NAME OF HOME

Address of Home

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:

o   Developed and updated the Home specific emergency and pandemic plans in consultation with community emergency services, with Residents' Council and Family Councils,
o   Included emergency planning for outbreaks of communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
o   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,
o   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,
o   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,
o   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,
o   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 Imitative Program.

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

Emergency Management Process:

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

1. **Prevention & Mitigation:** actions taken to reduce the impact or risks of hazard through pro-active measures taken before an emergency or disaster occurs that can not be reasonably prevented.

2. **Preparedness:** to make ready to respond to a disaster and manage its consequences through measures taken prior to an event, for example emergency response plans, mutual assistance agreements (i.e shelter agreements), resource inventories and training, equipment, and exercise programs.

3. **Response:** to act during or immediately after a disaster to manage its consequences through, for example, emergency public communication, search and rescue, emergency medical assistance and evacuation to minimize suffering and losses associated with disasters.

4. **Recovery:** to repair or restore conditions to an acceptable level through measures taken after a disaster, for example return of evacuees, trauma counselling, reconstruction, economic impact studies, and financial assistance. There is a strong relationship between long-term recovery and prevention and mitigation of future disasters

Legislative & Regulatory Framework:
In reviewing and revising the Homes specific Emergency plan, the following legislations will be referred to, where applicable:

o   FLTCH, 2021
o   Health Protection & Promotion Act, 1990
o   Emergency Management & Civil Protection Act, 1990
o   Occupational Health & Safety Act, 1990
o   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:
  o   Factors that may contribute to emergencies
  o   Typed of potential emergencies
  o   Consequences of emergencies
  o   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)**
  o   **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

- o **Risk Assessment**—frequency and consequences
- o **Risk Analysis** – the likelihood of the risk happening and impact (severity)
- o **Monitor & Review**—at a minimum annually for change in frequency and/or consequence

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	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Extreme Cold								0%
Hot Temp >26°C								0%
Drought								0%
Flood, External								0%
								0%
8								0%
9 Pandemic								0%
0 Epidemic								0%
1								0%
2								0%
3 AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
4 *Threat increases with percentage.								
5		RISK = PROBABILITY * SEVERITY						
6		0.00	0.00	0.00				

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

PREVENTION & MITIGATION:

Emergencies will be assessed as to likelihood, severity and impact based upon following factors:
- o Past experiences – was the Home prepared & was the preparedness adequate?
- o What was the impact on operations and services?
- o What was the impact on human resources and materials?
- o How predictable is the event? Is there sufficient time to prepare in advance? (Lower risk)
- o 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:
- o Ministry of Health & Long-Term Care

- o   Fire & Safety –Fire Department Liaison
- o   Emergency Medical Services –local EMS Liaison
- o   Public Health –local liaison
- o   Local Hospital(s)
- o   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:
- o   Incorporates Emergency preparedness into staff education programs
- o   Ensures staff is trained on emergency codes and practiced at lease annually
- o   Ensures Emergency Preparedness is part of the on-boarding for all newly hired staff
- o   Ensures monthly fire drills on all shifts are conducted, recorded, debriefing following a drill is conducted and deficiencies are addressed
- o   Ensures emergency plans are conducted as outlined in the FLTCA, 2021 & O. Reg 246/22
- o   Ensures Emergency Plan is reviewed and updated at least annually and more frequently as required

- o Ensures the Evacuation Plan is conducted at least every three (3) years
- o Ensures the Home's Fire Safety Plan is current and approved by the local Fire Department liaison
- o 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 Manger/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.
   - o Organizes and directs the emergency response for the emergency/incident
   - o 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
   - o 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
   - o Will assign IMS roles that mirrors day to day staff routines and responsibilities as close as possible
   - o Incident Manager/ designate may delegate roles or functions to others or designate a team lead for multiple functions
   - o In collaboration with SVCH CEO, will have the authority to cancel staff leaves as required based on the nature and extent of the emergency
   - o 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
   - o An Incident Manager will be assigned for all shifts

3) **Public Information Manager** (Corporate Office/Executive Director)– Corporate Office in conjunction with the Executive Director will be responsible for the development and release of information relating to the incident to the media.
   Corporate Liaison Person will provide direction on all messages going out to the public, families, and other stakeholders

4) **Liaison Officer-**Responsible for community liaison and advising the Incident Manager about external assistance and support in collaboration with Corporate communication.

5) **Safety Officer/Coordinator-**responsible for monitoring conditions and developing safety protocols to ensure overall health and safety of residents and staff/volunteers.
   The Safety Officer must have knowledge and experience to identify and mitigate occupational hazards.

6) **Information Technology Lead** -Responsible for managing IT requirements or issues during an emergency incident:
   a) Liaisons with external IT support, as required

b) Provides status report(s) to Incident Manager/designate as required

7) **Operations Manager**-Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recover and directives of the Incident Manager/designate:
   a) As/when required, coordinates and ensures ongoing resident care during emergency situation,
   b) Monitors operational issues or needs including the implementation of the Emergency Response Plan and additional external resources

8) **Planning Manager** – responsible for monitoring the incident and developing resource projections
   a) Develops short and long-term plan options
   b) Collects, summaries, evaluates and conducts analysis of incident information for the IMS Team

9) **Logistics Manager**-Responsible for providing facilities, services and materials to support the emergency situation, including but not limited to:
   a) Maintaining physical and environmental services of building
   b) Maintaining adequate supplies and support during emergency
   c) Conducts or collects information for damage assessment of Home

10. **Finance/Administration Manager (SVCH Corporate Lead)**-Responsible for the financial and administrative support and management and overall compliance with financial policies and procedures.

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

Emergency Management Team:

