



## Strathcona LTC

720 Princess St, Mount Forest, ON N0G2L3

# 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 functioning<sup>1</sup>. 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 proactive 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 Homes 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 eliminate 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 a 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
- Typed 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                                    | SEVERITY - (MAGNITUDE - MITIGATION)            |  |  |  |  |  | RISK             |
|---------------------|--|--|--|--|--|--|--|------------------|
|                     |  | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS  | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                  |
|                     | Likelihood this will occur                     | Possibility of death or injury                 | Physical losses and damages                    | Interruption of services                       | Preplanning  | Time, effectiveness, resources                         | Community/ Mutual Aid staff and supplies               | Relative threat* |
| SCORE               | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>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        |  |  |  |  |  |  |  | 0%               |
| Hot Temp >26°C      |  |  |  |  |  |  |  | 0%               |
| Drought             |  |  |  |  |  |  |  | 0%               |
| Flood, External     |  |  |  |  |  |  |  | 0%               |
|                     |  |  |  |  |  |  |  | 0%               |
| 8                   |  |  |  |  |  |  |  | 0%               |
| 9                   |  |  |  |  |  |  |  | 0%               |
| 0                   |  |  |  |  |  |  |  | 0%               |
| 1                   |  |  |  |  |  |  |  | 0%               |
| 2                   |  |  |  |  |  |  |  | 0%               |
| 3                   | AVERAGE SCORE                                  | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0%               |
| 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.

# **FIRE SAFETY PLAN**

**INSERT HOME SPECIFIC PLAN**

---



# FIRE AND EMERGENCY PLAN

720 Princess Street  
Mount Forest, ON  
N0G 2L3

519-323-2140

**PREPARED BY: CATE MacLEAN**

**TITLE: ADMINISTRATOR**

**SIGNATURE:** \_\_\_\_\_

**APPROVED BY: DAVE GUILBAULT**

**TITLE: CHIEF FIRE OFFICIAL**

**SIGNATURE:** \_\_\_\_\_

**LOCATION FIRE SAFETY PLAN SHALL BE KEPT:  
VESTIBULE FIRE BOX**

**Insert Fire Department Approval Sheet Here**

**Table of Contents**

|   |    |
|---|----|
| INTRODUCTION .....  | 5  |
| BUILDING AUDIT .....  | 6  |
| A Physical Description of the Building: .....                                 | 7  |
| Occupancy Chart for Residents .....   | 7  |
| THE FACILITY FIRE ALARM SYSTEM .....  | 8  |
| The Facility Fire Alarm Consists of: .....                                    | 8  |
| Activating the Fire Alarm (First Stage): .....                                | 8  |
| Activating the Fire Alarm (Second Stage): .....                               | 8  |
| FIRE EQUIPMENT .....  | 9  |
| Portable Fire Extinguishers .....   | 9  |
| Automatic Sprinkler System .....  | 9  |
| Fixed Extinguishing System .....  | 9  |
| Water Supply .....  | 9  |
| Emergency Power Supply .....  | 9  |
| Maintenance of Fire Safety Systems and Equipment .....                        | 9  |
| Fire Alarm Monitoring Company .....   | 10 |
| Monitoring Company Information: .....   | 10 |
| Locations of Fire Safety Plan .....   | 10 |
| AUDIT HUMAN RESOURCES .....   | 11 |
| TRAINING OF STAFF .....   | 12 |
| The entire staff .....  | 12 |
| EMERGENCY PROCEDURES .....  | 13 |
| Responsibility of all staff on fire discovery: .....                          | 13 |
| Role and Responsibility of RN in Charge in a Fire Emergency .....             | 14 |
| Role and Responsibility of RPNs .....   | 15 |
| Role and Responsibility of Management and Office Staff .....                  | 15 |
| Role and Responsibility of PSW Nursing Staff on duty .....                    | 16 |
| Role and Responsibility of Hairdressing Personnel in a Fire Emergency .....   | 16 |
| Roles and Responsibilities of Dietary Department in a fire emergency .....    | 17 |
| Roles and Responsibilities of Therapeutic Program Staff .....                 | 17 |
| Roles and Responsibilities of Laundry Staff .....                             | 18 |
| Roles and Responsibilities of Housekeeping Staff .....                        | 18 |
| Role and Responsibility of Service Providers AND volunteers in the home ..... | 18 |
| GENERAL INSTRUCTIONS FOR ALL STAFF: .....                                     | 19 |
| FIRE TAG PROCEDURE .....  | 21 |
| PROCEDURE IN THE EVENT OF AN EVACUATION .....                                 | 22 |
| RN in Charge (Emergency Leader) .....   | 22 |
| All Other Staff .....   | 22 |
| FIRE DRILLS .....   | 23 |
| Regular Drills .....  | 23 |
| Silent Drills .....   | 24 |
| CONTINGENCY PLANS .....   | 25 |
| Alternative Measures in Case of System Shutdowns (fire and sprinkler) .....   | 25 |
| FALSE ALARMS .....  | 26 |
| To silence the alarm: .....   | 26 |
| MAINTENANCE OF LIFE SAFETY SYSTEMS .....                                      | 27 |
| MONTHLY INSPECTION .....  | 27 |
| FACILITY INSPECTION .....   | 27 |
| FIRE HAZARDS .....  | 31 |

|                           |                                     |
|---------------------------|-------------------------------------|
| BUILDING SCHEMATICS ..... | <b>Error! Bookmark not defined.</b> |
| Lower Level .....         | <b>Error! Bookmark not defined.</b> |
| First Floor .....         | <b>Error! Bookmark not defined.</b> |
| Second Floor .....        | <b>Error! Bookmark not defined.</b> |
| Third Floor .....         | <b>Error! Bookmark not defined.</b> |

## INTRODUCTION

The Ontario Fire Code, Section 2.8, requires that Residential Care Facilities establish and implement a fire safety plan.

The Fire Code: Ontario Regulation 213/07 is a provincial regulation made under the Fire Protections and Prevention Act. This code requires the owner to be responsible for carrying out the provisions of this Code.

Strathcona Long Term Care strives to provide a fire safe environment for residents, staff and visitors. In order to achieve this, we developed a workable fire safety program in consultation with the Mount Forest Fire Department as part of a detailed Emergency Response Plan.

It is crucial that all staff is knowledgeable of our established Emergency Response Plan, and the developed programs related to Fire Procedures, Fire Prevention, Fire Protection and Fire Training. In accordance with the policy of Strathcona Long Term Care, all staff will be provided with initial and ongoing training related to fire safety.

When fire strikes, the immediate actions taken by the person discovering the fire and those responding to the emergency usually make the difference between the containment of the fire and catastrophe.

It is with this thought in mind that we established emergency preparedness policies and procedures to protect our residents, staff, visitors and volunteers and property from fire. In order to make this plan work efficiently, it requires the co-operation, enthusiasm and interest of all staff.

A well-thought-out fire emergency plan, which is published, for all employees to read is not enough. It also requires constant practice and training in order that the plan can be implemented without delay, when the emergency occurs.

The emergency manual will be reviewed with each employee upon hire and annually thereafter. It is the responsibility of each and every employee of Strathcona Long Term Care to ensure that they are knowledgeable and fully understand the contents of this manual.

Thank you for your ongoing commitment to fire safety at Strathcona Long Term Care.

Sincerely,

Cate MacLean, Administrator

## BUILDING AUDIT

**Number of Floors:** 3      **Type of Construction:** Non-Combustible. Masonry & Precast

**Date of Construction:** 2018      **Date of Additions:** N/A

**Number of Suites:** 67      **Bed Capacity:** 96

**Key Box Location:** Main Entrance. Building staffed 24/7 – RN carries all keys.

**Location of Exterior Gas Shut Off:** SE Corner of Building

**Location of Interior Gas Shut Off:** N/A

**Location of Main Electrical Room:** Lower Level South Wing

**Location of Boiler Room:** Lower Level, SE Corner of Building.

**Fire Department Access Route Location:** Front Parking Entrance

**Make and Model of Fire Alarm:** Simplex 4100 ES      # of Stages: 2

**Fire Alarm Monitoring Company:** Fire Alarm Monitoring of Canada, St.Catharines  
1-800-563-3840

**Location of Fire Alarm Control Panel:** Electrical Room L15

**Location of Annunciator Panel:** Main Entrance Vestibule, Main Floor Nurse Desk, 2<sup>nd</sup> floor Nurse Desk, 3<sup>rd</sup> Floor Nurse Desk.

**Emergency Voice Communication System:** Paging System

**Smoke Control Measures:** Air Handling Unit 101 shut down, Fusible links on Boiler Vents, Kitchen Range Hood Exhaust Vent and Fusible Link on Linen Chute.

**Sprinkler System Type and Location:** Wet Type Sprinkler System, Whole Building.

**Location of Sprinkler Shutoff Valve:** Sump Room L14A, SE Corner of Lower Level.

**Stand Pipe and Hose System Location:** N/A

**Fire Department Connection Location:** North West Corner of Building.

**Fire Pump Location:** N/A

**Type of Water Supply and Location:** Municipal Supply, Sump Room L14A, SE Corner of Lower Level.

**Emergency Lighting:** Specific fixtures in all occupied areas on generator power.

**Emergency Power Backup:** Paramount Powers Natural Gas Standby Generator.

**Location of Backup Power:** Exterior South Side of Building.

**Location of Generator Annunciator:** Main Floor Nurse Desk.

**Elevating Devices:** 3

**Special Emergency Function of Elevators:** Automatic Recall to Main Floor upon Fire Alarm.

**Portable Extinguishers Installed:** various locations throughout building (see facility map)

### A Physical Description of the Building:

Strathcona Long Term Care is a three storey, L-shaped building with a full basement. The building has two elevators located in the central core that serve all floors and one elevator at the South end of the building that serves the main and lower level floors. There are 2 exit stairwells located at the end of the West and South Wings.

On the **Main Floor**, there are four doors that lead directly to the outside:

- Main entrance door.
- Family Room door to exterior secure courtyard. Courtyard gate is unlocked upon fire alarm.
- Stairwell A door exits to the North.
- Stairwell B door exits to the South West.

On the **Second Floor**, there are stairwells in the North West and South ends of the floor that lead to the outside.

On the **Third Floor**, there are stairwells in the North West and South ends of the floor that lead to the outside.

### Occupancy Chart for Residents

| Resident Home Areas | Story           | # of private rooms<br>(1 resident) | # of standard rooms<br>(2 residents) | Total # of Residents |
|---------------------|-----------------|------------------------------------|--------------------------------------|----------------------|
| RHA 1               | 1 <sup>st</sup> | 14                                 | 9                                    | 32                   |
| RHA 2               | 2 <sup>nd</sup> | 12                                 | 10                                   | 32                   |
| RHA 3               | 3 <sup>rd</sup> | 12                                 | 10                                   | 32                   |
|                     |                 |                                    | Total in Building                    | 96                   |

## THE FACILITY FIRE ALARM SYSTEM

### The Facility Fire Alarm Consists of:

- ☐ **Smoke Detectors** - Smoke detectors are installed in all resident rooms, common areas, and corridors.
- ☐ **Heat Detectors** - are located in the Serveries, Kitchen and Mechanical Room.
- ☐ **Fire Alarm Horn & Strobe** – Fire alarm horns and strobes are installed in all corridors, common rooms and stairwells.
- ☐ **Duct Smoke Detectors** – Duct smoke detectors are vertical duct shafts and the linen chute.
- ☐ **Sprinklers** - are located throughout the entire building.
- ☐ **Kitchen Hood Fire Suppression System** - is located over the kitchen stove, it will activate the alarm when it is automatically or manually activated.
- ☐ **Pull Stations** - are located at each exit door, including all stairwells.
- ☐ **Magnetic Door Hold Opens** - all doors typically held open (corridor wing doors) will automatically close when the Fire Alarm is activated.
- ☐ **Magnetic Door Locks** - all doors with an emergency exit sign directly above the door within the fire zone automatically unlock when the Fire Alarm is activate. All other emergency exit doors will unlock when second stage is activated
- ☐ **Annunciator Panel** – located at each nurse desk and the main entrance. Identifies the location where the alarm was activated.

### Activating the Fire Alarm (First Stage):

- ☐ When a fire alarm device is activated it initiates the first stage of the fire alarm system which creates an “alert signal” throughout the building at 20 beats per minute.
- ☐ A signal is transmitted directly to the Mount Forest Fire Department, through the fire alarm monitoring panel; however, a telephone call (911) must be made by the Fire Department Representative (Nurse Manager/Designate) to verify to the Fire Department if there is a fire, the type of fire and location within the building.

### Activating the Fire Alarm (Second Stage):

- ☐ Upon activation of a second stage key in the pull station, a flow switch or manual evac button at the fire alarm panel, a full “fire alarm” sounds throughout the building indicating evacuation is required (temporal code). Only the occupants in the wing with the fire are required to move to the opposite side of the corridor egress doors (double linking doors). This provides a 1-hr fire separation before residents have to be moved off that floor.



- ☐ Closes the corridor egress doors to create a 1-hr fire separation between the wings and the center core on all floors.
  - *Note: Any doors that close upon fire alarm can be opened manually to evacuate occupants (just push, they open in the direction of travel). These doors are equipped with closers and will automatically shut behind you.*
- ☐ Unlocks all door with magnetic locks (stairwells, exit doors, basement corridor doors).

## **FIRE EQUIPMENT**

### **Portable Fire Extinguishers**

Portable Fire Extinguishers are intended as a first line of defense to cope with fire of limited size. The portable extinguishers are of the ABC, dry chemical type, which indicates they can be used on any class of fire. Use of the extinguishers should only be by trained personnel and is voluntary. The kitchen is equipped with a Class K chemical fire extinguisher which is to be used on cooking oils and greases.

