of the IPAC Lead will include but not limited to:

- Ensures required surveillance and screening programs are in place for staff, residents, volunteers, visitors, essential care providers and others based upon best practice guidelines and/or specific directives from Public Health, Medical Officer of Health, Ministry of Health and other legislative bodies
- Monitors and analyzes surveillance data within the Home and identifies trends and potential risks
- Initiates outbreak line lists for residents and staff when indicated
- Initiates heightened surveillance and additional precautions where indicated
- Communicates with Public Health on a regular basis when an outbreak is pending or an actual outbreak is declared—communicates all directives within the Home. Monitors compliance of all directives.
- Assists in coordination, orientation for newly hired staff, annual training for all staff and specific on-site training when required
- Assists in policy development and/or recommendation for policy revision
- Engages in promotion of vaccinations for residents and staff

The Incident Management System (IMS) will be used for the management of Infectious Disease Outbreak, including a Pandemic or Epidemic.

Policies and Procedures will be reviewed in conjunction with this Outbreak Management & Pandemic Plan.

During a Pandemic, human resources, supplies and equipment may be unavailable or be availability reduced. Homes will need to rely on good IPAC procedures, i.e. hand hygiene, appropriate personal protective equipment, isolation and cohorting staff and residents to minimize exposure and transmission.

To reduce risk to staff of acquiring an acute respiratory illness, IPAC lead in collaboration and support of Managers are expected to:

- Ensure all staff have appropriate training, education and supervision needed to protect themselves and provide effective care
- Provide appropriate PPE's and provide training on proper donning and doffing to prevent cross-contamination
- Implement appropriate occupational health and infection prevention and control measures.

Pre-Pandemic Planning:

Human resources:

- **Restrict Staff working who exhibit Respiratory illness symptoms** – if there is a potential pandemic risk, signs will be posted at all entry points advising staff and visitors not to enter if they have any respiratory symptoms.

Staff exhibiting any symptoms during working hours are to report to their immediate Department Manager.

Enhanced screening may be initiated for all staff at point of entry into the Home—communication

Increase Social Distancing measures—avoid large group meetings, cancel or postpone non-essential meetings, group training/education sessions, resident group programs.

Minimize number of staff in lunch/break rooms.

Travelling outside of the Province may need to be restricted for staff and vacation may need to be cancelled depending upon the Pandemic and how wide-spread it is.

Employee Exposure to Pandemic Illness/Staff Affected—all illness must be reported to the immediate supervisor and to IPAC Lead. Appropriate documentation protocols will be followed, i.e. submission of loss time to WSIB as appropriate.

Information Technology:

During a pandemic the following supports may need to be in place to support the operational needs of the Home:

Cell phones – may be required to communicate with vendors regarding service needs or other requirements.
Additional Laptops -may be required to support additional staffing needed

Finance/Administration:

Will be responsible to maintain operational stability during a pandemic, and/or other emergency events.

The Finance Controller, in conjunction with the Executive Director and Bookkeeper, will ensure that systems and processes are in place during a pandemic for:

- Minimizing risks to residents, staff and the organization
- Reduce or minimize disruption of billing, payroll and accounts payable processing
- Monitors/tracks emergency expenditures
- Ensures appropriate coding of all expenditures relating to Pandemic is completed accurately

Additional coding may be required for:

- Staff absenteeism
- WSIB claims related to Pandemic exposure or illness
- Reduction of any program services
- Staff training requirements
- Hiring & orientation over and above normal processes

Any additional coding will be communicated to the Executive Director and Bookkeeper.

Communication:

Ongoing communication with staff, residents, families and other stakeholders is an essential component of a Pandemic Response Plan.

Sharon Village Care Home Corporate CEO will be the main point of contact for all medial information relating to the pandemic.

The Executive Director, in collaboration with the CEO and/or Director of Operations may develop messages for staff, families, visitors, essential care givers and others. Messages may be sent through email, telephone calls, zoom meetings, virtual meetings, handouts/mail outs, website and other methods as available.

Incident Management System (IMS)

The roles and responsibilities of each IMS Team member is as outlined in the Emergency Plan.