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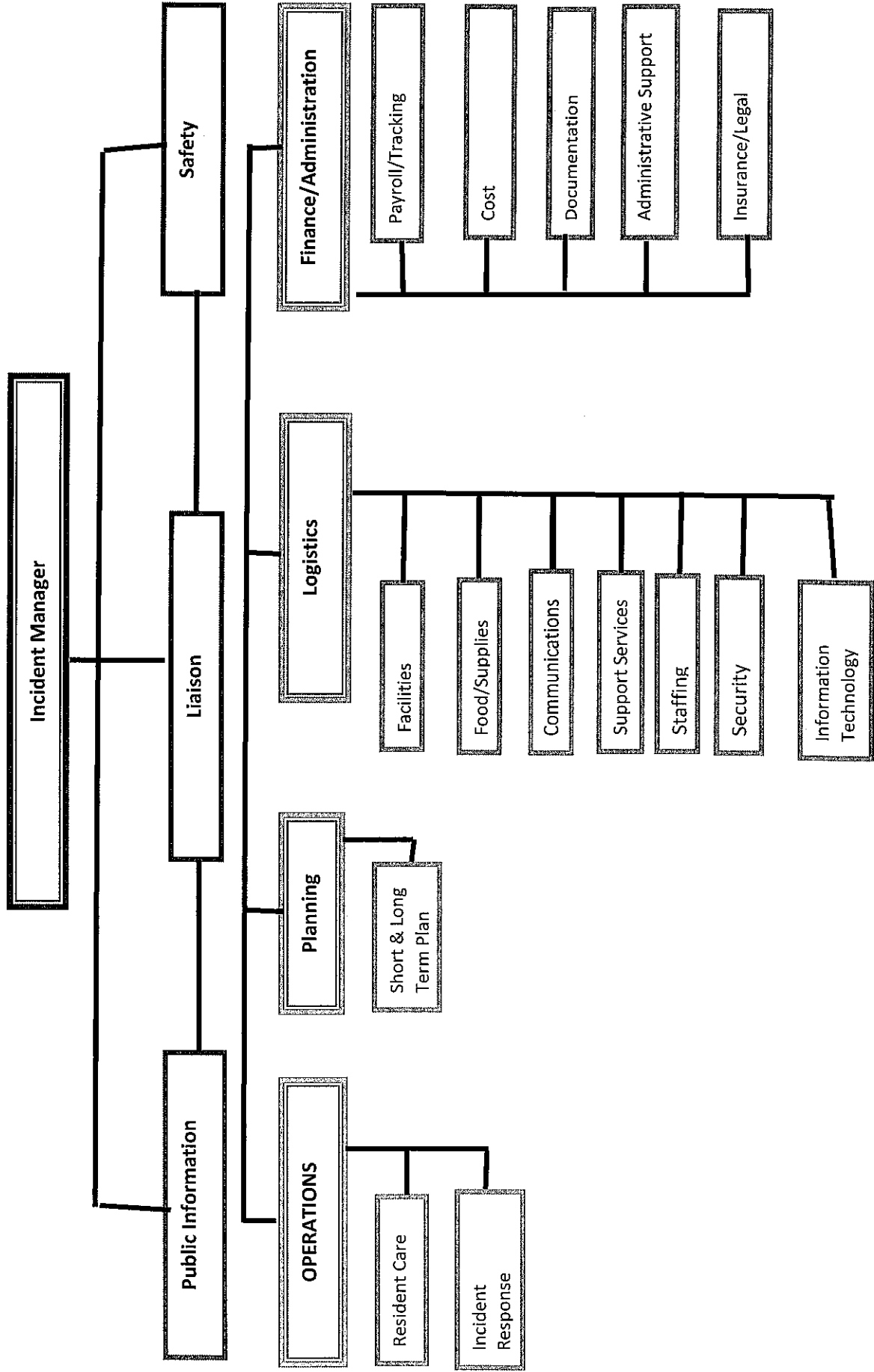
The Emergency Management Team will meet at least quarterly. There will be a pre-established agenda and minutes and attendance will be recorded.

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

Incident Management System Organizational Chart:

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

IMS Organizational Chart

Sharon Village Care Homes

- Incident Manager
  - Public Information
  - Liaison
  - Safety

- OPERATIONS
  - Resident Care
  - Incident Response

- Planning
  - Short & Long Term Plan

- Logistics
  - Facilities
  - Food/Supplies
  - Communications
  - Support Services
  - Staffing
  - Security
  - Information Technology

- Finance/Administration
  - Payroll/Tracking
  - Cost
  - Documentation
  - Administrative Support
  - Insurance/Legal

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**
   o Compile an inventory of the Homes communication assets, includes telephone system, email, voice mail, computer network and internet connection, internal two-way radios etc.
   o Is there a current emergency back-up telephone system?
   o What is the strengths and limitations of the technology in communicating during an emergency?
   o 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:
o   Has not caused serious injury to residents or staff
o   Poses minimal to no threat to the Home, and/or to reputation and/or operations
o   Has little to no potential for media coverage

Moderate Risk: an emergency situation has occurred or is anticipated that:
o   Poses a potential threat to resident and/or staff safety
o   Poses a potential threat to the home, and/or reputation and/or operations
o   Has potential for broader media coverage

High Risk: an emergency has occurred or is anticipated that:
o   May harm or has the potential to harm residents or staff
o   Will affect the home's reputation or SVCH reputation and/or operations
o   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:
o   Has caused harm to residents or staff
o   Has affected operations of the home and/or severely damaged the home's reputation
o   Has resulted in media contacting the home and/or SVCH Corporate Office

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

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

EMERGENCY RESPONSE PLANS:

Universal Emergency Codes:

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

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

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

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

Potential of Other Emergency Incidents	When to activate	Activated by	SVCH Policy Reference
Loss of Electricity (Hydro)	Once Hydro is loss –Contact Local Hydro Company to determine estimated length of outage.	Most senior supervisor on site at time of outage	EPM-J-20
Loss of Natural Gas	Contact Local Gas Company to determine estimated length of outage & to identify problem	Most senior supervisor on site at time of outage	EPM-J-30
Loss of Water Supply **Test Annually	Contact Public Utilities to determine estimated length of outage & to identify problem.	Most senior supervisor on site at time	EPM-J-40
Loss of Communication System	Contact Telephone Service provider	Most senior supervisor on site at time	EPM-J-50
Flooding (internal & external)	Initiate immediately	Person discovering/ identifying situation	EPM-J-80
Explosion	Initiate immediately	Person discovering/ identifying situation	EPM-J-130
Natural Gas Leak	Initiate immediately	Person discovering/ identifying situation	EPM-J-140
Inclement Weather Conditions o **Tornados** o **Ice Storm** o **Severe Snowstorm** o **Earthquake** o **Extreme Heat** o **Extreme Cold** o **Floods**	Initiate immediate precautions for any alerts & secure building, supplies and staffing Floods – **Test annually** Nature disasters or extreme weather events—**Test annually**	Person discovering/ identifying situation News Alerts Community Alerts	EPM-J-05
Infectious Outbreaks o **Pandemic,** o **Epidemic**	Initiate immediately as per directives from Public Health or other governing agencies/individuals **Test Annually	Most senior person on site. Contact IPAC Lead	IPAC Section "B" - Outbreak Management
Unsafe Water Advisory	Initiate Immediately	Public Health Alerts	EPM-J-150
Loss of Elevator Service	Initiate immediately	Person discovering/ identifying situation	
Other (specify)			
Computer system failure			
HVAC failure			
Communication System Failure			

FIRE SAFETY PLAN

INSERT HOME SPECIFC PLAN

SHARON VILLAGE
CARE HOMES

FIRE SAFETY PLAN

for

Tyndall Seniors Village
Long Term Care

1060 Eglinton Ave. E
Mississauga, ON
L4W 1K3
(905) 624-1511

2016

FIRE SAFETY PLAN INTRO FOR

Building/Company Name: Tyndall Seniors Village Inc

Address: 1060 Eglinton Ave, E. Mississauga, ON, L4W 1K3

Prepared by: Patricia Bedford

Position: Administrator

Date Prepared: May 2016

This official document is to be kept readily available on site by the Property Manager at all times for use by fire officials in the event of an emergency. A copy of the Fire Safety Plan will be made available to all Supervisors for review and training of all staff and other service providers

Property Manager - *Patricia Bedford*   06/29/2016
          Patricia Bedford

Chief Fire Official- _____   D: __/__/2016

Contents—Tyndall Seniors Village—Long Term Care

You must identify all the above sections in your plan and submit two copies for acceptance.