### **Automatic Sprinkler System**

The automatic sprinkler system is located throughout the entire facility. The automatic sprinkler system is a series of overhead piping designed in accordance with fire protection engineering standards. The installation includes a municipal water supply. The system includes a controlling valve, a series of sprinkler heads and a device for actuating an alarm when the system is in operation. The system is usually activated by heat from a fire and discharges water over the fire area before the arrival of the Fire Department.

### **Fixed Extinguishing System**

The facility has a fixed extinguishing system located in the kitchen on the lower level. The fixed extinguishing system is a fire suppression system designed for a specific hazard or operations such as commercial cooking equipment. This system can be activated manually and/or automatically. When the fixed extinguishing system is activated, it will also automatically activate the facility's fire alarm.

### **Water Supply**

The total water supply required for firefighting purposes is supplied from the municipal water system.

### **Emergency Power Supply**

The facility has a generator to be used as an emergency power supply. The generator ensures continued operation of fire safety equipment and life safety equipment in case of loss of normal hydro-electrical power.

### **Maintenance of Fire Safety Systems and Equipment**

The maintenance, inspection, and testing of fire safety systems and equipment will be conducted in accordance with Part 6 and Part 7 of the Fire Code under the Fire Marshall's Act. This is completed by Fire Alarm Monitoring of Canada.

**Fire Alarm Monitoring Company**

Strathcona's monitoring service provides 24-hour fire & smoke monitoring of the Home. Western Fire inspects the Home's fire prevention equipment on a regular basis, as required by law to ensure all equipment is in good working condition. Records of annual inspections will be kept onsite (see Maintenance Inspection Binder).

**Monitoring Company Information:**

Fire Alarm Monitoring of Canada

235 Martindale Rd.

St. Catharines, ON L2W 1A5

Tel. 1-800-563-3840

**Account #:****Locations of Fire Safety Plan****External**

Mount Forest Fire Department

**Internal**

Vestibule Fire Box

All Nursing Stations

## AUDIT HUMAN RESOURCES

The Building is managed and owned by Sharon Farms and Enterprises, whose head office is located at 108 Jensen Rd., London, Ontario Telephone: 226-663-1802

| Home Management                                    |       | EMERGENCY<br>NUMBER | NON-EMERGENCY                 |
|--|-------|---------------------|-------------------------------|
| On-Call Managers Phone                             |       | 519-323-6060        |                               |
| Executive Director – Amanda Henbid                 |       | Cell: 226-974-2283  |                               |
| Advisory Physician – Dr. Rowley                    |       | Cell: 519-323-6196  | Clinic: 519-509-2100          |
| Director of Care – Rachel Veenstra                 |       | Cell: 519-321-1771  |                               |
| Director of Therapeutic Programs – Sheryl McTavish |       | Cell: 519-495-1992  |                               |
| Maintenance – Brad Rideout                         |       | Cell: 226-974-0706  |                               |
| Director of Support Services – Diane Streicher     |       | Home: 519-335-6062  | Cell: 226-622-0116            |
| Office Manager – Heather Eurig                     |       | Home: 519-767-8908  |                               |
| Staff in Building                                  | Staff | Volunteers          | Administration (Mon. to Fri.) |
| DAYS   | 19    | Varies              | 10                            |
| EVENINGS   | 17    | Varies              |                               |
| NIGHTS   | 7     | 0                   |                               |
| Total in 24 hr. period                             |       | Varies              |                               |

---

## TRAINING OF STAFF

**The entire staff** shall be familiar with all emergency procedures by:

- Participating in fire drills and evacuations
- Reading the Disaster and Emergency Manuals located at each nursing station and in each department
- Knowing the location of the pull stations
- Attending in-service programs
- Practicing lifts and carries for evacuation of residents
- Attending and participating in fire extinguisher demonstrations

### **Maintenance Department**

The maintenance department will be trained on all emergency procedures by the Administrator. Maintenance staff will attend in-service programs, seminars, and fire extinguisher demonstrations. The maintenance department will participate in drills and evacuation exercises, inspect all fire equipment and the emergency lighting system each month and assist the technician with the yearly fire system inspection.

### **Inservice Training**

Orientation and in-service training programs include basic items such as immediate reporting of fire, operation of the fire extinguisher, limiting fire and smoke by closing doors or ensuring doors close automatically, taking measures as necessary to safeguard residents, including methods of evacuation.

### **Fire Drills**

Fire drills are held monthly in compliance with company policy and the regulations made under the respective provincial legislation.

---

## EMERGENCY PROCEDURES

The actions to be taken in emergency situations will be prominently posted on each floor area AT EACH FIRE ALARM PULL STATION, and shall read as follows:

### What to do if I discover a fire

1. Evacuate resident in area if able to do so quickly and safely
2. Close the door
3. Pull the fire alarm
4. Announce Code Red and location of fire three times into telephone by pressing page on dial pad
5. Call 911

Report back to fire location to inform Emergency Leader.

### **Responsibility of all staff on fire discovery:**

### **IF YOU OBSERVE A FIRE, IT IS YOUR RESPONSIBILITY TO:**

#### Important Note:

If other individuals are close by, ask them for help in completing these tasks.

#### Upon Discovering fire follow REACT formula:

- ☐ Remove Residents/ Visitors from danger – Remain CALM
- ☐ Ensure the door is closed to confine the fire and smoke
- ☐ Activate the alarm – at the nearest pull station
- ☐ Call: Proceed to telephone and announce location of fire
  - 1) Lift the receiver from the phone
  - 2) Press the PAGE button
  - 3) Speak clearly, loudly, and directly into the phone receiver, announce “Code Red” and fire location (including floor number, and wing (North/South), Room Number) three times.

For example: “Code Red Second Floor South Wing, Room # . . .

Code Red Second Floor South Wing, Room # . . .

Code Red Second Floor South Wing, Room # . . . “

#### **Call 911**

- ☐ Try to extinguish the fire if possible, report back to fire location to inform Emergency Leader.

### **CAUTION**

**Do not use elevators/lifts during a fire emergency.**

**Role and Responsibility of RN in Charge in a Fire Emergency**

The RN on Duty is in charge and assumes the role of Emergency Leader until the Fire Department arrives or is relieved by the Administrator or DRC.

**Upon Hearing the Alarm:**

- ☐ Immediately verify the location of the fire. If in the area of annunciator panels (vestibule, nursing stations) announce fire location or ensure that the correct location has already been announced by the person who discovered the fire.
- ☐ Gather the appropriate clipboards, second stage key and the portable phone and proceed to the fire location – avoid the use of elevator.
- ☐ The person who first noticed the fire should be at the fire location. Ensure that person has called 911 and obtain any pertinent information from the individual. If 911 have not been called the emergency leader must place the call.

**If Fire is Confirmed:**

- ☐ Coordinate and direct staff to ensure that any residents who are in any immediate danger are moved. Begin horizontal evacuation. Evacuate rooms closest to the fire area and further evacuate the zone to an alternate safe zone area, use the flag on door to note room is clear.
- ☐ Assist staff to extinguish the fire if possible, keep corridors clear.
- ☐ Assign a staff member to be **Fire Department/Call-in Representative**. Dependent on area of fire assign rep to report to Front Desk. Instruct to begin call-in ONLY if 2<sup>nd</sup> stage evacuation is initiated.
- ☐ If Evacuation out of the home area is necessary, activate the 2<sup>nd</sup> stage alarm by inserting key into any pull station – turn key after inserting.
- ☐ Depending on location of the fire assign either one or two staff members to be the **Staging Area Representative. Assign staging area(s)**.
- ☐ “Emergency Leader” is in charge of the area until the arrival of the Fire Department.
- ☐ In the situation of a fire drill/false alarm, will ensure each floor is “All Clear” (including Lower Level) before announcing a total building “All Clear”.
- ☐ In the case of an actual emergency the emergency leader will declare an “All clear” after consulting with the Fire Chief.
- ☐ Complete an “Incident Report” regarding details about the Fire Emergency/False Alarm.
- ☐ If after hours, will notify Administrator

**Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

**Role and Responsibility of RPNs****Upon Hearing the Alarm:**

- ☐ Return to work area immediately if on break or away from your assigned floor. ELEVATORS ARE NOT TO BE USED DURING FIRE ALARMS OR DRILLS
- ☐ IF fire is in assigned home area, direct horizontal evacuation of fire zone. Assign staff to check all residents' rooms to identify fire location and the whereabouts of residents, shut doors, use flag system on door if room is vacant, monitor exits and residents' whereabouts, reassure residents and visitors.
- ☐ Assist with shutting doors and checking area. Shut off any oxygen equipment if fire is on assigned floor.
- ☐ Ensure that hallways are clear and equipment is put away.
- ☐ Assist in maintaining residents in place so they do not injure themselves.

Remain on standby for instructions from the Emergency Leader or Fire Department

**Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

**Role and Responsibility of Management and Office Staff****Upon Hearing Alarm:**

- ☐ Check your immediate area for fire, then proceed to assist in the home area where you are working or your office is located.
- ☐ If alarm is a planned drill, proceed to monitor the activities in your area and log on report sheet.
- ☐ Assist with residents and checking of area, direct staff with fire procedures as required.
- ☐ Assist with monitoring of the exit doors as needed.
- ☐ Ensure that all staff within your department are responding appropriately to the fire emergency.

**Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.

- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

### **Role and Responsibility of PSW Nursing Staff on duty**

#### **Upon Hearing the Alarm**

- ☐ Return to work area immediately if on break or away from your assigned home area. Check your immediate area for fire. ELEVATORS ARE NOT TO BE USED DURING FIRE ALARMS OR DRILLS
- ☐ PSW 1 (all Home Areas) report to fire area and assist in horizontal evacuation as directed by RPN or Emergency Leader to nearest alternate fire zone. Assist with shutting doors to confine fire, checking each room, use door flags to note room clear.
- ☐ Ensure that hallways are clear and equipment put away.
- ☐ All other PSWs remain in home area. Ensure automatic closure of room doors. Monitor stairwells and elevator so no residents leave unaccompanied
- ☐ Assist in maintaining residents in place.
- ☐ Remain on standby for instructions from the Emergency Leader or Fire Department

#### **Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

### **Role and Responsibility of Hairdressing Personnel in a Fire Emergency**

#### **Upon Hearing Alarm:**

- ☐ Check your immediate area for fire. Secure your hairdressing area by shutting down equipment and closing salon door
- ☐ Ensure that all pathways are clear – DO NOT USE ELEVATORS
- ☐ If fire is not in your area remain in salon with residents until all clear is given.
- ☐ Account for all residents under your supervision.
- ☐ Prepare to assist with transporting residents in salon to the staging areas as necessary.

#### **Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.



- ☐ Always keep yourself between the exit and the fire.

### **Roles and Responsibilities of Dietary Department in a fire emergency**

#### **Upon Hearing Alarm:**

- ☐ CHECK your immediate area for signs of fire.
- ☐ Cook to assign and assist other staff in department to shut off all equipment, close doors and windows, shut off fans
- ☐ Ensure that all hallways are cleared of equipment
- ☐ Proceed to the fire location and follow directions of Emergency Leader.

#### **Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

### **Roles and Responsibilities of Therapeutic Program Staff**

#### **Upon Hearing the Alarm:**

- ☐ CHECK YOUR IMMEDIATE AREA for signs of fire.
- ☐ If you are involved in a program on the main floor, move your residents to a safe area and remain with them until you hear the “ALL CLEAR”  
If 2 or more staff are on the main floor, once all residents are in the safe area then the other program staff may report to fire location
- ☐ If involved in a program on the floors, remain with the residents and follow instructions of RPN or Emergency Leader

#### **Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

**Roles and Responsibilities of Laundry Staff****Upon Hearing Alarm:**

- ☐ **CHECK YOUR IMMEDIATE AREA FOR FIRE.**
- ☐ Shut off all Laundry Machines, Fans, Vents, windows, doors
- ☐ Leave the area via the stairs – do not use the Elevator. If your way is blocked because of fire, use alternate route.
- ☐ Report to fire location and follow instructions of Emergency Leader

**Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

**Roles and Responsibilities of Housekeeping Staff****Upon Hearing the Alarm:****If working on unit:**

- ☐ **CHECK YOUR IMMEDIATE AREA FOR SIGNS OF FIRE.**
- ☐ Ensure that your carts and supplies are removed from traffic areas and put away.
- ☐ Report to fire location and follow instructions of Emergency Leader

**Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ If the area is full of smoke, do not enter.
- ☐ Always keep yourself between the exit and the fire.

**Role and Responsibility of Service Providers AND volunteers in the home****Upon Discovering fire follow REACT formula:**

- ☐ Remove Residents/ Visitors from danger – Remain CALM
- ☐ Ensure the door is closed to confine the fire and smoke

- ☐ Activate the alarm – at the nearest pull station
- ☐ Call 911 and notify the Charge RN on duty
- ☐ Try to extinguish the fire if possible, evacuate area

**Upon Hearing Alarm:**

- ☐ Assist in the home area where you are working. **DO NOT USE ELEVATORS**
- ☐ Report to the nearest nursing station for directions from the Charge RN or Home area nurse.
- ☐ Assist with residents and checking of area,
- ☐ Assist with monitoring of the exit doors as needed.
- ☐ When all clear is announced take part in the debriefing with staff.

**Remember in a fire situation:**

- ☐ To stay low to the floor (less smoke and heat).
- ☐ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.
- ☐ If it is cool enter the room slowly for rescue purposes only.
- ☐ **If the area is full of smoke, do not enter.**
- ☐ Always keep yourself between the exit and the fire.