Pre-Planning Assessments & Ongoing Monitoring Requirements:

Depending upon the severity of the Pandemic, an assessment of resident population should be completed for:

- Residents who can be discharged home to family members
- Residents whose needs could be met at Home with additional home care support
- Residents who must continue with care within the Home
- Residents who are likely to require acute care
- Resident at higher risk of complications from Respiratory illness

A list will be maintained by the IPAC Lead and kept available on each Home Area with master copy readily accessible in the Emergency Planning binder.

Services:

An assessment of essential services and services that can be reduced or eliminated during a pandemic will be outlined and be part of the Emergency Planning binder.

It is recognized that during a Pandemic, staff levels will not be able to be maintained and staff available will need to focus on providing essential services.

Services that MUST be maintained to provide care and protect resident's health and wellness	<ul style="list-style-type: none"> ○ Medications and treatments (it may be possible to have some medications reviewed by the MD/NP and non-essential meds may be discontinued) ○ Basic hygiene care (bathing, cleansing after toileting, oral care) ○ Linen changes only as needed ○ Basic laundry services (towels, face clothes, linens) ○ Dietary Services for food and fluids ○ Enhanced housekeeping services and enhanced disinfection
Services which could be reduced or limited	<ul style="list-style-type: none"> ○ Outside appointments (depending on specialist & reason) ○ Foot Care Services ○ Hair Dressing services ○ Recreation programs may need to be limited to smaller groups, 1:1 etc
External services **Each Home may have other services which is deemed essential	<ul style="list-style-type: none"> ○ Pastoral Care (End-of-Life; for psychological/emotional support) ○ Oxygen Supplier ○ Essential Care Provider ○ Family Visitation (if resident is End of Life Care) ○ Lab technician ○ Doctors, Nurse Practitioner ○ Repair or maintenance companies for emergencies

All other support services and visitors must be restricted during the pandemic or when an reassessment of the outbreak determines alterations in the delivery of services is required.

Contingency Plan:

Each Home will have a Home specific Contingency Plan which is updated at least annually and more frequently when:

- New or additional directives are provided by Public Health or other legislative agencies,
- Needs of the Home changes,
- Additional changes are required

Attached —Home specific Outbreak Contingency Plan

Education:

Preparedness will include ongoing education of staff, volunteers, residents, families regarding Infection Prevention and Control practices and measure to protect the health and safety of staff and residents.

Education will be provided to Residents Council, Family Council, which may include training family members to assist with some aspects of care during a pandemic i.e. feeding, bathing, oral care, toileting etc.

Education will be provided at time of hire, annually and as required. Education programs will include Pandemic Plan, risks associated with infectious diseases, chain of transmission and risks of transmission, appropriately cleaning and disinfecting of equipment and the environment, appropriate wearing of PPE's, respiratory etiquette, vaccination and benefits, and other related systems, processes, policies and procedures.

Kensington Village Outbreak/Pandemic Plan

Initial Date: May 17, 2021

Updated: June 22, 2022

Includes: outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics

If a Registered staff suspects an Outbreak, they are to immediately notify the on-call manager will notify the Director of Care who will initiate the Outbreak plan as required.

Case Definitions for suspected outbreak:

Suspected respiratory infection outbreak or as determined by Public Health:

- Two cases of ARI occurring within 48 hours in a geographic area (i.e., unit, floor) OR
- More than one unit having a case of ARI within 48 hours of Suspected influenza outbreak:
- One laboratory-confirmed case of influenza OR
- Two cases of ARI occurring within 48 hours in a geographical area (i.e., unit, floor) OR

Suspected gastroenteritis outbreak:

- Two suspected cases of infectious gastroenteritis in a specific area, such as a home, unit, or floor within 48 hours

STRATEGIES	DETAILS
Outbreak management team, members, roles and responsibilities	<p>Team includes: Executive Director, Director of Care, Assistant Director of Care, Department Managers, Registered Nurse, Medical Director, Joint Health & Safety Members, Other members as needed</p> <p>Process: Call an initial OMT meeting. The following items will be discussed; case definition of the outbreak, review PHU Outbreak Control measure checklist and ensure control measures are in place, signage requirements, laboratory reports and influenza specific instructions, i.e. antiviral, staffing contingency plans, organism-specific control measures, additional persons/ institutions that require notification, i.e. physicians, other HCPs, acute care hospitals/ clinics, families of ill residents, MOHLTC representative (CIS), Home and Community Care Support Services (CCAC), staffing agencies, emergency services, MOL, internal communication plan, confirm who will be responsible for ongoing monitoring of residents and staff, confirm how daily notification to the Public Health Unit will occur</p> <p>Duties: Outlined below specific to each department</p>
Where possible, a designated self-contained area or unit of the long-	<ul style="list-style-type: none">• Management of single cases in private rooms if available• If limited cases on one floor: Cohort positive cases together into basic rooms in same wing if available.