FIRE SAFETY PLAN

INTRODUCTION

The Ontario Fire Code, Division B Section 2.8, requires the establishment and implementation of a Fire Safet· Plan for every building containing a Group A or B occupancy and to every building required by the Ontario Building Code to have a fire alarm system.

The Fire Protection and Prevention Act Part VII, Section 28 states that in the case of an offence for a contravention of the Ontario Fire Code, a corporation is liable for a fine of not more than $100,000 and an individual is liable for a fine of not more than $50,000 or to imprisonment for a term of not more than one year, or both.

This plan is required to be acceptable to the Chief Fire Official.

The implementation of a Fire Safety Plan helps to assure effective utilization of life safety features in a building, to protect people from fire. The required Fire Safety Plan should be designed to suit the resources of each individual building or complex of buildings.

Fire Safety Plans are intended to assist the owner of a building with the basic essentials for the safety of all occupants, to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building. A copy of this plan is also maintained off-site at Head Office, 108 Jensen Road, London, Ontario, N5V 5A4, 1-226-663-1802.

The fire safety plan shall be reviewed as often as necessary, but at intervals not greater than 12 months, to ensure that it takes account of changes in the use and other characteristics of the building.

INFORMATION FOR BUILDING OWNERS, PROPERTY MANAGERS AND OTHER PERSONS CONTROLLING PROPERTIES

The 2007 Ontario Fire Code, Ontario Regulation 213/07 is a provincial regulation. This Code requires the owner to be responsible for carrying out the provisions of this Code, and defines "owner" as "any person, firm or corporation controlling the property under consideration". Consequently, the owner may be any one of a combination of parties, including building management, maintenance staff and tenant groups.

4

AUDIT OF BUILDING RESOURCES

Type of Building:	Long Term Care Home	Number of Suites/Rooms:	62
Building Use:	Long Term Care Home	Number of Occupants:	151
		Number of Stories:	4

Please answer YES, NO or N/A non-applicable where applicable

		Yes	No	N/A
1.	Is there a fire vehicle access route?	X		

Location: In front of the building

		Yes	No	N/A
2.	Are there any fire department connections?	X		
3.	Is there a full fire alarm system?	X		

Number of stages: 2

		Yes	No	N/A
4.	Is the fire alarm connected to a private monitor company? Name of the Company? Fire Monitoring of Canada Phone # - 1-800-563-3840	X		

5. Where is the fire alarm panel located?
Front Entrance & Electrical Room (ground floor)

6. Where is the annunciator panel located? The Fire Alarm Annunciator Panels are located at each nursing station on Main (Entrance, 2nd, 3rd, 4th floors)

		Yes	No	N/A
7.	Is there an emergency voice communication system? (Front Entrance)	X		
8.	Are there smoke control measures?	X		

(Required in buildings in excess of 18m in height)

		Yes	No	N/A
	What type? Fresh air leuvers/Vents in both Stairwells	X		
9.	Sprinkler system: Ground floor select areas, 2nd & 3rd floor.	X		

10. Location of sprinkler shut-off valves: Sprinkler control room-(ground floor)

		Yes	No	N/A
11	Is there a hose system? Main floor Corridor; Second floor (east & west corridors) Third (east & west corridor) Fourth (east & west corridor)	X		

12. Is there emergency power?   Batteries ☐   Generator ☒   X

Location of Generator: Main Floor East End (Roof—Boiler Room)

What is hooked up to Generator — it is a diesel Generator

13. Are there elevators? There are two (2) elevators servicing all floors.   X

14. Are there portable fire extinguishers throughout the building?   X

Floor	Type	Location
Ground Floor	ABC	Electrical Room (3 extinguishers)
Ground Floor	ABC	Corridor (2 extinguishers)
Ground Floor	ABC	Laundry Room
Ground Floor	ABC	Elevator Room
Ground Floor	ABC	Valve Floor
Ground Floor	ABC	Kitchen
Ground Floor	ABC	Activity Room
2ND Floor	ABC	Corridor & Nursing Station
3rd Floor	ABC	Corridor & Nursing Station
4th Floor	ABC	Corridor & Nursing Station
Roof	ABC	Boiler Rooms (2 extinguishes)

E

16. Is there a private hydrant? Located west of the front door entrance   X

17. Where is the gas shut off?   Main floor east end of building
outside by delivery entrance.

18. **Location of Exterior Exits:**
Ground Floor—Main Entrance; West Stairwell, West Link
Door, Delivery Area, Dining Room, East Stairwell

AUDIT OF BUILDING RESOURCES—General Overview

GENERAL DESCRIPTION

1060 Eglinton Avenue East is a four storey nursing home with a mechanical penthouse and NO basement level. It is a Group B Division 2, institutional occupancy in which persons require care, medical care and treatment. The exterior of the building is finished with 4" concrete slabs, 6X6 WWH, 4mil poly vapour barrier on a 4" crushed stone base, footing drain. Wall construction; 4" face brick, 1" airspace, 2" R installation VB, 4" common bond interior face brick.

The Building has an enclosed link at ground level which is interconnected to a 2nd building (1044 Eglinton).

The Building contains 62 residential rooms, with sleeping accommodations for 151 occupants.

PENTHHOUSE

The penthouse contains the hot water boiler and the building generator.

GROUND FLOOR

The ground floor contains the lounge, reception area, tuck store, dining room, activity room, kitchen, laundry room, storage rooms, dry goods storage room, offices, sprinkler room, and 2 electrical rooms, one having the fire alarm control panel.

Operating hours for Tyndall Seniors Village:
> 24 hours per day

Visiting hours for Tyndall Seniors Village are as follows:
> 8:00 a.m. to 9:00 p.m

Fire Separation:
Fire separations at stairwells—both east and west of building.
Fire separation doors on 2nd, 3rd and 4th floor separating east and west corridors.
Fire Separation door located on Ground floor leading into Main Floor dining room.

All fire separation doors will be checked and documented monthly by Maintenance/designate. Separation doors are a barrier in preventing the spread of fire—maintenance will check to ensure doors close properly and tightly. Separatio doors will be part of the annual fire inspection service.

Each bed room door is on a self-closure which acts as a barrier in the event of a fire. During an alarm event, doors will be checked by designated staff to ensure all doors have closed and latch properly. Deficiencies will be documented ar referred to Maintenance for correction.

2ND FLOOR TO 4TH FLOOR

Each floor is typical and consists of 21 rooms, with the 4th floor having only 20 rooms--each room is equipped with one washroom and sleeping accommodations for either 1, 2 or 4 occupants, one nurse station, a storage room, staff washrooms, 2 shower rooms, medication room, linen room, and an electrical room.