**GENERAL INSTRUCTIONS FOR ALL STAFF:**

- ☐ The Registered Nurse assumes the role of the Emergency Leader unless displaced by the Administrator, DOC or Fire Department. The Emergency Leader is in charge. Listen and complete any responsibilities assigned by the Emergency Leader.
- ☐ Immediately start a horizontal evacuation. Move residents from the fire location to another area on the same floor, behind a smoke barrier door.
- ☐ Check each room, when check is complete close door and swivel the Fire Tag to indicate condition of the room. See fire tag procedure on next page.
- ☐ Request family members and visitors to remain with the residents in the safe area.
- ☐ After all rooms have been checked and residents are safe, report to the Charge Nurse.
- ☐ ELEVATORS are not to be used during a fire emergency unless directed to by fire dept.
- ☐ All security locked doors automatically unlock when alarm has been activated
- ☐ Balconies are not to be used as an area of evacuation.
- ☐ Try to extinguish a fire only if it is SMALL, YOU ARE CONFIDENT AND TRAINED using fire extinguishers, and you have an exit identified and unobstructed when attempting to extinguish.
- ☐ Remain with the residents – reassure residents, remain calm.
- ☐ Do NOT evacuate the facility until authorized by the Emergency Leader.
- ☐ Resume normal duties, only after the "ALL CLEAR" is given by the Emergency Leader.

**TIPS TO REMEMBER:**

- ☐ Be calm, speak clearly when giving information
- ☐ Listen carefully to instructions
- ☐ Reassure residents and visitors
- ☐ Do NOT evacuate down stairs or off the floor without the Emergency Leader's Orders.

---

**FIRE TAG PROCEDURE**

The fire tag is the disc that is located at the bottom left hand side of the doorframe on all doors. Slide the disc cover to the doorframe to indicate that room is vacant after closing the door

We only change the position of the fire tags when there has been a thorough search of the entire room, and we know that there are **no individuals** in the room. Remember that during an alarm situation residents may become frightened so it is very important that we check under the bed, in the closets and also in the bathroom.

When there has been a thorough search of the entire room and there are no individuals in the room use the Fire tags in the following manner:

1. Shut the door completely, and slide the disc cover to indicate the room is vacant.
2. This indicates that the room has been thoroughly checked and that there are **no individuals** in the room.

**Note to Staff:** Always check the position of the fire tag before entering room- this will stop unnecessary checking of rooms that have already been identified as vacant-and save time in the case of an actual fire.

**Important:** After Fire Drills - all Fire Tags will return to covered position when the door is opened.

**Procedure In the Event of an Evacuation:**

*The following is a condensed version of the Evacuation Procedures; please refer to EMERGENCY PLAN Section on Evacuation and Triage.*

**Nursing Staff****RN in Charge (Emergency Leader)**

- ☐ Assess magnitude and type of threat or evacuate if requested by Fire Department
- ☐ Ensure that appropriate authorities are notified by calling 911
- ☐ In the absence of Administration in the building – notify Administrator/Designate at 519-323-6060.
- ☐ Notify on duty staff via intercom that the Evacuation and Disaster Plan is to be operational by announcing Code Green and the site involved.
- ☐ Assign staff roles such as Staging Area Representative, triage of injured residents, transporting residents and transporting equipment needed
- ☐ Supervise orderly movement of residents from affected areas to holding area where 2 triage areas, injured and non-injured are established. (Area to be used as holding area will be determined at the time of the Code Green by the RN in Charge.
- ☐ Restrict re –entry of building and act under the direction of the Fire Department who will arrive and assume charge.
- ☐ Supervise transportation of residents to holding area or relocation site.
- ☐ Ensure that a staff member is assigned to label residents and complete evacuation log so resident census is maintained.
- ☐ Assign staff member to be in charge of residents in the relocation area until back up arrives.

**All Other Staff**

- ☐ Account for all residents from each floor and follow the protocols outlined in the manual section on Evacuation and Triage.

## FIRE DRILLS

### Regular Drills

Fire drills are held monthly on rotating shifts. All staff are required to participate in the fire drills. Night shift drills will be silent drills and the bells will be tested during the day following the drill.

- ☐ Management will instruct the Maintenance department to prepare the alarm system for a fire drill.
- ☐ Maintenance will call fire alarm monitoring company 1-800-563-3840 to inform them to set the system on test as we are having a fire drill.
- ☐ Management will indicate to a staff member that there is a fire and the location
- ☐ This staff member will initiate the Fire Drill.
- ☐ The RN in charge will assume the responsibility of the Emergency Leader
- ☐ Upon hearing the fire alarm, all staff will assist in the Fire Drill.
- ☐ The RPN will notify the RN when her assigned floor has completed the drill.
- ☐ When the Fire Drill has been completed the Emergency Leader will announce a separate "Code Red - All Clear" over the P.A. system.
- ☐ Upon hearing the Emergency Leader announce "All Clear" the Maintenance Department will:
  - Reset the pull station
  - Reset the fire panel
  - Notify Fire Monitoring Company to take system off test
- ☐ All staff will assist residents to return to what they were doing before the Fire Drill.
- ☐ All staff will sign for their participation on the Evaluation Form.
- ☐ All staff will attend the debriefing and contribute to the overall evaluation of the Fire Drill by reporting to the Emergency leader any observations, questions, and/or recommendations. The Emergency Leader will respond to staff observations, questions, and recommendations.
- ☐ All staff will assist in resetting the Fire Tags to their closed position on the door frame.
- ☐ The Emergency Leader will report all staff observations, questions, and recommendations to Management.
- ☐ Management will complete a Fire Drill Evaluation Form. Evaluation will consider response of staff discovering the fire, time required for initiation and completion of the Fire Drill, degree policies and procedures were accurately followed, resident involvement, teamwork and leadership. Records of evaluations will be kept in the Administrator's office.
- ☐ Designate assigned to record individual employee attendance on the annual fire drill attendance log sheet with reports.

- ☐ Attendance reviewed to ensure all employees have attended one drill/ fire event annually

### **Silent Drills**

- ☐ Silent drills will be completed on night shift to avoid disruption of residents' sleep.
- ☐ The Administrator will hand out a silent drill form to the Emergency Leader
- ☐ The Emergency Leader will meet with the PSW staff that are working and talk about the scenario listed on the silent alarm form. The Emergency Leader will take the lead role in completing the form with input from all staff.
- ☐ Staff participating will sign on the form.
- ☐ The completed form will be forwarded to the Administrator's office.
- ☐ The Administrator will provide feedback, in writing, to all participants in the silent fire drill.
- ☐ Following the silent drill, alarms will be tested during office hours.
- ☐ All documentation related to the silent drill, including participation lists, will be kept in the fire drill binder in the Administrator's office.

### **To Reset Fire Alarm System following a drill**

- ☐ Press silence alarm button on Fire Alarm Panel
- ☐ Insert key from RN key ring into face of pull station and rotate
- ☐ Pull face away from wall and tilt down
- ☐ Replace broken plastic bar
- ☐ Push face back to wall until it is secure
- ☐ Go to fire alarm panel (front vestibule (unlock with B key) or electrical room)
- ☐ Press reset fire alarm button
- ☐ Buzzers, bells and trouble lights should turn off



## **CONTINGENCY PLANS**

### **Alternative Measures in Case of System Shutdowns (fire and sprinkler)**

**The following is a condensed version of the Contingency Plans; please refer to the Emergency Section of the Emergency Plan.**

The fire system may be disabled all or in part, due to malfunction, power outage, damage, power interruption or serviceability limitations. Should a failure occur, or should service personnel be required to leave the site, a FIRE WATCH must be implemented by building staff throughout the entire building or affected area.

The sprinkler and standpipe systems may be disabled all or in part, due to malfunction, damage, freezing, water service interruption or service ability limitations. Should a failure occur, or should service personnel be required to leave the site, a FIRE WATCH must be implemented by the building staff. (The magnitude of the Fire Watch must be contingent on the nature and extent of the failure.)

Monitoring Station will notify Strathcona LTC to verify trouble cause in the fire panel system. The Fire Department is immediately notified by the RN in Charge or designate (519-323-1441) if the systems are shut down. System out of service notices will be posted at all exits on the main floor and lower level by the RN in Charge. (Main, north and south wings, staff exit, loading dock exit).

All staff will be notified of the system shut down. RN in Charge – or designate will-using the phone system call all departments notifying them of the shut down.

In the event a FIRE WATCH PROCESS IS INITIATED - all affected areas MUST be patrolled by Staff and a log of each patrolled area MUST be kept. Staff completing the Watch must walk floor to floor check each stairwell, corridor, service rooms, boiler room, pandemic room, electrical room, garage.

The RN in Charge will arrange and assign staff to patrol the building. (Additional staffing may be required to complete a FIRE WATCH PROCESS)

If the systems are not restored within 24 hours, Administrator or Charge RN will notify the Fire Department in writing.

## **FALSE ALARMS**

- ☐ Fire Alarm Monitoring of Canada 1-800-563-3840
- ☐ Call Fire Department (**519-323-1441**) to notify of false alarm giving details.

### **TO SILENCE THE FIRE ALARM:**

- ☐ Only silence fire alarm if you are confident that there is no emergency.
- ☐ Press the silence alarm button. Zone buzzers should turn off. Panel lights and buzzer may still be on.
- ☐ Only reset the fire alarm in the presence of the fire department and they ask you to reset the system.
- ☐ Once reset, if the fire alarm re-activates, further investigation must be completed.
- ☐ Call alarm and monitoring companies and inform them the system will be out of service until repairs are made.
- ☐ Proceed with contingency fire monitoring plan for fire watch until the fire system has been restored.

## **MAINTENANCE OF LIFE SAFETY SYSTEMS**

### **MONTHLY INSPECTION**

Each month, the following tests shall be completed and if a fault is established, appropriate corrective action shall be taken:

- ☐ One Pull Station will be activated during each fire drill on a rotating basis.
  - Confirm all the bells work when the alarm is activated.
  - Annunciator panel shall be checked to ensure that the tested devices annunciate correctly.
  - Check that the trouble lights and buzzers are working when the fire alarm is activated.
  - All smoke barrier doors are checked when the alarm is activated.
- ☐ Fire alarm batteries shall be checked to ensure that;
  - Terminal clamps are clean and lubricated where necessary
  - Terminal clamps are clean and tight where necessary, and
  - Electrolyte level and specific gravity, where applicable, are as specified by the manufacturer.
- ☐ All emergency light batteries are checked.
- ☐ All fire extinguishers shall be checked, the pressure and the recharge date documented. The tags on the extinguishers are signed and dated.
- ☐ Hoods, filters, and ducts shall be checked and cleaned when such deposits create an undue fire hazard.

### **FACILITY INSPECTION**

**Inspection performed by the following companies:**

Western Fire

- Sprinkler System – annually
- Kitchen Hood System – semi-annually
- Fire Alarm System - annually

J.J. McLellan

- Air Conditioning and heating – semi-annually

### **Record of Tests**

A written record shall be kept of all tests and corrective measures for a period of two years after they are made, and the record shall be made available upon request to the Chief Fire Official.

**Fire Dampers**

Fire dampers and fire-stop flaps shall be inspected annually.

**Chimney & Flue**

Every chimney, flue and flue pipe shall be inspected annually and cleaned as often as may be necessary to keep them free from accumulations of combustible deposits.

**Disconnect Switches on Air Conditioners & Vents**

Except within dwelling units, disconnect switches for mechanical air-conditioning and ventilating systems shall be inspected annually to establish that the system can be shut down.

**NFPA 96 Inspections**

NFPA 96 – 8.2.1 An inspection and servicing of the Range Hood by properly trained and qualified persons shall be made at least every six months.

**NFPA 96 Cleaning**

NFPA 96 -8-31 Hoods, grease removal devices, fans, ducts and other appurtenances shall be cleaned at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge.

**Emergency Lighting Maintenance**

Emergency lighting unit equipment shall be maintained in accordance with CSA Standard C-22.2 No. 141-1972, "Unit Equipment for emergency Lighting".

**NFPA 10 Maintenance Frequency**

NFPA 10-4.4.1. Extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by the required monthly inspection.

**NFPA 10 Maintenance Stored Pressure**

NFPA 10 – 4.4.1.2 Every six years, stored pressure extinguishers that require a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures.

**NFPA 10 Maintenance Procedures**

NFPA 10 – 4-4.2 Maintenance Procedures shall include a thorough examination of the three basic elements of an extinguisher;

- Mechanical parts
- Extinguishing agent
- Expelling means

**NFPA 10 Maintenance Stored Pressure Records** NFPA 10 – 4-5.1 All extinguishers shall be recharged after use or as indicated by an inspection or when performing maintenance. When performing the recharging, the recommendations of the manufacturer shall be followed.

### **Extinguisher Tags**

Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service.

### **Extinguisher Records**

A permanent record containing the maintenance date, the examiner's name and a description of any maintenance work or hydrostatic testing carried out shall be prepared and maintained for each portable extinguisher. This is usually recorded on a tag attached to the fire extinguisher.

### **Fire Alarm System**

Fire Alarm System shall be subjected to the requirements of Section 4: "Periodic Testing of Fire Alarm System"; of ULC S536 – M97 "Standard for the Testing, Inspection and Maintenance of Existing Fire Alarm Systems".