term care home would be ideal for the treatment and care of patients	<ul style="list-style-type: none"> • Re-locate well residents on affected unit who reside in basic rooms with ill residents to a private room if available • Alter dining practices as needed to avoid contamination. • If limited positive cases on multiple floors ill residents can be relocated to one wing on one floor (16 residents) if able • Treatment will be completed in a resident room using disposable supplies • Ensure privacy curtain is used for residents with shared accommodation
Cohorting residents	<ul style="list-style-type: none"> • Ensure that residents are physically separated by a distance of at least 2 meters • Use privacy curtains between the beds to minimize opportunities for close contact • Identify residents who are able to go home with family if applicable (Please see criteria from the Ministry of Health) • Max capacity for dining room 16 residents in dining room. Lounge area used with additional tables for separation, 16 residents. • Washroom access for residents in the dining room would consist of washroom located in hall outside of dining room, • Identify off-site facilities for the relocation of well and ambulatory residents with lower needs • Resident will be cohorted per floor
Symptomatic/Exposed Residents	<ul style="list-style-type: none"> • Ill residents assigned to specific PSW staff (number will be dependent on number of cases and care level of cases) • staff assigned to the ill residents not to interact with residents outside of their assignment • Organize supplies and activities in the area for each extra area being utilized. Eg: dining room • Residents will have a dedicated washroom in this area as able • Staff will provide care to residents who are not affected first followed by the affected residents. (The Home will make a decision regarding specific PSW to the affected room depending on the number of residents affected.) • residents will have one to one visit by Activity and Physiotherapist Aide in their room as appropriate • PPE supplies will be organized on carts that are available on each wing on the units. • Each resident's room is equipped with a washroom • Oxygen concentrators will be requested from Pro-Resp depending on the number of residents affected. • Maple Score will be utilized when necessary. • Staff will perform a Point of Care Risk Assessment prior to any resident interaction • Create a break area/staff room on each home area

Cohorting Staff	<ul style="list-style-type: none"> • Activity Room on second floor will be used as a break area/staff room, this includes a microwave, kettle, coffee maker, sink and fridge and HEPA filter • First floor break room will remain in place; social distancing to be followed with break times altered as needed. • Staff who are assigned to an outbreak unit will not work in non-outbreak areas • Staff working with positive cases will be asked to bring a change of clothes to change into following their shift.
Symptomatic Staff	<ul style="list-style-type: none"> • Staff are screened upon arrival at the Home and if they are symptomatic, they will be tested and sent home • Symptomatic staff are added to the line list and contact tracing is completed • Public Health is notified as per guidelines • Follow up calls are made to staff with regards to symptoms and any lab results • Ministry of Labour is notified if required
Environmental cleaning	<ul style="list-style-type: none"> • cleaning/maintenance staff do not move between outbreak and non- outbreak care areas • cleaning of high touch surfaces 3 times daily minimum • Maintenance staff where possible to complete task on one unit daily. If required to go to another unit it is required that the person will go to the unaffected unit first then the affected. PPE to be worn on the affected unit (where applicable) • Floor scrubber is not to be used during outbreak
Social distancing during meals	<ul style="list-style-type: none"> • Distancing at dining room tables for residents who require assistance in dining room (max 2 to a table-2m apart) when floor is not in outbreak • Tray service for all residents on outbreak affected floors/facility in their rooms, tray tables are moved to the door so that residents can be observed by staff moving through the hallways
Reduce contamination risk with the medication cart	<ul style="list-style-type: none"> • Reduce med passes - physicians/NPs to work with nursing and pharmacy staff to reduce unnecessary meds/supplements, and reduce frequency of dispensing. Start with residents next TMR review and complete weekly • Use disposable paper cups for medication passes to decrease the contamination risk.
Staffing (Individual Department Staffing Plans below)	<ul style="list-style-type: none"> • Hotel Rooms will be rented in the event staff wish to initiate work-isolation • Dietary planning for additional meals for staff staying onsite or at hotel • Inventory of disposable meal trays for staff • Hiring of additional RSA as needed. Director of Therapeutic Rec and Clerk will be responsible for ongoing rapid recruitment and onboarding as needed • Ongoing recruitment of permanent staff as required • Secure staffing agency contracts for Registered Nurse, Registered Practical Nurses and Personal Support Worker if