FIRE EXTINGUISHERS

ABC type fire extinguishers are provided in each fire hose cabinet. Additional 10 lb ABC multi-purpose dry chemical type fire extinguishers are located in the various mechanical / electrical rooms, and a 10lb BC dry chemical type extinguisher is located in the kitchen area.
Refer to Page 6 for location and type of extinguishers.

KITCHEN FIRE SUPPRESSION

The kitchen hood is protected by a dry chemical Kiddle HDR 25DC suppression system. There is electric and gas appliance shutdown in the event of discharge.

GAS SHUT OFF: Gas shut off values are located in following areas:
1) Kitchen —beside stove —leaver marked as shut off
2) Boiler Rooms —located on Roof (to shut off water heaters)

ELEVATORS: ELEVATORS
Section 2.8.2.1.(1)(v)
The building is equipped with one elevator which serves all floors.
The elevator is located in the center of the Facility and is accessed from the ground floor.

Upon operation of the fire alarm system the elevators will return to the ground floor. The elevator is not to be used during any alarm event up to including evacuation of the Home-the Fire Department will have complete authority over the use of the elevator. The use of the elevator to transport infirmed residents will only be done with direction of the Fire Department and under their control and supervision.

EMERGENCY LIGHTING / EXIT SIGNS

Emergency lighting is provided throughout the building.
Emergency lights and exit signs are provided with emergency power from the diesel generator, and also by batteries.

EXIT STAIRS

There are two exit stairs serving the building (east and west). The east stair discharges through the interior stairs and also has direct access to dining room exit door to the outside parking lot.

Each stairwell provides smoke protection and is pressurized upon activation of the Fire Alarm.

The west stair discharges through the main entrance door to the link to the outside parking lot.

See floor plan and fire access routes.

All exits are equipped with Maglocks which releases upon activation of the Fire Alarm.
Upon resetting of the fire alarm, the Maglock system will need to be reset—the key pad is located at the front offic area on ground floor and at the front entrance.

Each stairwell provides smoke protection. When evacuating residents via stairwells, staff must ensure the safety of the occupants. Stairwells must not be overcrowded. The number of residents may vary depending upon mobility equipment (i.e. walkers)—there must not be more than 2 residents in the stairwell at one time. Discretion must be used in assessing the safety of the individual(s) in the stairwell. Staff must be present to assist in the mobility of residents down the stairwell for safety and to coordinate the flow down the stairs.

FIRE ALARM SYSTEM

The building is provided with a Fire Alarm Control Panel NFS2-3030– two stage alarm system. This was an upgrade to the existing building commencing in June 2014 with final Fire department approval in 2016. The Fire Alarm System is a two (2) stage system.

The fire alarm system is initiated by manual pull stations (exits from building), fire detectors (elevator shafts, service areas, and top of stairwells) and sprinkler system in the various rooms (linen rooms, & medication rooms) on each of the floors.

Upon operation of the fire alarm system, the following will occur:
- alarm bells will sound throughout the buildings (1st stage)
- All electromagnetically held open doors will release and close.
- Alarm is transmitted to the central monitoring station.
- Elevators will home to ground floor.

The 2nd stage:
   a) An alert signal upon the operation of manual station, waterflow detecting device or fire detector,
   b) Automatic alarm if not acknowledged within 5 minutes of its initiation,
   c) Have manual stations that can change from 1st stage to 2nd stage

The 2nd Stage alarm will be a distinctive alarm which notifies individuals that evacuation is required. An announcement that "Code Green is in effect" will be made by the Control Person. Evacuation procedures will be followed.

The Fire Department may also initiate an Evacuation procedure, in which case they may instruct the Charge Nurse/designate to change from Stage 1 alarm to a Stage 2 alarm. This will be done by using the key to open a pull station and switching the lever to the on position. The designated Charge Nurse will be in charge of all the fire panel keys.

The Fire Alarm Panel was upgrade to identify the exact room of origin with the exception of the ground level which indicates "common" only. The Fire Alarm Panel on each unit identifies the exact room location of the event.

The Fire Alarm Panel is located in the vestibule at the main entrance with a voice communication system. There is a secondary alarm panel in the electrical room on ground floor.

The Fire Alarm system is monitored by central station monitoring company, and will alert the Mississauga Fire Department of any alarm conditions, they will also contact the Charge Nurse of any system trouble condition.

Emergency power for the fire alarm system is provided by batteries located within the control panel.

GENERATOR & EMERGENCY POWER

Emergency power is provided to the following by a diesel generator located in the mechanical penthouse (located on Roof)

- Elevators
- Fire Pump
- Emergency Lighting/Exit Signs (and some units by batteries)
- Laundry (washer and dryer)
- Fridge and freezer
- IT Services

EMERGENCY VOICE COMMUNICATIONS SYSTEM

The Fire Alarm Panel has a Handset in order to make an announcement through-out the whole building. Press "ALL CALL"—wait for 2 chimes to ring after pressing the button on the handset, then make a CLEAR ANNOUNCEMENT. The alarm will silence while making an announcement.

Emergency Phones:

Emergency telephones are located on each unit close to the stairwells. The person using the telephone will call down to the person at the front panel. The person will PRESS –ENABLE TELEPHONE PAGING & "ALL CALL". The announcement will be heard through-out the Facility.

This telephone will generally be used by the Fire Department Staff to provide further direction or general announcements.

FIRE DEPARTMENT ACCESS

Access to the main entrance is available from Eglinton Avenue.

FIRE HYDRANTS

A private hydrant is available within 45 m. from the building, at the front of building entrance (see drawing in section 19)

A public hydrant is available within 150m (approximately) from the building located by Eglinton Ave.

FIRE SAFETY PLAN BOX

A Fire Safety Plan Box is located in the vestibule at the main entrance.

ASSEMBLY AREA:

Primary Location:

The assembly area for building occupants will be the Northeast corner of the north parking lot.

Secondary Location:

The assembly for the building occupants will be the Northwest corner of the North parking lot.

AUDIT OF HUMAN OF RESOURCES AND PERSONS HAVING SUPERVISORY STAFF RESPONSIBILITIES

(AS DEFINED IN THE FIRE CODE)

OWNER	CONTACT INFORMATION
ORGANIZATION:	Sharon Village Care Homes
ADDRESS:	108 Jensen Road, London, ON
After Hrs. TELEPHONE:	519-870-8088
BUSINESS TELEPHONE:	519-870-8088
CONTACT NAME:	Peter Schlegel
ADMINISTRATOR	CONTACT INFORMATION
ORGANIZATION:	Tyndall Seniors Village Inc
ADDRESS:	1060 Eglinton Ave. E, Mississauga, ON
After Hrs. TELEPHONE:	416-795-0597
BUSINESS TELEPHONE:	905-624-1511
CONTACT NAME:	Patricia Bedford Administrator
HEALTH & SAFETY COORDINATOR	CONTACT INFORMATION
ORGANIZATION:	Tyndall Seniors Village Inc
ADDRESS:	1060 Eglinton Ave. E, Mississauga On
BUSINESS TELEPHONE:	905-624-1511
CONTACT NAME:	Susanne Pyle
24 HOUR CONTACT INFORMATION	CONTACT INFORMATION
ORGANIZATION:	Tyndall Seniors Village
TELEPHONE:	905-624-1511

FACILITY STAFFING PATTERNS

Staffing Pattern:
- 24 hours per day/7 days week
- 90 employees (0630-2300 Hr) approximately
- 10 employees (2230-0630 Hr)
  **Refer to breakdown by department—hours may over lap during peak care and service times.