### **ULC S536 Yearly Person Conducting**

ULC S536 – 4.1.2. Yearly tests shall be conducted by a person acceptable to the authority having jurisdiction for servicing fire alarm systems. As of November 21, 1999, the technician must be certified (Reference 1.1.5.3. (1)(a)Ontario Fire Code)

### **ULC S536 Yearly Tests**

Every year the following tests shall be conducted and if a fault is established appropriate corrective action shall be taken:

- a. Every reasonable effort shall be made to test all components required in this subsection. In the event that some components cannot reasonably be made accessible, a list of such components and their location shall be included in the report. However, all such components shall be tested at least once every three years;
- b. The fire alarm system shall be operated under general alarm condition;
- c. A minimum of one annual test with the main power supply disconnected, and the standby power supply (generator) shall be activated;
- d. Each manual alarm initiating device on each floor, including sub-grade areas, shall be activated on the main power supply;
- e. Operation of every audible and visual signal appliance shall be ensured during the testing of alarm initiating devices;
- f. Each automatic alarm initiating device shall be tested for its intended function in accordance with the manufacturer's instructions;
- g. Each alarm signaling and alarm initiating circuit and annunciator shall be checked for electrical supervision and trouble indication;
- h. Correct annunciation shall be ensured for each initiating device tested;

- i. The Fire Alarm System control unit shall be visually checked to ensure that the control units have not been altered other than as specified by Clauses 2.3 and 2.4.

**Fire Department Connections**

Plugs or caps on fire department connections shall be removed annually and the threads inspected for wear, rust or obstruction. Re-secure plugs, or caps, wrench tight.

**Exposed Sprinkler Hangers**

Exposed sprinkler piping hangers shall be checked yearly to ensure that they are kept in good repair.

**Sprinkler Heads**

Sprinkler heads shall be checked at least once per year to ensure that they are free from damage, corrosion, grease, duct paint or whitewash and shall be replaced where necessary as a result of such conditions.

**Alarm Test at Inspectors Connection**

On wet sprinkler systems water flow alarm tests using the most hydraulically remote test connection shall be performed annually.

**Supervisory Circuits (Transmitters & Water Flow, Supervisory Switches, etc)**

1. Where an electrical supervisory signal service is provided for a sprinkler system, it shall be tested in conformance with sentences (2) and (3);
2. All transmitters and water flow actuated devices shall be tested at two month intervals
3. Gate-Valve supervisory switches, tank water level devices, building and tank water temperature supervisory devices shall be tested at intervals of not more than six months.

**Main Valve for Fire Protection**

Valves controlling water supplies exclusively for fire protection systems shall be inspected weekly to ensure that they are wide open and sealed or locked in that position.

## FIRE HAZARDS

| <b><u>Refuse Storage- Problems</u></b>  | <b><u>Refuse Storage- Strathcona LTC Policy &amp; Procedure</u></b>  |
|---|--|
| 1. combustible refuse not stored in designated room.  | 1.The home will store combustible refuse in a separate room which is protected by sprinklers   |
| 2. Refuse stored so that it blocks exterior doors   | 2. The home will move refuse and maintain doorways that are clear of such material.  |
| 3. Used rags are not stored in a metal container- these rags may be spontaneous combustion. | 3. The home will ensure that oily rags are placed in the dumpster outside the home.  |
| 4. Excessive refuse   | 4.The Home will ensure that garbage is removed twice daily   |
| <b><u>Maintenance of fire doors-Problems</u></b>  | <b><u>Maintenance of fire doors-Strathcona LTC Policy &amp; Procedure</u></b>  |
| 1. Self-closing, missing not attached or inoperative fire doors                             | 1. The home will replace or repair self-closer so that it operates properly.   |
| 2. Door-warped, sagging or binding so that it does not open or close properly               | 2. The home will replace or repair door and frame so that the door closes properly in the frame.   |
| 3. Door tied, wedged or blocked open  | 3. The home will ensure that these doors are closed at all time or that they are only held open by magnetic devices actuated by smoke or heat detectors connected to the fire alarm systems. |
| 4. Wired glass broken, cracked or missing   | 4. The home will replace any glass that is in this condition.  |
| <b><u>Wall &amp; Ceiling Maintenance - Problems</u></b>                                     | <b><u>Wall &amp; Ceiling Maintenance- Strathcona LTC Policy and Procedure</u></b>  |
| 1. Opening in ceiling serving as a fire separation.   | 1. The home will seal all openings with material used in existing construction or other material having an equal fire resistance rating.   |
| 2. Opening in wall serving as fire separation.  | 2. The home will seal all openings with material used in existing construction or other material having an equal fire resistance rating.   |

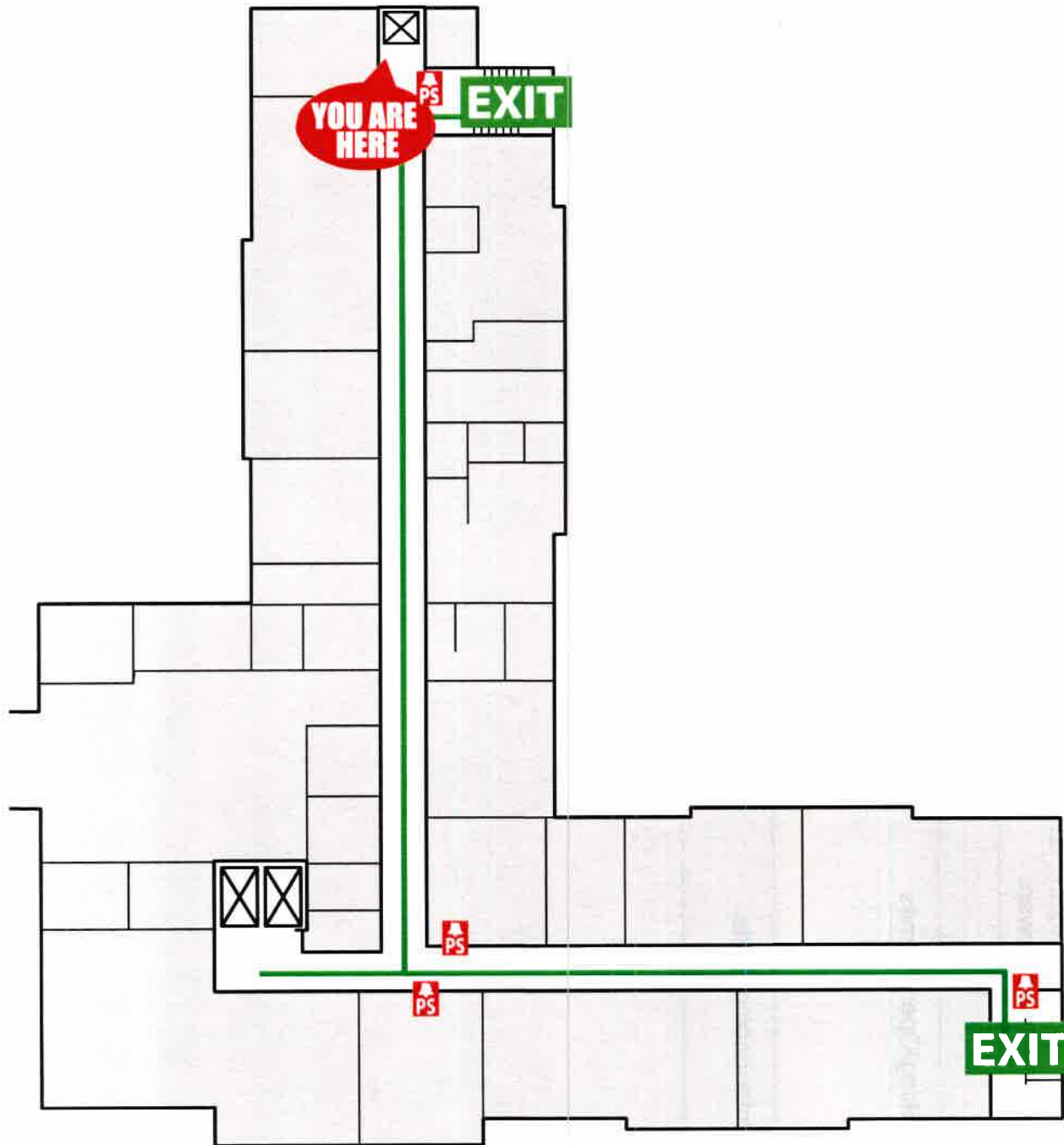
| <b><u>Flammable liquids and gases storage-Problems</u></b>  | <b><u>Flammable liquids and gases – Saugeen Valley Policy and Procedure.</u></b>   |
|---|--|
| 1. Gasoline stored inside building  | 1. The home will ensure that all gasoline is stored in an outside storage area. The exception is gasoline in integral tanks of engines driving emergency equipment.                |
| 2. Flammable liquids not stored in one particular room designated for this purpose.   | 2. The home will ensure that flammable liquids are stored in a designated room.  |
| 3. Excessive quantities of flammable liquids and gases are stored in the building.  | 3. The home will ensure that the amount of flammable liquids and gases other than gasoline is limited to a quantity required for use over a reasonable amount of time.             |
| 4. Propane tanks inside the home.   | 4. The home will ensure that all propane tanks are stored outside the facility.  |
| <b><u>Welding Operations for facility Maintenance-Problem</u></b>   | <b><u>Welding Operations for facility Maintenance- Strathcona LTC Policy and Procedure</u></b>   |
| 1. Welding or cutting operations in vicinity of combustible material  | 1. Separate welding or cutting operation from any welding or cutting operating from any combustible materials using flame resistant partitions.                                    |
| 2. Heat transfer can cause ignition of adjacent combustible materials   | 2. Persons responsible for facility materials should inspect hazards in the work vicinity immediately before and after the operation whether performed by a staff or contractor    |
| <b><u>Electrical equipment and wiring-problem</u></b>   | <b><u>Electrical equipment and wiring- Strathcona LTC Nursing Center policy &amp; procedure</u></b>  |
| 1. Over-fusing or by-passing of fuses   | 1. The home will ensure that it replaces over rated fuses or by-pass device of the designed circuit. The home recognizes that fuses are like safety valves to prevent overheating. |
| 2. Fuses are by-passed this allows the conductors to carry more current than they were safely designed for which could result in a fire | 2. The home will ensure that will not use by-passing devices and will replace fuses with correctly sized fuse when required.   |
| 3. Disconnect switches or circuit breakers not identified   | 3. The home will ensure that circuit breakers will identify the circuit which each switch it protects.   |



| <b><u>Extension or Appliance Cords- problem</u></b>   | <b><u>Extension or Appliance Cords- Strathcona LTC Nursing Center policy &amp; procedure</u></b>   |
|---|--|
| 1. splices in extension or appliance cords  | 1. The home will ensure that extension cords are not used in the home.   |
| 2. Damaged or deteriorated cords  | 2. The home will ensure that any damaged or deteriorated cords are replaced through regular inspections.   |
| 3. Combustible materials too close to permanent electrical heaters or lamps   | 3. The home will ensure that all furniture is 3 inches from any heaters through regular inspections.   |
| 4. Use of portable heater   | 4. The home will ensure that portable heaters are not used at the home.  |
| 5. Unapproved or home made appliances.  | 5. The home will ensure that all electrical items are inspected by the maintenance department before use is allowed.   |
| <b><u>Hazardous Areas- Problems</u></b>   | <b><u>Hazardous Areas- Strathcona LTC Nursing Center Policy and Procedure</u></b>  |
| 1. Heat producing appliances such as furnaces boilers, space heaters etc are to be monitored and maintained on a regular basis. | 2. The home will ensure that combustible materials are not stored in the boiler or furnace rooms and the area is kept clear of objects as they operate in at temperatures above the ignition temp. |
| 2. Smoke pipes leading heating appliance to chimney or flue improperly supported.   | 2.. The home will ensure that non-combustible straps or hangers are installed to ensure that the smoke pipe is firmly supported.   |
| 3. smoke holes, corroded or loose fitting   | 3. The home will ensure that we replace or repair defective smoke pipes.   |
| 4. Combustible material on or near smoke pipe.  | 4. The home will ensure that all combustible materials are not stored near to any smoke pipe.  |
| 5. Infrequent cleaning of the flue  | 5 The home will ensure frequent cleaning of the flue and ensure that a proper cover is utilized.   |
| 6. Combustible storage in furnace and boiler rooms.   | 6.The home will not store combustible materials in the furnace and boiler rooms.   |
| 7. Fusible links replaced with an improper device   | 7. The home will ensure that fusible links are used exclusively for the dampers or shutters in the furnace room. This will ensure that the dampers close in the event of an actual fire.           |

| <b><u>Elevator Machinery Room- Problems</u></b>   | <b><u>Elevator Machinery Rooms- Strathcona LTC Nursing Center Policy &amp; Procedure</u></b>  |
|---|---|
| 1. Combustible storage in the elevator room   | 1. The home will ensure that combustible material is not stored in the elevator room.   |
| 2. A portable fire extinguisher is not located in the elevator room   | 2. The home will ensure that a portable fire extinguisher is located in the elevator room and inspected on a monthly basis.   |
| <b><u>Kitchen Area-Problem</u></b>  | <b><u>Kitchen Area- Strathcona LTC Nursing Center Policy and Procedure</u></b>  |
| 1. Exhaust fans and hood and duct work – filter or grease extractors in the hood contain excessive grease, An exhaust ventilation system should be provided over cooking surfaces to collect and carry grease laden vapor to the outside, Excessive accumulation of grease should be prevented by regular cleaning , as a fire on the cooking surface will soon ignite excess grease on these components. | 1. The home will ensure that as part of the regular maintenance schedule that these areas will be cleaned to reduced the accumulation of excessive grease.  |
| 2. Lamps in exhaust hood are required to be vapor-proof type while prevent the possibility of ignition of the grease by the heat of the light bulb  | 2. The home will ensure that if lighting is required in the exhaust hood that they are of the vapor proof type and that they are installed by Ontario Hydro.  |
| 3. Exhaust ducts become clogged with grease due to improper cleaning.   | 3. The home will ensure that the ducts are cleaned by a specialty cleaning company for this type of work and that the record of the dates of the cleaning are kept and made available for the fire department upon their request. |
| 4. Exhaust good and duct is less than 18 inches from combustible. There is a risk of fire spreading to combustible surfaces as a result of an exhaust hood and duct fire.   | 4. The home will ensure that 18 inches of clearance from exhaust hood and duct to combustible surfaces in the kitchen/ provide protection for combustible surfaces.   |
| 5. Portable fire extinguisher missing.  | 5. The home will ensure that a portable fire extinguisher is in the kitchen at all times with a minimum of 40 BC .  |
| 6. Nozzles of the fire extinguishing system are obstructed, causing the extinguishing liquid to be retarded or  | 6. The home will ensure that the nozzles of the extinguishing system are not obstructed through regular maintenance inspections.  |