	<p>required.</p> <ul style="list-style-type: none"> • Home will utilize 12-hour shifts where necessary Staff will be dedicated to care for infected residents separated from staff caring for uninfected residents • Where required the DOC / ADOC will direct the Nursing Management Team to assist with feeding on the unit. Where required, we may have to assist in Medication administration on designated unit. • DOC- The DOC to complete rounds and assign nursing management to assist accordingly • Executive Director – monitor all units and assign other managers where needed to assist where needed • Program Manager- to assist with tray service and feeding • FSM: to monitor kitchen, serveries and to assist with tray service • ESM: Assist with tray service and where needed
DOC/ ADOC specific duties for staffing	<p>DOC/ ADOC to call all staff to determine who will:</p> <ol style="list-style-type: none"> 1) Work 10 – 12 hours shifts 2) Work on assigned days off 3) Work full shifts rather than part shifts <ul style="list-style-type: none"> • Adjust the nursing staff schedule accordingly • Ensure staff hours are in the Rotating Schedule with changes and input into Staff Schedule Care • Ensure staff who are working extended shift is offered a meal incentive
Staffing Plan - Minimal Personal Support Workers	Refer to Home's minimal staffing procedures
Staffing Plan - Minimal Registered staff	R Refer to Home's minimal staffing procedures
Staffing Plan-Minimal Dietary staff	Refer to Home's minimal staffing procedures
Staffing Plan-Minimal Activity Staff	Refer to Home's minimal staffing procedures
Staffing Plan-Minimal Housekeeping/Laundry/Maintenance staff	Refer to Home's minimal staffing procedures
BSO	To focus on responsive behaviours related to the outbreak and adjust plan of care accordingly
Monitoring and Surveillance	<ul style="list-style-type: none"> • Ongoing surveillance mechanisms in place at all times to monitor staff/residents/visitors for symptoms • 24/7 screening in place, screeners booked from 5am till 7:30 PM, charge nurse or a designated PSW screens from 7:30pm to 5am • Collaboration with local PHU and LHIN to adhere to Outbreak control measures when in outbreak • Ongoing surveillance/testing as per current MOH/PHU directives

	<ul style="list-style-type: none"> • Ensure there is a plan for medical coverage and resident monitoring by physicians (On call [physician]) • Ongoing auditing in place to ensure IPAC best practices are being followed
Communication	<ul style="list-style-type: none"> • Standard cadence of communication with residents, families, staff including town hall meetings, external partners and stakeholders, regular updates to the JHSC and Corporate as required and PPE reports to the unions • Daily internal outbreak updates /meetings as required • Daily update to the PHU • DOC to submit CIS report to the MOLTC for outbreak. • DOC/ ADOC to amend report as required.
Audits	<ul style="list-style-type: none"> • Complete daily audits for hand hygiene, PPE, Donning and Doffing and safe breaks and physical distancing • MOLTC IPAC audits completed at least bi-weekly when not in outbreak and weekly while in active outbreak • Complete environmental audits • Provide coaching in the moment for non-compliance if observed • Testing of the Outbreak Plan will be completed annually
Supplies	<ul style="list-style-type: none"> • All department Managers to complete weekly inventory to ensure adequate supplies are available. • PPE Lead and Registered staff to replenish PPE supplies daily on the nursing units • DOC to order weekly nursing supplies as per home protocols • Ensure that there is a minimum of 14 days supplies in the home • DOC/ADOC to complete weekly PPE tracking and submit to Corporate.
Exposed Staff	<ul style="list-style-type: none"> • Follow MOLTC and PHU protocols
	<ul style="list-style-type: none"> •
IPAC lead involved in creating the plan	<ul style="list-style-type: none"> • IPAC lead included in the creating of the plan
Local Medical Officer of Health invited to develop, update, test, evaluate and review	Sent to Public Health via email