REVISION: November 11, 2016: 2230 – 0700 Hr: When the FIRE ALARM is ACTIVATED at Tyndall Retirement Home-1044 Eglinton Ave E., there will be seven (7) staff from the Nursing Home who will respond. This wil consist of 1 PSW & 1 Charge Nurse from 2nd & 4th floor, and laundry staff. For 3rd floor—the RN on duty wil remain on the unit to provide coverage for the Nursing Home as needed—the 2 PSW's will respond to the Retirement Home.

Staffing Levels by Department:

Department	Hours	M	T	W	T	F	S	S
Administrator	9-5	x	x	x	x	x		
Dietary Manager	9-5	x	x	x	x	x		
Dietary Manager	9-5	x		x				
Activity Director	8-4	x	x	x	x	x		
Director of Care	9-5	x	x	x	x	x		
Asst DOC	9-5	x	x	x	x	x		
Resident Service Coordiantor	9-5	x	x	x	x	x		
QI Coordinator	8-4	x		x	x			
Maintenance	9-5	x	x	x	x	x		
Office Reception	9-5	x	x	x	x	x		
Student Reception	11-7						1	1
Housekeeping	7-3	3	3	3	3	3	3	3
	330-1030	1	1	1	1	1	1	1
Laundry	7-3	1	1	1	1	1	1	1
	2330-0700	1	1	1	1	1	1	1
Nursing:								
RN	7-3	3	2	3	3	3	1	1
RPN	7-3	3	3	3	3	3	3	3
PSW	7-3	19	19	19	19	19	19	19
	630-1030	3	3	3	3	3	3	3
RN	3-11	2	1	2	2	2	1	1
RPN	3-11	3	3	3	3	3	3	3
PSW	3-11	12	12	12	12	12	12	12
	4-8	5	5	5	5	5	5	5
RN	2300-0700	2	2	1	2	2	2	2
RPN	2300-0700	1	1	2	1	1	1	1
PSW	2300-0700	6	6	6	6	6	6	6
Activity	Varies	4	4	5	5	5	3	3
Dietary--Cook	600-200	1	1	1	1	1	1	1
	11-7	1	1	1	1	1	1	1
Dietary Aide	630-230	3	3	3	3	3	3	3
	11-7	2	2	2	2	2	2	2
	4-9	2	2	2	2	2	2	2
Total		88	88	88	88	88	75	75

*This is an account of the types of positions and the number of people at any one time in the facility. This number represents the general staffing components

SAFETY COMMITTEE:

A Fire Safety Committee, in conjunction with the Occupational Health & Safety Committee will consist of the following personnel:

- o Administrator/designate
- o CQI-RM Coordinator
- o Director of Nursing or Assistant Director of Nursing
- o Maintenance
- o Charge Nurses
- o Supervisory Staff
- o Various levels of department personnel

Each Member of the fire safety committee will be responsible for certain functions to be performed through out the year. In the event of an emergency, each member of the committee will be required to perform certain duties as outlined in the plan. The chain of command is as listed above.

The Committee will be responsible to review all drill reports, fire safety maintenance reports, specific audits conducted relating to the safety and security of the building, to complete an assessment of all areas and determine any corrective action required to rectify identified gaps and/or deficiencies.

At least annually, the Committee will review the Fire Safety Plan and make recommendations for changes and or corrections. A written report will be provided to the Administrator and the CQI-RM Coordinator.

Any changes to the Fire Safety Plan must be completed by the Administrator, or designate, submitted to the Fire Department Personnel for review and approval.

EVACUATION PROCEDURE

STANDARD

A process and plan for the relocation of Residents in the event of an internal/external emergency disaster is in place that promotes Resident and staff safety and maintains a high quality level of care.

All employees are responsible and accountable for understanding and demonstrating ongoing competence in all relevant aspects of relocation procedures as a condition of ongoing employment.

The Administrator/designate is responsible and accountable for initiating the relocation procedures.

PROCEDURE

1. The Administrator/designate will convey the decision to relocate Residents.
2. The Administrator/designate will contact the Coordinator to initiate relocation procedures.
3. In the event evacuation is required, a transportation bus/ ambulances will be provided to relocate residents to a central area until such time individuals can be relocated back to the Home, or other appropriate residences.
4. The DOC/designate will initiate triage procedures (assigning colour-coded tags in accordance to level of care required).
5. The Administrator/designate will determine and arrange appropriate modes of transportation to the relocation site based on individual needs of Residents (as necessary or required)

6. The Director of Dietary Services/designate will contact contracted food service providers to initiate plans for alternate food delivery service at relocation site.

7. The Director of Care (DOC)/designate will coordinate appropriate staffing to ensure continuity of care service at the designated relocation site.

8. The Administrator/designate will assign individual(s) to accompany, receive and supervise evacuees at the designated reception site.

9. The Director of Care/designate will coordinate the transfer of critical supplies and health records to the designated relocation site.

10. The Director of Care/designate will advise physician and Residents' next of kin relocation to the designated site.

11. Upon arrival at the relocation site, all Residents must be checked for ID bracelets. Those missing ID bracelets will be grouped together and have ID tags applied as soon as possible. Those missing colour-coded triage tags will also be assessed as soon as possible

12. Nursing staff and Volunteers will register all Residents and separate them into colour-coded groups.

13. Residents who are to be hospitalized are identified by circling 'hospitalized' on their tag and are to be relocate first.

14. Residents who are a security risk are identified by circling 'wanderer' on their tag. These Residents are to be monitored closely and transferred to the relocation site as soon as practically possible.

15. Residents who qualify may be discharged into the care of a family member at the discretion of the Administrator and/or the DOC.

16. Residents identified as stable are to remain at the relocation site until the emergency is over (if less than twenty-four (24) hours or be transferred if the emergency will be in excess of twenty-four (24) hours and where there are no family to whom the Resident could be safely discharged.

17. The Administrator and Director of Care will ensure adequate staffing assistance is provided at the relocation site(s) to meet Resident needs.

18. The DOC/designate will coordinate the transfer of critical supplies and health records to the designated reception site.

19. When the emergency is over, staff is to assist in escorting Residents back to the home.

20. Staff is to leave all emergency relocation facilities in the same condition found upon arrival.

OUTCOME

A process and plan for the relocation and reception of Residents, in the event of an internal or external emergency disaster, will be in place that promotes Resident and staff safety and maintains a quality of level of care.

FIRE HAZARDS

STANDARD

Potential fire hazards are controlled.