|   |   |
|---|---|
| diverted.   |   |
| 7. Combustible refuse is allowed to accumulate in the kitchen.                          | 7. The home will ensure that staff removes refuse from the kitchen per their job description at the end of each shift. In addition the garbage container will be kept outside the kitchen area. |
| <b><u>Maintenance Shop-problem</u></b>  | <b><u>Maintenance Shop- Strathcona LTC Nursing Center Policy &amp; Procedure</u></b>  |
| 1. Excessive amounts of paint, lacquer, solvent or thinner.                             | 1. The home will ensure that the amounts of these materials are kept to the amount required to complete the tasks at hand.  |
| 2. Servicing small equipment without removing the fuel.                                 | 2. The home will ensure that all fuel is removed before servicing of small equipment by the maintenance department.   |
| 3. Storage of gasoline powered equipment such as tractors, lawn mowers and snow blowers | 3. The home will ensure that these items are stored in the appropriate locations away from any combustible materials.   |
| <b><u>Other</u></b>   | <b><u>Strathcona LTC Policy &amp; Procedure</u></b>   |
| 1. Smoking/Open Flames  | 1. Smoking is not allowed within the building or within 30 ft. of entrances<br><br>Open flames (i.e. candles, chafing dishes are not permitted within the home.                                 |
| 2. Maintenance of Exits   | 2. All exit routes will be cleared of snow daily and more often if necessary.   |



**LL** In Case Of Fire  
Use Stairs Unless  
Otherwise Instructed

- EXIT** - Exit Door
- PS** - Pull Station
- - Exit Route

### UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY AND CLOSE DOORS.  
SOUND FIRE ALARM, PULL MANUAL STATION.  
LEAVE THE BUILDING BY THE NEAREST EXIT.  
**CALL FIRE DEPARTMENT: DIAL 911**  
**DO NOT USE ELEVATORS**

### IN CASE OF FIRE

UPON HEARING FIRE ALARM STAND BY & PREPARE TO LEAVE BUILDING.

UPON HEARING "EVACUATE" OVER THE P.A. SYSTEM, EVACUATE THE BUILDING BY THE NEAREST AVAILABLE EXIT.

#### DO NOT USE THE ELEVATORS

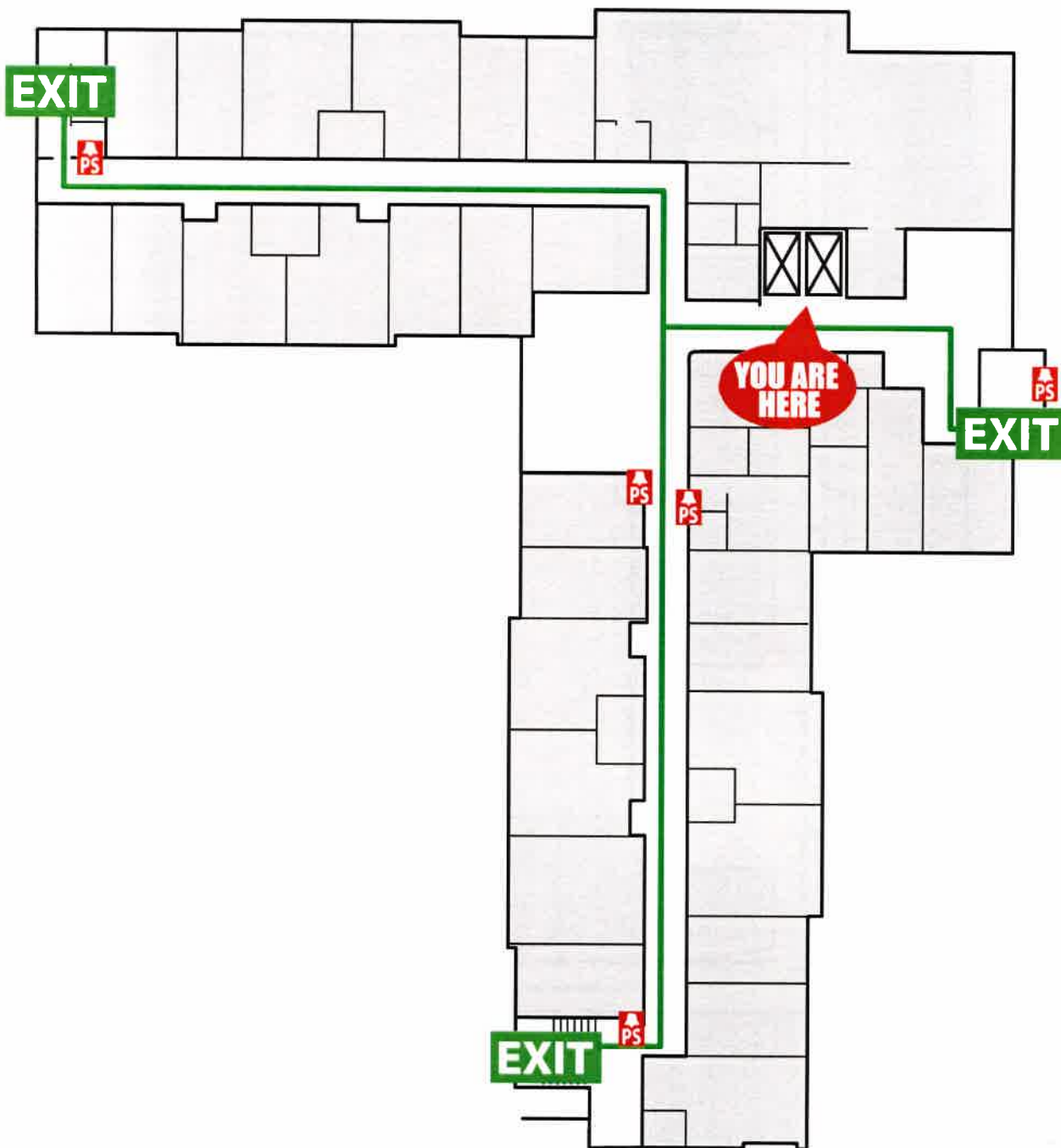
MEET AT THE GATHERING LOCATION.

IF YOU ENCOUNTER SMOKE IN STAIRWAY. USE ALTERNATE EXIT & REMAIN CALM.

### CAUTION

IF SMOKE IS HEAVY IN THE CORRIDOR, IT MAY BE SAFER TO STAY IN YOUR AREA.

**CLOSE DOOR AND PLACE A WET TOWEL AT THE BASE OF DOOR**



In Case Of Fire  
Use Stairs Unless  
Otherwise Instructed

- EXIT** - Exit Door
- PS** - Pull Station
- - Exit Route

### UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY AND CLOSE DOORS.  
SOUND FIRE ALARM, PULL MANUAL STATION.  
LEAVE THE BUILDING BY THE NEAREST EXIT.  
**CALL FIRE DEPARTMENT: DIAL 911**  
**DO NOT USE ELEVATORS**

### IN CASE OF FIRE

UPON HEARING FIRE ALARM STAND BY & PREPARE TO LEAVE BUILDING.

UPON HEARING "EVACUATE" OVER THE P.A. SYSTEM,  
EVACUATE THE BUILDING BY THE NEAREST AVAILABLE EXIT.

#### DO NOT USE THE ELEVATORS

MEET AT THE GATHERING LOCATION.

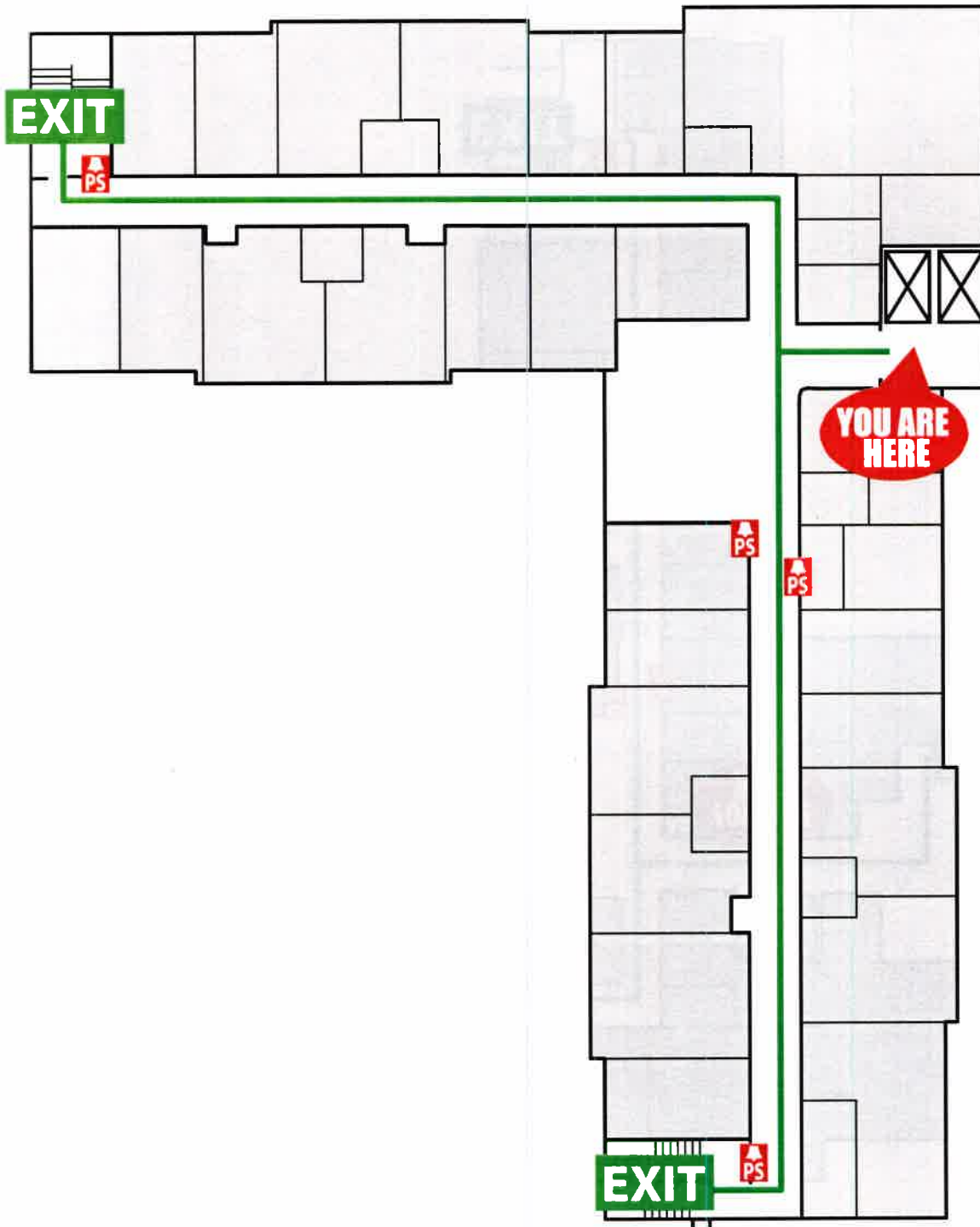
IF YOU ENCOUNTER SMOKE IN STAIRWAY. USE ALTERNATE  
EXIT & REMAIN CALM.

### CAUTION

IF SMOKE IS HEAVY IN THE CORRIDOR, IT MAY BE SAFER TO  
STAY IN YOUR AREA.

**CLOSE DOOR AND PLACE A WET  
TOWEL AT THE BASE OF DOOR**





# 2

In Case Of Fire  
Use Stairs Unless  
Otherwise Instructed

**EXIT**

- Exit Door



- Pull Station



- Exit Route

## UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY AND CLOSE DOORS.

SOUND FIRE ALARM, PULL MANUAL STATION.

LEAVE THE BUILDING BY THE NEAREST EXIT.

**CALL FIRE DEPARTMENT: DIAL 911**

**DO NOT USE ELEVATORS**

## IN CASE OF FIRE

UPON HEARING FIRE ALARM STAND BY & PREPARE TO LEAVE BUILDING.

UPON HEARING "EVACUATE" OVER THE P.A. SYSTEM, EVACUATE THE BUILDING BY THE NEAREST AVAILABLE EXIT.