PROCEDURE

Maintenance Personnel or other Supervisory staff will conduct a walk-through of the entire building on a daily basis and check the following to ensure that potential fire hazards are being controlled. This will include but is not limited to:

- Smoking by staff, visitors and Residents is restricted as per the home's smoking policy
- Cigarettes and ashes will not be put in the garbage
- Ignition sources in areas where oxygen is in use are restricted
- Flammable liquids or aerosol cans are never disposed of in garbage cans;

- Cooking practices in the kitchen area are safe, stoves not left unattended;
- Storage, laundry, furnace and electrical rooms are clear of combustible material;
- Clothing or rags saturated with flammable or combustible materials are not laundered;
- Exit stairwells are free of any materials or equipment;
- All personal electrical appliances used by Residents are monitored and meet CSA Standards (ie no frayed extension cords, unsafe electrical equipment/appliances, over-loaded outlets etc);
- Fire doors are not wedged open and self-closing devices installed on them are not disengaged.
- Keep corridors and rooms free of loose clutter (ie shoes, boots, mats etc)
- Hazardous Spill Procedures (clean-up) are outlined in policy.

OUTCOME

A regular walk through of the entire building is performed in order to identify and control any fire hazards.

FIRE EXTINGUISHMENT/CONTROL/CONFINEMENT

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or smoke presents a hazard to the operation, then the door to the area should be closed to confine and contain the fire. Assist to remove Residents in immediate danger. Leave the fire area, ensure the fire department has been notified and wait for the fire department to arrive.

In the event a small fire is determined to be extinguishable, make sure events unfold in the following sequence:

REACT UPON DISCOVERY OF FIRE OR SMOKE:
Remove persons in immediate danger if possible.
Ensure the door is closed to confine the fire and smoke
Activate the fire alarm system using the nearest pull station
Call 911, or notify anyone in the area
Try to extinguish the fire or continue to evacuate

PORTABLE FIRE EXTINGUISHER EXAMPLE OPERATION INSTRUSTIONS

Check to ensure the extinguisher is the right classification for the type of fire.

Class A fire extinguisher is used for ordinary combustibles, such as wood, paper, some plastics and textiles.

Class B fire extinguisher is used for flammable liquid and gas fires such as oil, gasoline, etc.

Class C fire extinguisher is used on fires that involve live electrical equipment which require the use of electrically nonconductive extinguishing agents.

Class D fire extinguisher is used on combustible metals such as magnesium, titanium, sodium, etc., which require an extinguishing medium that does not react with the burning metal.

Class K fire extinguisher is used on fires involving cooking media (fats, grease, and oils) in commercial cooking such as restaurants.

Extinguisher for Class A, B and C

Extinguisher for Class A and B

Extinguisher for Class B and C

Extinguisher for Class A

BASIC OPERATION (P.A.S.S.)

P - pull the safety pin (usually a twist and pull action)

A - aim (the nozzle, horn or hose at the base of the fire)

S -   squeeze the trigger handle

S -   sweep from side to side (watch for reflash)

Keep an exit at your back so as not to get trapped.

- o *Never re-hang an extinguisher once it has been discharged. (Even if it is only used for a few seconds.) Inform your supervisor so that it can be re-charged by an approved service company.*

Only persons who are experienced and feel confident in the use of a portable fire extinguisher should contemplate their use. Improper use of a portable fire extinguisher may lead to serious injury or death. <u>Attempting to extinguish a fire is a voluntary act.</u>

Portable fire extinguishers must be visually inspected monthly.

Maintenance, inspection and testing of an extinguisher is the responsibility of the employer. Maintenance should be done at least annually or more often if conditions warrant. The employer shall record the annual maintenance date and keep these records for one year after the recorded date or the life of the shell of the extinguisher.

RESIDENT LIST:
Section 2.8.2.1.(1)(iv)
It is the responsibility of the Owner to ensure that persons requiring assistance to evacuate are provided information on plans to ensure their safety during emergency situations. Alternately, persons requiring assistance also have a responsibility to indicate if alternative measures are required if their reason for requiring assistance is not obvious.

A List of all resident identifying type of assistance required in the event of an evacuation shall be maintained at each stairwell exit. The Director of Nursing/designate is responsible to ensure this list is updated at least monthly or as changes occur.
The list will identify the level of assistance:
"A" —independent
"B" – independent but requires some assistance in direction &/or guidance
"C" –Resident is non-ambulatory and would be able to assist. The resident could use a walker & would require 2 staff to assist in getting out of bed and guide them to a safe location.
"D" – Resident will require total assistance –2 staff would be required to move resident and guide them to a safe location.

Non- Ambulatory list (tenants requiring assistance).
All transfers and lifts will be applicable in evacuation (ambulation, w/c, drag, chair etc)

In assessing residents for admission, the Director of Care will endeavour to admit individuals who are classified as a "A" or "B". It is recognized that conditions will change and the individual may change to a higher level of care. The Director of Care will change the classification form as required but at least on a monthly basis.
List attached—Appendix "G"

FIRE ALARM PROCEDURES FOR OWNERS/BUILDING AUTHORIZED PERSONNEL
(Control Officer)

STANDARD

The Control Officer will:

a) Demonstrate an in-depth understanding of his/her role with respect to Code Red, *FIRE DRILLS*, control of FIRE HAZARDS, setting up fire safety patrols when needed, and instruction to staff and Residents.
b) Attend mandatory fire safety education at a minimum annually, and Fire Drill practices at a minimum semi-annually to enhance comprehension of practices in the facility

CHAIN OF AUTHORITY FOR FIRE EMERGENCY

1. Senior Fire Department Official on scene.
2. Control Officer — Charge Nurse — If the Charge Nurse plans to leave the building on break or lunch, he/she must designate another Charge Nurse to act as Control Officer, until he/she has returned to the building

The Control Officer will take complete charge during a Fire emergency, pending the arrival of Fire Department personnel, and take any action deemed necessary in the interest of the safety of our residents, staff and property.

A. If You Discover Fire or Smoke

Call out loudly "Code Red" and fire location or activate Pull Station if within close proximity. Follow REACT as stated below.

REACT UPON DISCOVERY OF FIRE OR SMOKE:

Remove persons in immediate danger if possible.
Ensure windows and doors are closed to confine the fire and smoke
Activate the fire alarm system using the nearest pull station
Call 911, or notify anyone in the area
Try to extinguish the fire or continue to evacuate

At the Sound of the Alarm

1. 2nd floor Charge Nurse or designate will go to the annunciator panel by and read the zone and location shown on the display.

2. Announce "Code Red" location, loudly and clearly over the P.A. System, three times. This is to be done by who ever can do it first. (Do not wait for someone else)

3. Call 9-1-1—inform that the Fire Alarm is activated, provide name, Nursing Home, address, and indicated area of alarm.

1

It is imperative that Control Officer remain at Nursing Station designating staff to do all required duties.

4. Confirm "Code Red" location and determine if nature of alarm. **Charge Nurse or designate will call 9-1-1 and provide an update as to situation.**

5. 3rd floor Charge Nurse will go to Ground Floor to Fire Alarm Panel to provide direction via the Voice Communication System.