**DO NOT USE THE ELEVATORS**

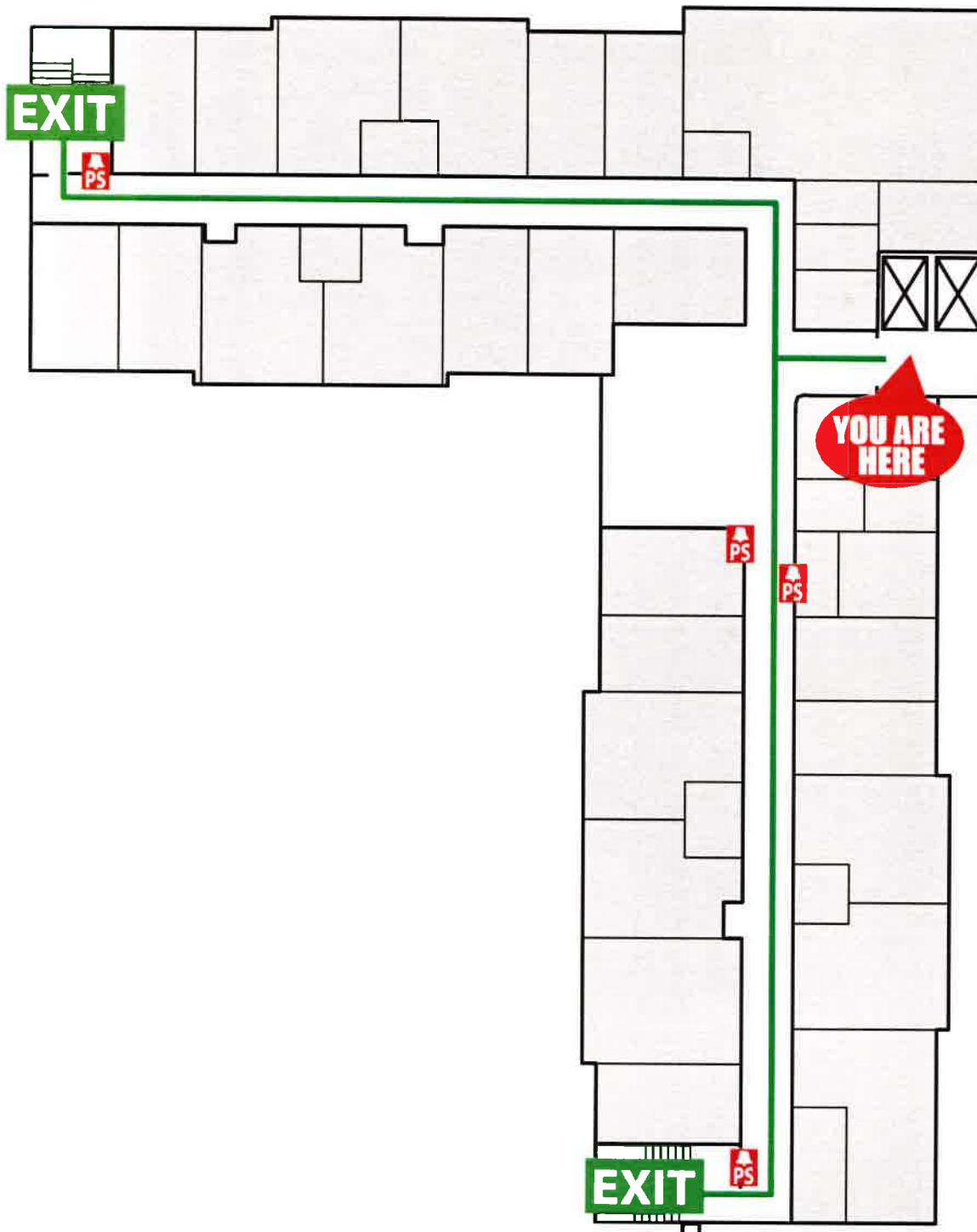
MEET AT THE GATHERING LOCATION.

IF YOU ENCOUNTER SMOKE IN STAIRWAY. USE ALTERNATE EXIT & REMAIN CALM.

## CAUTION

IF SMOKE IS HEAVY IN THE CORRIDOR, IT MAY BE SAFER TO STAY IN YOUR AREA.

**CLOSE DOOR AND PLACE A WET TOWEL AT THE BASE OF DOOR**



# 3

In Case Of Fire  
Use Stairs Unless  
Otherwise Instructed

**EXIT**

- Exit Door



- Pull Station



- Exit Route

## UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY AND CLOSE DOORS.

SOUND FIRE ALARM, PULL MANUAL STATION.

LEAVE THE BUILDING BY THE NEAREST EXIT.

**CALL FIRE DEPARTMENT: DIAL 911**

**DO NOT USE ELEVATORS**

## IN CASE OF FIRE

UPON HEARING FIRE ALARM STAND BY & PREPARE TO LEAVE BUILDING.

UPON HEARING "EVACUATE" OVER THE P.A. SYSTEM, EVACUATE THE BUILDING BY THE NEAREST AVAILABLE EXIT.

**DO NOT USE THE ELEVATORS**

MEET AT THE GATHERING LOCATION.

IF YOU ENCOUNTER SMOKE IN STAIRWAY. USE ALTERNATE EXIT & REMAIN CALM.

## CAUTION

IF SMOKE IS HEAVY IN THE CORRIDOR, IT MAY BE SAFER TO STAY IN YOUR AREA.

**CLOSE DOOR AND PLACE A WET TOWEL AT THE BASE OF DOOR**





## Strathcona LTC Hazard & Vulnerability Analysis

### INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale.

Issues to consider for **probability** include, but are not limited to:

- 1 Known risk
- 2 Historical data
- 3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

- 1 Time to marshal an on-scene response
- 2 Scope of response capability
- 3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

- 1 Cost to replace
- 2 Cost to set up temporary replacement
- 3 Cost to repair

Issues to consider for **business impact** include, but are not limited to:

- 1 Business interruption
- 2 Employees unable to report to work
- 3 Customers unable to reach facility
- 4 Company in violation of contractual agreements
- 5 Imposition of fines and penalties or legal costs
- 6 Interruption of critical supplies
- 7 Interruption of product distribution

Issues to consider for **preparedness** include, but are not limited to:

- 1 Status of current plans
- 2 Training status
- 3 Insurance
- 4 Availability of back-up systems
- 5 Community resources

Issues to consider for **internal resources** include, but are not limited to:

- 1 Types of supplies on hand
- 2 Volume of supplies on hand
- 3 Staff availability
- 4 Coordination with MOB's

Issues to consider for **external resources** include, but are not limited to:

- 1 Types of agreements with community agencies
- 2 Coordination with local and state agencies
- 3 Coordination with proximal health care facilities
- 4 Coordination with treatment specific facilities

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.



## HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS

| EVENT               | PROBABILITY                                    | SEVERITY = (MAGNITUDE - MITIGATION)            |  |  |  |  |  | RISK                    |
|---------------------|--|--|--|--|--|--|--|-------------------------|
|                     |  | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS  | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                         |
|                     | <i>Likelihood this will occur</i>              | <i>Possibility of death or injury</i>          | <i>Physical losses and damages</i>             | <i>Interruption of services</i>                | <i>Preplanning</i>                                     | <i>Time, effectiveness, resources</i>                  | <i>Community/ Mutual Aid staff and supplies</i>        | <i>Relative threat*</i> |
| SCORE               | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>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        |  |  |  |  |  |  |  | 0%                      |
| Hot Temp >26°C      |  |  |  |  |  |  |  | 0%                      |
| Drought             |  |  |  |  |  |  |  | 0%                      |
| Flood, External     |  |  |  |  |  |  |  | 0%                      |
| Community Disaster  |  |  |  |  |  |  |  | 0%                      |
| Pandemic            |  |  |  |  |  |  |  | 0%                      |
| Epidemic            |  |  |  |  |  |  |  | 0%                      |
|                     |  |  |  |  |  |  |  | 0%                      |
|                     |  |  |  |  |  |  |  | 0%                      |
| AVERAGE SCORE       | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0%                      |

\*Threat increases with percentage.

|                               |      |      |
|-------------------------------|------|------|
| RISK = PROBABILITY * SEVERITY |      |      |
| 0.00                          | 0.00 | 0.00 |



## HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS

| EVENT                       | PROBABILITY                                    | SEVERITY = (MAGNITUDE - MITIGATION)            |  |  |  |  |  | RISK                    |
|-----------------------------|--|--|--|--|--|--|--|-------------------------|
|                             |  | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS  | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                         |
|                             | <i>Likelihood this will occur</i>              | <i>Possibility of death or injury</i>          | <i>Physical losses and damages</i>             | <i>Interruption of services</i>                | <i>Preplanning</i>                                     | <i>Time, effectiveness, resources</i>                  | <i>Community/ Mutual Aid staff and supplies</i>        | <i>Relative threat*</i> |
| SCORE                       | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 - 100%                |
| Electrical Failure          |  |  |  |  |  |  |  | 0%                      |
| Generator Failure           |  |  |  |  |  |  |  | 0%                      |
| Transportation Failure      |  |  |  |  |  |  |  | 0%                      |
| Fuel Shortage               |  |  |  |  |  |  |  | 0%                      |
| Natural Gas Failure         |  |  |  |  |  |  |  | 0%                      |
| Water Failure               |  |  |  |  |  |  |  | 0%                      |
| Sewer Failure               |  |  |  |  |  |  |  | 0%                      |
| Fire Alarm Failure          |  |  |  |  |  |  |  | 0%                      |
| Communications Failure      |  |  |  |  |  |  |  | 0%                      |
| Medical Gas Failure         |  |  |  |  |  |  |  | 0%                      |
| HVAC Failure                |  |  |  |  |  |  |  | 0%                      |
| Information Systems Failure |  |  |  |  |  |  |  | 0%                      |
| Fire, Internal              |  |  |  |  |  |  |  | 0%                      |
| Flood, Internal             |  |  |  |  |  |  |  | 0%                      |
| Hazmat Exposure, Internal   |  |  |  |  |  |  |  | 0%                      |
| Supply Shortage             |  |  |  |  |  |  |  | 0%                      |
| Structural Damage           |  |  |  |  |  |  |  | 0%                      |
| AVERAGE SCORE               | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0.00   | 0%                      |

\*Threat increases with percentage.

|                               |      |      |
|-------------------------------|------|------|
| RISK = PROBABILITY * SEVERITY |      |      |
| 0.00                          | 0.00 | 0.00 |





## HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

| EVENT                                       | PROBABILITY                                    | SEVERITY = (MAGNITUDE - MITIGATION)            |  |  |  |  |  | RISK                    |
|---|--|--|--|--|--|--|--|-------------------------|
|   |  | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS  | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                         |
|   | <i>Likelihood this will occur</i>              | <i>Possibility of death or injury</i>          | <i>Physical losses and damages</i>             | <i>Interruption of services</i>                | <i>Preplanning</i>                                     | <i>Time, effectiveness, resources</i>                  | <i>Community/ Mutual Aid staff and supplies</i>        | <i>Relative threat*</i> |
| SCORE                                       | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 - 100%                |
| Mass Casualty Incident (trauma)             |  |  |  |  |  |  |  | 0%                      |
| Mass Casualty Incident (medical/infectious) |  |  |  |  |  |  |  | 0%                      |
| Terrorism, Biological                       |  |  |  |  |  |  |  | 0%                      |
| Missing Resident                            |  |  |  |  |  |  |  | 0%                      |
| Hostage Situation                           |  |  |  |  |  |  |  | 0%                      |
| Intruder with a Weapon                      |  |  |  |  |  |  |  | 0%                      |
| Violence -Internal                          |  |  |  |  |  |  |  | 0%                      |
| Labor Action                                |  |  |  |  |  |  |  | 0%                      |
| Bomb Threat                                 |  |  |  |  |  |  |  | 0%                      |
| Medical Emergency                           |  |  |  |  |  |  |  | 0%                      |
|   |  |  |  |  |  |  |  | 0%                      |
| <b>AVERAGE</b>                              | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>  | <b>0.00</b>  | <b>0.00</b>  | <b>0%</b>               |

\*Threat increases with percentage.

|                                      |      |      |
|--------------------------------------|------|------|
| <b>RISK = PROBABILITY * SEVERITY</b> |      |      |
| 0.00                                 | 0.00 | 0.00 |





## HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

| EVENT  | PROBABILITY                                    | SEVERITY = (MAGNITUDE - MITIGATION)            |  |  |  |  |  | RISK                    |
|--|--|--|--|--|--|--|--|-------------------------|
|  |  | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS  | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                         |
|  | <i>Likelihood this will occur</i>              | <i>Possibility of death or injury</i>          | <i>Physical losses and damages</i>             | <i>Interuption of services</i>                 | <i>Preplanning</i>                                     | <i>Time, effectiveness, resouces</i>                   | <i>Community/ Mutual Aid staff and supplies</i>        | <i>Relative threat*</i> |
| SCORE  | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 - 100%                |
| Mass Casualty Hazmat Incident -(historical events >5 victims |  |  |  |  |  |  |  | 0%                      |
| Small Casualty Hazmat Incident (past history <5 victims)     |  |  |  |  |  |  |  | 0%                      |
| Chemical Exposure, External                                  |  |  |  |  |  |  |  | 0%                      |
| Small-Medium Sized Internal Spill                            |  |  |  |  |  |  |  | 0%                      |
| Large Internal Spill   |  |  |  |  |  |  |  | 0%                      |
| Terrorism, Chemical  |  |  |  |  |  |  |  | 0%                      |
| Radiologic Exposure, External                                |  |  |  |  |  |  |  | 0%                      |
| Terrorism, Radiologic  |  |  |  |  |  |  |  | 0%                      |
|  |  |  |  |  |  |  |  | 0%                      |
| <b>AVERAGE</b>   | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>                                    | <b>0.00</b>  | <b>0.00</b>  | <b>0.00</b>  | <b>0%</b>               |