Immediately begin a **Code Green** (Zone Evacuation) starting with affected room, rooms on either side and the room directly across the corridor.

The fire department will have arrived before the need for a Code Green Stat is required <u>but</u> if it is or becomes apparent that a Code Green Stat or Code Green Total (Evacuation of the entire building) will be required, you will need to engage the second stage alarm. This is done by opening any pull station and inserting the key into the key receptacle under the cover. This can be done on any pull station, so use the nearest one possible. <u>There will be a noticeable change in the ring pattern from a stage one to a stage two.</u>

6. Control Person to wear the yellow vest to signify being the control officer.

7. Designate a Staff Member to:

   a) Contact the Administrator immediately and she will contact other managers. If she is not availabl on first try, contact the Director of Care, and Maintenance.
   The Administrator or designate will be responsible to contact the President.
   b) Ensure that evacuated residents are reassured and kept safely beyond the fire doors.
   c) Contact the 2 people at the head of the Fan Out Call System List. The Fan Out Call List is located in the Emergency Plan Manual. If none of the contacts can be reached, the designated staff member is to complete the Fan Out Call system.
   d) If a Code Green Total has been ordered designate someone to go to each useable exit door and record the names of residents as they are evacuated, and to prevent unauthorized entry. Code Green Stat Evacuation Head Count forms are located at each main floor exit door.
   e) Prepare to evacuate Chart carts, Time Schedule Book, Med Cart from 2nd Floor, Emergency Plar Manual, Stock Medication Box and Emergency Resident Binder (Front Reception office). If the Administrative Support Clerk/Staff Educator and RAI Coordinator are in the building, the evacuation of these items is their responsibility.

8. Notify the emergency response personnel of the location of the fire and of any residents who have not yet been evacuated.

8. In the event of a fire alarm, and <u>no</u> fire is found
   a) Reset Fire Alarm as per posted instructions ONLY when authorized by the Fire Department
   b) When the alarm has been reset, announce "Code Red – All Clear", clearly and loudly three times.
   c) Call Answering Service – to inform them that the system has been reset and that we are "All Clear".

Report all alarms to Director of Facility Services so they can be investigated further

OUTCOME

All Registered Staff respond appropriately to Code Red and ensure the safety of staff, Residents and visitors

NOTE: A COPY OF THE FIRE SAFETY PLAN IS AVAILABLE IN THE BUILDING in each department, Fire Plan box at Front Entrance and in the Administrator's Office.

LISTING OF RELATED DUTIES FOR STAFF/AUTHORIZED PERSONNEL

STANDARD

All Staff will:

a)   Demonstrate an understanding of their role during an emergency.

All staff members are responsible for:

1.   Reading and understanding the Emergency Plan Manual.
2.   Attending FIRE DRILLS.
3.   Keeping fire exits free and clear of obstructions.
4.   Following and enforcing smoking regulations.
5.   Knowing the location, and proper procedures for the use of fire equipment.
6.   Knowing the location of the fire exits.
7.   Attending "Fire Safety" in-service sessions.
8.   Reporting fire or safety hazards to the Occupational Health and Safety Committee.
9.   Storage and use of flammable chemicals (properly labeled) in a safe manner.
10.   Checking residents' clothes to prevent flammables (lighters, paper products, etc.) from going into Laundry.
11.   Providing a fire safe environment.
12.   Keeping all heating/air conditioning units clear of any obstructing materials.
13.   Ensuring that garbage is removed promptly.
14.   Being aware of over-usage of extension cords and power bars and reporting areas of concern to the Director of Facility Services.

OUTCOME

Staff is aware of their general responsibilities related to prevention of fire and fire control measures.

FIRE PROTECTION EQUIPMENT:

Building Fire Protection equipment includes but is not limited to the following:
   o   Fire extinguishers, fire hoses, fire hydrant, automatic fire detection and alarm systems, fire sprinklers (in specific areas), fire rated doors, designated exits and lighting.

Staff Use of Fire Protection Equipment:

Staff must have a general knowledge of the Fire Protection Equipment within the Building. It is the responsibility of the Owner/designate to ensure adequate training is provided to ensure all staff have a knowledge and understanding of the Fire Protection equipment, location and how to use any equipment.

The Home will provide annual hands-on training in use of fire extinguishers. It is not the responsibility of staff to fight the fire – but staff must have the knowledge and training to assess whether using a fire extinguisher is appropriate upon discovery of a fire.

OUTCOME

Staff is aware of their general responsibilities related to prevention of fire and fire control measures

SUPERVISOR RESPONSIBILITIES IN FIRE SAFETY

1. Ensure that all fire protection equipment and building features such as fire separations, emergency lighting, fire alarm systems, sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishing systems and voice communication systems are checked, tested, inspected and maintained in accordance with Division B Parts 2, 6 and 7 of the Fire Code and all applicable standard referenced therein.

2. Maintain permanent records of all fire equipment inspections, test and maintenance as set out in Division B Part 1, Sub-Section 1.1.2. of the Fire Code.

Note: Although the responsibilities mentioned above have been assigned to specific positions, the plan needs to be flexible enough so that these responsibilities may be assigned to other staff members based on the size and complexities of the building.

The Administrator will:

a) Demonstrate in-depth understanding of his/her role with respect to Code Red and FIRE DRILLS as well as an understanding of the control of FIRE HAZARDS and setting up alternative measures for Resident safety.
b) Establishment of emergency procedures to be followed at the time of an emergency.
c) Appointment and organization of designated supervisory staff to carry out fire safety duties.
d) Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety. All training requires documentation.
e) Attend mandatory fire safety education at a minimum annually, and Fire Drill practices at a minimum semi-annually to enhance comprehension of practices in the facility.
f) Help with and conduct fire drills.

The Director of Care will:

a) Demonstrate in-depth understanding of his/her role with respect to Code Red and FIRE DRILLS as well as an understanding of control of FIRE HAZARDS and setting up alternative measures for Resident safety.
b) Attend mandatory fire safety education at a minimum annually, and Fire Drill practices at a minimum semi-annually to enhance comprehension of practices in the facility.

The Director of Facility Services/Maintenance will:

a) Have a good understanding and knowledge of fire code, fire equipment, fire alarm system and fire safety protocols.

b) Demonstrate an in-depth understanding of his/her role during a Code Red, FIRE DRILLS, control of FIRE HAZARDS.

c) May assist the CQI/RM Coordinate & organize and Conduct fire drills.

d) Attend mandatory fire safety education annually and Fire Drill practices at a minimum semi- annually to maintain knowledge of current practices.

e) Controlling of fire hazards in the building.

f) Maintenance of building facilities provided for safety of the Residents.

g) Provisions of alternate measures for safety of Residents during shutdown of fire protection equipment.

h) Ensure that checks, inspections and testing, as required by the Fire Code, are completed on schedule and that records are retained.

i) In conjunction with the Administrator notification of the Chief Fire Official regarding changes in the fire safety plan.

j) Survey the building to determine the number of exits available from each floor area.

k) Ensure that the schematic diagrams adhere to the items outlined in Appendix B.