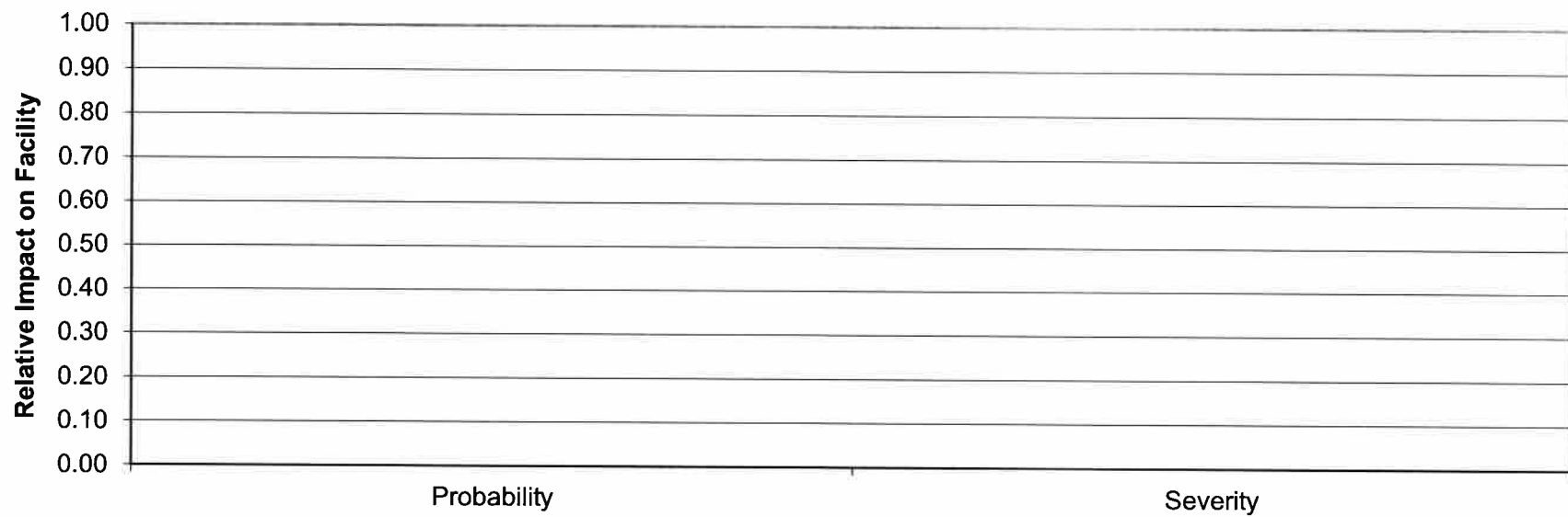
\*Threat increases with percentage.

**RISK = PROBABILITY \* SEVERITY**

0.00      0.00      0.00



### Probability and Severity of Hazards to Strathcona LTC





**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 incident.

|   |   |
|---|---|
| <b>Name of LTC Home: Strathcona LTC</b>   |   |
| <b>Address: 720 Princess St, Mount Forest, ON, N0G2L3</b>                       |   |
| <b>Phone # : 5193232140</b>   |   |
| <b>Primary Contact Person in Home: Executive Director</b>                       |   |
| <b>Name: Joel Pennant</b>   |   |
| <b>Contact #:</b> 4377771532  | <b>Email:</b> jpennant@svch.ca                  |
| <b>Secondary Contact (Back-Up designate): Director of Care</b>                  |   |
| <b>Name: Irene Brogee</b>   |   |
| <b>Contact #:</b> 5197815125  | <b>Email:</b> lbrogee@svch.ca                   |
| <b>Sharon Village Care Homes Corporate Contact Person:</b>                      |   |
| <b>Name: Shirley Thomas- Weir</b>   |   |
| <b>Contact #:</b> 9059759671  |   |
| <b>Ministry of Health &amp; Long-Term Care:</b>                                 |   |
| <b>Contact #:</b> (Day): (416)327-4282  | <b>After Hour Contact</b> 1-800-387-5559# _____ |
| <b>Community Emergency Preparedness (if applicable):</b>                        |   |
| <b>Police Liaison: Department:</b> _____ <b>Non-Emergency #:</b> _____          |   |
| <b>Liaison Name:</b> _____  | <b>Phone #:</b> _____                           |
| <b>Fire Department Liaison: Department:</b> _____ <b>Non-Emergency #:</b> _____ |   |
| <b>Liaison Name:</b> _____  | <b>Phone #:</b> _____                           |
| <b>Public Health: Number:</b> _____ <b>After Hours Number:</b> _____            |   |
| <b>Liaison Name:</b> _____ <b>Joanne Ristov</b>                                 | <b>Phone</b>                                    |
| <b>#:</b> 5199934382 _____  |   |
| <b>Hospital(s): (identify all hospitals within proximity of the Home)</b>       |   |
| <b>Hospital Name:</b> ___ Louise Marshall _____                                 |   |

|                          |                  |
|--------------------------|------------------|
| Contact Name: __N/A_____ | Contact #: _____ |
| Other:                   |                  |
|                          |                  |

**Incident Management Systems Designates**

**Name of Home:** Strathcona Long Term Care

**Location of Emergency Operations Center:** 720 Princess Street, Mount Forest, ON, N0G2L3

**Senior Command Incident Manager:** SVCH Corporate Lead: CEO is responsible for the overall management and collaboration of the Home during an emergency situation

| IMS Role Title                     | Primary Designate                           | Contact Information | Secondary Designate | Contact Information |
|------------------------------------|---|---------------------|---------------------|---------------------|
| <b>Incident Manager</b>            | Joel ED                                     | 4377771532          |                     |                     |
| <b>Public Information Manager</b>  | <b>Corporate: Shirley Thomas-Weir (CEO)</b> | 9059758671          |                     |                     |
|                                    | <b>Home: Irene Brogee (DOC)</b>             | 5197815125          |                     |                     |
| <b>Liaison Officer</b>             |   |                     |                     |                     |
| <b>Safety Officer/Coordinator</b>  | Recreation Manager: Sheryl McTavish         | 5194951992          |                     |                     |
|                                    | Environmental Service Manager: Akash Jose   | 6473355144          |                     |                     |
| <b>Information Technology Lead</b> | Recreation Manager: Sheryl Mctavish         | 5194951992          |                     |                     |
| <b>Operations Manager</b>          | DOC: Irene Brogee                           | 5197815125          |                     |                     |
| <b>Planning Manager</b>            | ED: Joel Pennant                            | 4377771532          |                     |                     |
| <b>Logistic Manager</b>            | Dietary manager and Robyn Beale             |                     |                     |                     |
|                                    |   | 5193238010          |                     |                     |
| <b>Finance Manager</b>             | <b>Corporate: Huibin Pan</b>                | 2266634359          |                     |                     |
|                                    | <b>Home: Robyn and Heather</b>              | 5193238010          |                     |                     |
|                                    |   |                     |                     |                     |
|                                    |   |                     |                     |                     |



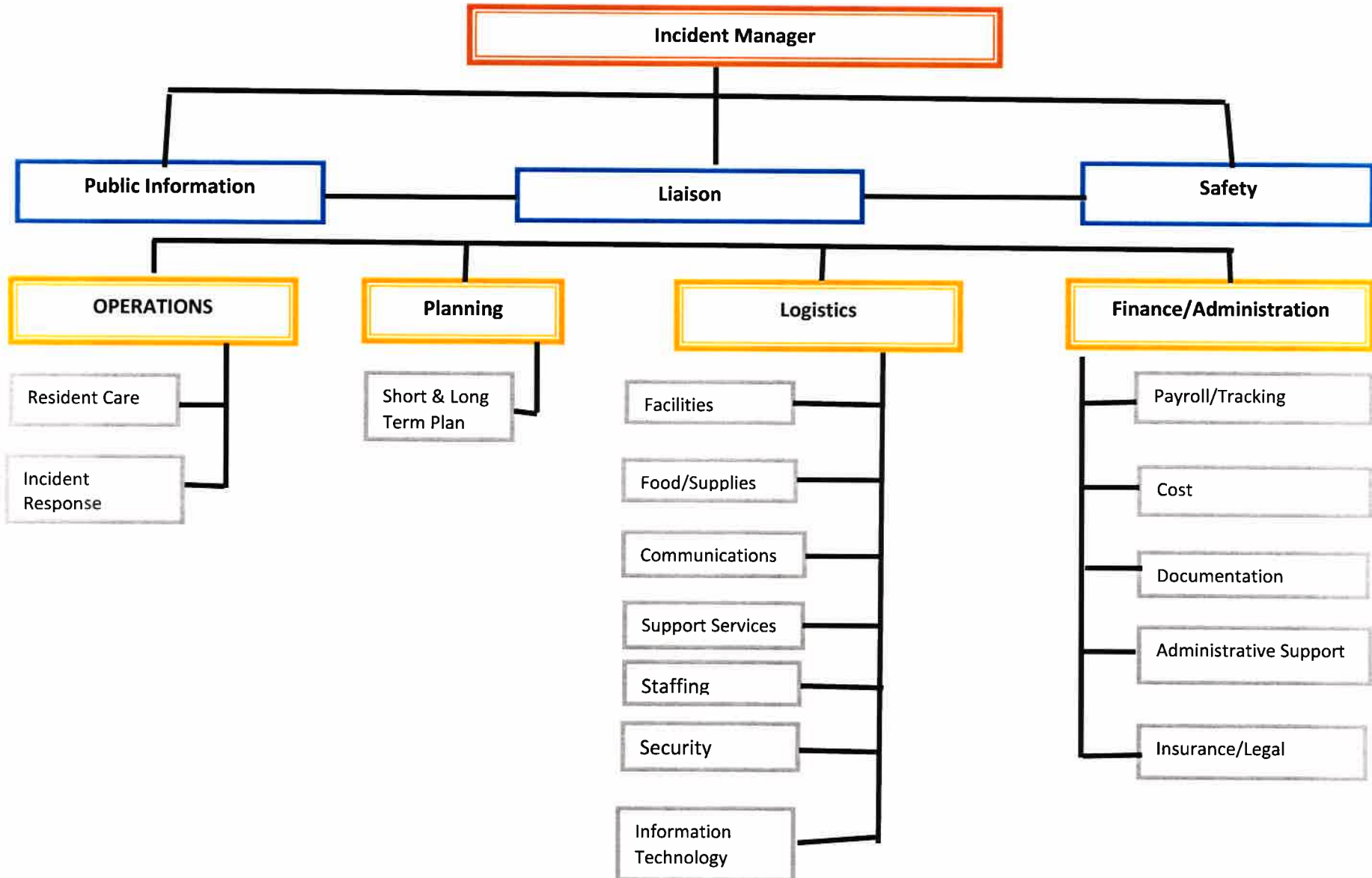


Emergency Communications Team & Responsibilities

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



## 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          |
|--|--|---|--------------------------------|
| <b>CODE RED –FIRE</b><br><b>**Annual Testing</b>                                     | Initiate when the fire alarm is activated, and/or FIRES/SMOKE is discovered<br>(Home specific Fire Safety Plan)  | Person discovering  | EPM-C-10<br>(General Policies) |
| <b>Code Green-Evacuation</b><br><br><b>**Test Every 3 Years</b>                      | <b>Code Green</b> -Partial evacuation, removal of residents and staff from danger area to safe area behind fire doors within Home.<br><br><b>Code Green STAT</b> —complete evacuation of the Home to a safe location | Fire Department<br><br>Fire Department                    | EPM-G-10                       |
| <b>CODE BLUE-Medical Emergency</b>   | Initiate when a Medical situation requires additional support and external assistance  | Person discovering person in distress                     | EPM-D-10                       |
| <b>Orange -Community Disaster/Mass Casualties</b><br><b>**Test Every 3 Years</b>     | When notice has been received from external Emergency Services   | When directed by external Emergency Service               | EPM-H-10                       |
| <b>Code Grey-External Air Exclusion</b>  | 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                       |
| <b>Code Black-Bomb Threat/Suspicious Pkg</b><br><b>**Test Every 3 Years</b>          | 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                       |
| <b>Code Purple-Hostage Taking</b>  | 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                       |
| <b>Code Yellow-Missing Person</b><br><b>**Annual Testing</b>                         | Initiate when a resident can not be located on Home area/within Home   | Person discovering/ identifying situation                 | EPM-F-10                       |
| <b>Code Silver-Intruder with a Weapon</b>  | Initiate when an unauthorized person is in the Home/ with or without a visible weapon  | Person discovering/ identifying situation                 | EPM-K-05                       |
| <b>Code White-Violence</b><br><b>**Test Every 3 Years</b>                            | Initiate when a threat of aggression &/or violence   | Person discovering/ identifying situation                 |                                |
| <b>Code Brown-Hazardous Materials/ Chemical Spill</b><br><b>**Test Every 3 Years</b> | 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<br><b>**Test Annually</b>   | 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<br><ul style="list-style-type: none"> <li>○ Tornadoes</li> <li>○ Ice Storm</li> <li>○ Severe Snowstorm</li> <li>○ Earthquake</li> <li>○ Extreme Heat</li> <li>○ Extreme Cold</li> <li>○ Floods</li> </ul> | Initiate immediate precautions for any alerts & secure building, supplies and staffing<br><br>Floods – <b>Test annually</b><br>Nature disasters or extreme weather events— <b>Test annually</b> | Person discovering/ identifying situation<br><br>News Alerts<br><br>Community Alerts | EPM-J-05                               |
| Infectious Outbreaks<br><ul style="list-style-type: none"> <li>○ Pandemic,</li> <li>○ Epidemic</li> </ul>  | Initiate immediately as per directives from Public Health or other governing agencies/individuals<br><br><b>**Test Annually</b>   | Most senior person on site.<br>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  |  |
| <b>Other (specify)</b>   |   |  |  |
| 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\\_PD FUA.pdf](https://www.emergencymanagementontario.ca/sites/default/files/content/emo/docs/HIRA%20WCAG%20EN_PD FUA.pdf)

**INSERT HOME SPECIFIC FIRE SAFETY PLAN**

**Appendix D-1**



## OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

Strathcona LTC

Initial Date: March 15, 2021

Updated: July 6, 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 phone, 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   |
|--|---|
| <b>Outbreak management team, members, roles and responsibilities</b> | <p><b>Team includes:</b><br/>Executive Director, Director of Care, Assistant Director of Care, Department Managers, Registered Nurse, Medical Director, Joint Health &amp; Safety Members, Other members as needed</p> <p><b>Process:</b><br/>Call an initial OMT meeting. The following items will be discussed; case definition of the outbreak, review PHU</p> |



## SHARON VILLAGE CARE HOMES

### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|   |   |
|---|---|
|   | <p>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><b>Duties:</b><br/>Outlined below specific to each department</p> |
| <b>Where possible, a designated self-contained area or unit of the long- term care home would be ideal for the treatment and care of patients</b> | <ul style="list-style-type: none"><li>• Management of single cases in private rooms if available</li><li>• If limited cases on one floor: Cohort positive cases together into semi-private rooms in same wing if available.</li><li>• Re-locate well residents on affected unit who reside in semi-private rooms with ill residents to a private room if available</li><li>• Alter dining practices as needed to avoid contamination.</li><li>• If limited positive cases on multiple floors ill residents can be relocated to one wing on one floor if able</li><li>• <u>Treatment will be completed in a resident room using disposable supplies</u></li><li>• Ensure privacy curtain is used for residents with shared accommodation</li></ul>                                   |
| <b>Cohorting residents</b>  | <ul style="list-style-type: none"><li>• Ensure that residents are physically separated by a distance of at least 2 meters</li><li>• Use privacy curtains between the beds to minimize</li></ul>   |



## SHARON VILLAGE CARE HOMES

### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|                                      |  |
|--------------------------------------|--|
|                                      | <p>opportunities for close contact</p> <ul style="list-style-type: none"><li>• Identify residents who are able to go home with family if applicable (Please see criteria from the Ministry of Health)</li><li>• Max capacity for dining room 16 residents in dining room. Lounge area used with additional tables for separation, 16 residents.</li><li>• Washroom access for residents in the dining room would consist of washroom located in hall outside of dining room,</li><li>• Identify off-site facilities for the relocation of well and ambulatory residents with lower needs</li></ul>   |
| <b>Symptomatic/Exposed Residents</b> | <ul style="list-style-type: none"><li>• Ill residents assigned to specific PSW staff (number will be dependent on number of cases and care level of cases)</li><li>• staff assigned to the ill residents not to interact with residents outside of their assignment</li><li>• Organize supplies and activities in the area for each extra area being utilized. Eg: dining room</li><li>• Residents will have a dedicated washroom in this area</li><li>• Staff will provide care to residents who 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.)</li><li>• residents will have one to one visit by Activity and Physiotherapist Aide in their room as appropriate</li><li>• PPE supplies will be organized on carts that are available on each wing on the units.</li><li>• Each resident's room is equipped with a washroom</li><li>• Oxygen concentrators will be requested from ProResp depending on the number of residents affected.</li></ul> |



## SHARON VILLAGE CARE HOMES

### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|                                       |  |
|---------------------------------------|--|
|                                       | <ul style="list-style-type: none"><li>• Maple Score will be utilized when necessary.</li><li>• Staff will perform a Point of Care Risk Assessment prior to any resident interaction</li></ul>  |
| <b>Cohorting Staff</b>                | <ul style="list-style-type: none"><li>• The Country Kitchen/small Activity room on each unit will be created into a staff break area. (No staff will be permitted to move from one unit to the other when able).</li><li>• Microwave, fridge/freezer, coffee maker, water cooler and kettle are permanently in this room</li><li>• When staff are caring for ill residents a temporary break room will be set up in the shower room</li><li>• Staff who are assigned to an outbreak unit will not work in non-outbreak areas</li></ul> |
| <b>Symptomatic Staff</b>              | <ul style="list-style-type: none"><li>• Staff are screened upon arrival at the Home and if they are symptomatic, they will be tested and send home</li><li>• Symptomatic staff are added to the line list and contact tracing is completed</li><li>• Public Health is notified as per guidelines</li><li>• Follow up calls are made to staff with regards to symptoms and any lab results</li><li>• Ministry of Labour is notified if required</li></ul>   |
| <b>Environmental cleaning</b>         | <ul style="list-style-type: none"><li>• cleaning/maintenance staff do not move between outbreak and non- outbreak care areas</li><li>• cleaning of high touch surfaces 3 times daily minimum</li><li>• 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)</li><li>• Floor scrubber is not to be used during outbreak</li></ul>       |
| <b>Social distancing during meals</b> | <ul style="list-style-type: none"><li>• Distancing at dining room tables for residents who require assistance in dining room (max 2 to a table-</li></ul>  |



## SHARON VILLAGE CARE HOMES

### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|  |  |
|--|--|
|  | <p>2m apart) when floor is not in outbreak</p> <ul style="list-style-type: none"><li>• 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</li></ul>  |
| <b>Reduce contamination risk with the medication cart</b>        | <ul style="list-style-type: none"><li>• 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</li><li>• Use disposable paper cups for medication passes to decrease the contamination risk.</li></ul>  |
| <b>Staffing<br/>(Individual Department Staffing Plans below)</b> | <ul style="list-style-type: none"><li>• Hotel Rooms will be rented in the event staff wish to initiate work-isolation</li><li>• Dietary planning for additional meals for staff staying onsite or at hotel</li><li>• Inventory of disposable meal trays for staff</li><li>• Hiring of additional RSA as needed. Director of Therapeutic Rec and SDC will be responsible for ongoing rapid recruitment and onboarding as needed</li><li>• Ongoing recruitment of permanent staff as required</li><li>• Secure staffing agency contracts for Registered Nurse, Registered Practical Nurses and Personal Support Worker if required.</li><li>• Home will utilize 12-hour shifts where necessary. Staff will be dedicated to care for infected residents separated from staff caring for uninfected residents</li><li>• 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.</li><li>• <b>DOC</b>- The DOC to complete rounds and assign</li></ul> |



## SHARON VILLAGE CARE HOMES

### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|   |   |
|---|---|
|   | <p>nursing management to assist accordingly</p> <ul style="list-style-type: none"> <li>• <b>Executive Director</b> – monitor all units and assign other managers where needed to assist where needed</li> <li>• <b>Program Manager</b>- to assist with tray service and feeding</li> <li>• <b>FSM</b>: to monitor kitchen, serveries and to assist with tray service</li> <li>• <b>ESM</b>: Assist with tray service and where needed</li> </ul>  |
| <b>DOC/ ADOC specific duties for staffing</b>                       | <p>DOC/ ADOC to call all staff to determine who will:</p> <ol style="list-style-type: none"> <li>1) Work 10 – 12 hours shifts</li> <li>2) Work on assigned days off</li> <li>3) Work full shifts rather than part shifts</li> </ol> <ul style="list-style-type: none"> <li>• Adjust the nursing staff schedule accordingly</li> <li>• Ensure staff hours are in the Rotating Schedule with changes and input into Payroll</li> <li>• Ensure staff who are working extended shift is offered a meal incentive</li> </ul> |
| <b>Staffing Plan - Minimal Personal Support Workers</b>             | Refer to Home specific minimal staffing contingency plan  |
| <b>Staffing Plan - Minimal Registered staff</b>                     | Refer to Home specific minimal staffing contingency plan  |
| <b>Staffing Plan-Minimal Dietary staff</b>                          | Refer to Home specific minimal staffing contingency plan  |
| <b>Staffing Plan-Minimal Activity Staff</b>                         | Refer to Home specific minimal staffing contingency plan  |
| <b>Staffing Plan-Minimal Housekeeping/Maintenance/Laundry staff</b> | Refer to Home specific minimal staffing contingency plan  |
| <b>BSO</b>  | To focus on responsive behaviours related to the outbreak and adjust plan of care accordingly   |





## SHARON VILLAGE CARE HOMES

### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|                                    |   |
|------------------------------------|---|
| <b>Monitoring and Surveillance</b> | <ul style="list-style-type: none"><li>• Ongoing surveillance mechanisms in place at all times to monitor staff/residents/visitors for symptoms</li><li>• 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</li><li>• Collaboration with local PHU and LHIN to adhere to Outbreak control measures when in outbreak</li><li>• Ongoing surveillance/testing as per current MOH/PHU directives</li><li>• Ensure there is a plan for medical coverage and resident monitoring by physicians (On call [physician])</li><li>• Ongoing auditing in place to ensure IPAC best practices are being followed</li></ul> |
| <b>Communication</b>               | <ul style="list-style-type: none"><li>• 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</li><li>• Daily internal outbreak updates /meetings as required</li><li>• Daily update to the PHU</li><li>• DOC to submit CIS report to the MOLTC for outbreak.</li><li>• DOC/ ADOC to amend report as required.</li></ul>  |
| <b>Audits</b>                      | <ul style="list-style-type: none"><li>• Complete daily audits for hand hygiene, PPE, Donning and Doffing and safe breaks and physical distancing</li><li>• MOLTC IPAC audits completed at least bi-weekly when not in outbreak and weekly while in active outbreak</li><li>• Complete environmental audits</li></ul>  |



## SHARON VILLAGE CARE HOMES

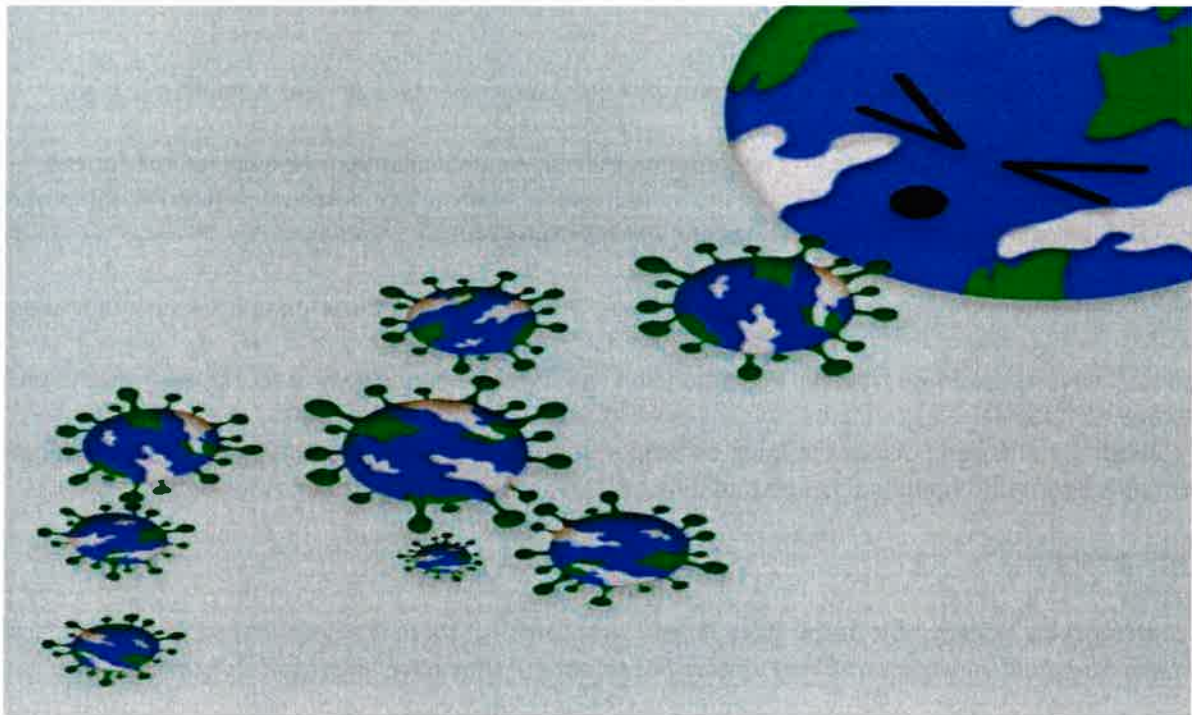
### OUTBREAK/PANDEMIC MANAGEMENT PLAN

O-Regs 269(1)(2)(3) &(4)

|  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• Provide coaching in the moment for non-compliance if observed</li><li>• Testing of the Outbreak Plan will be completed annually</li></ul>  |
| <b>Supplies</b>  | <ul style="list-style-type: none"><li>• All department Managers to complete weekly inventory to ensure adequate supplies are available.</li><li>• PPE Lead and Registered staff to replenish PPE supplies daily on the nursing units</li><li>• DOC to order weekly nursing supplies as per home protocols</li><li>• Ensure that there is a minimum of 14 days supplies in the home</li><li>• DOC/ADOC to complete weekly PPE tracking and submit to Corporate.</li></ul> |
| <b>Exposed Staff</b>   | <ul style="list-style-type: none"><li>• Follow MOLTC and PHU protocols</li></ul>   |
| <b>IPAC lead involved in creating the plan</b>   | <ul style="list-style-type: none"><li>• IPAC lead was involved in the planning and creation</li></ul>  |
| <b>Local Medical Officer of Health invited to develop, update, test, evaluate and review</b> | <ul style="list-style-type: none"><li>•</li></ul>  |



# **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.

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

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 – Appendix D-1—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.

**ESSENTIAL & EMERGENCY FUNCTIONS**

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

[illegible]