INSTRUCTION FOR AUTHORIZED PERSONNEL & SUPERVISORY STAFF

All supervisory staff are to be supplied with a copy of the fire safety plan and are required to become familiar with its contents. Instruction will be conducted every 12 Months, recorded and maintained on file for at least two (2) years. Section 2.8.2.1 (7)
Expectation: 2.8.1.2.(1): Supervisory staff shall be instructed in the fire emergency procedures as described in the fire safety plan before they are given any responsibility for fire safety.

Definition of "Supervisory Staff" ("as defined by the Fire Code")
"means those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the fire safety plan and may include the fire department where the fire department agrees to accept these responsibilities".

The Home must ensure that sufficient "supervisory staff shall be available on notification of a fire emergency to fulfill their obligation as described in the fire safety plan" (Section 2.8.2.2.(1)) . Supervisory staff may not be directly located on the premises but must be readily available in an emergency situation to attend in a timely manner. The fan -out list will provide instructions for contacting all off duty Managers & other staff.

S.2.8.2.1.(1)(c): All supervisory staff are to be trained on an annual basis with records of names, time, date and content of training.
Training will include but not limited to the following areas:
- how to reset the fire alarm system (An activated system must not be reset until authorized by a fire department officer);
- the location of the standpipe and sprinkler controls;
- the location of keys to provide access to all locked areas and the location of extinguishers, spare

sprinkler heads, etc.;
- o how to use the first aid fire fighting equipment installed within the building,
- o the procedures for evacuation of non-ambulatory occupants, if necessary,
- o the procedures established to facilitate fire department access to the building and fire location withi the building,
- o action to be taken by supervisory staff in initiating any smoke control or other fire emergency systen installed in a building in the event of fire until the fire department arrives (2.8.2.3.(1)(b). This include but not limited to: accessibility of keys to access all areas within the home, closure of all doors, stairwells are pressurized to eliminate smoke, functioning of sprinkler system and other emergency equipment, preparation of list of residents, staff currently on duty etc.

Note: *The instructions of the authorized personnel will be the responsibility of the CQI-RM Coordinator and Administrator. All aspects of the fire safety plan apply specifically to this building. Instruction is to be ongoing and changes in equipment will result in updating of the authorized personnel's instructions.*

Instructions for Occupants & Visitors:
To visitors & residents capable of responding:
- o Assist anyone in immediate danger to evacuate to a safe area
- o Leave the fire area immediately
- o Close all doors behind you to confine the smoke and fire
- o Activate fire alarm and/or alert staff
- o Use exit stairwells to leave building
- o REMAIN CALM.

Do not use the elevators.
Do Not re-enter the building until instructed to do so by staff or the fire department.

If you are in your suite and hear a fire alarm:
- o Before opening your door, touch the door knob to feel for heat. If it is hot, do not open the door. Keep door closed. Remain in your suite. If smoke is entering your suite, place wet towels along bottom of the door.
- o If there is no smoke or fire in the corridor, leave your suite, close your suite door behind you and exi the building by the nearest stairwell. Make sure all corridor and stairwell doors are closed behind yo
- o REMAIN CALM

FIRE DRILLS
Section 2.8.2.1.(1)(e)

The importance of being prepared has been stressed throughout this Guideline. In addition to the emergenc actions to be taken by residents and staff in the event of a fire or emergency, practising fire drills must become an integral part of a facility's preparedness.

The purpose of a fire drill is to ensure that the staff and residents are familiar with the building's overall evacuation procedures. Therefore, the owners and managers must be aware of the benefits of holding fire

drills which involve all staff. To maximize the benefits of these fire drills, they should be scheduled and rotated in such a way that residents/occupants have an opportunity to participate.

Although it may be of some inconvenience to residents, it is important to have a fire/evacuation drill that involves all of the residents and staff. Fire drills can also be used to provide additional training for staff by allowing them to become more familiar with use of the building's fire safety systems.

It is very important that all personnel with specific responsibilities attend a debriefing meeting following every practise fire drill. This meeting will be held to review the procedures and reactions of all participants. During the debriefing, problem areas can be identified and, if necessary, solutions to overcome any deficiencies in the facility's Fire Safety Plan can be discussed and corrected. *The fire department must be made aware of, and approve any changes to the Fire Safety Plan.*

Fire Monitoring System – Fire Monitoring of Canada Inc. 1-800-563-3840 shall be notified prior to the fire drill and immediately after completion and resetting the fire alarm. Fire Dept Non-Emergency 519-661-5615

The date and time of all fire drills, as well as the names of participating staff, should be recorded in a permanent log book.

Fire Drill Procedure

1. The assigned Charge Nurse(s) will announce the upcoming FIRE DRILL alerting Residents, visitors and staff.
2. The assigned Charge Nurse(s) or designate will ensure the alarm monitoring company is informed of the drill 10 minutes prior to drill.
3. The assigned Charge Nurse(s) or Designate will simulate a fire condition and/or activate a pull station.
4. All Staff are to follow their assigned procedures. Ensure that a staff member from the Code Red area confirms the location to the Control Officer.
5. The Control Officer is to confirm that the Annunciator Panel is registering the proper zone.
6. Staff and Managers are to watch to ensure that all alarm bells and components are operating properly. This will then be recorded on the Fire Drill Report.
7. Managers or designates, when on duty are to observe staff on the floor to observe for follow through of proper procedures. Insure that a clear, concise announcement is made by the Control Officer, of the exact location of the Code Red.

When the drill has been completed

The Control Officer will announce 'ALL CLEAR' three (3) times.
1. The assigned Charge Nurse/designate will reset the fire alarm pull station after drill is completed.
2. Assigned Charge Nurse or designate (may be maintenance) will reset the main panel located at the front entrance.
3. All staff will attend a short de-briefing meeting which will be held at the site to review the drill.
4. The Fire Drill Report will be completed at the de-briefing meeting and all staff in attendance will sign the report.

5. The assigned Charge Nurse or designate conducting the drill will inform the alarm monitoring company that the drill is complete and the alarm has been reset.
6. The Charge Nurses on each floor will ensure the exit door mag locks are reset.
7. The Fire Drill Report is then to be given to the Staff Educator to record attendance.
8. The Fire Drill Report is then to be given to the Administrator to sign and file.
9. All original documentation related to Fire Drills, including attendance and debriefing information should be kept in the Administrator's office in a secure location.
10. Fire Drill records will be reviewed at quarterly Joint Health and Safety Committee meetings.

OUTCOME

A plan is in place to ensure that Residents and staff are prepared in the event of a fire at the home. Each sta member demonstrates proficiency and competence on Code Red procedures.

FIRE DRILLS are conducted monthly on each shift and the results documented as per the Ontario Fire Cod

Procedures in fire drills in high-rise buildings include the testing and operation of the emergency systems installed. (S. 2.8.3.1. (1)(e)
Fire Drill reports must be maintained on file for a period of at least 12 months. (2.8.3.2.(3)
The Home will arrange with the Fire Department to carry out a fire drill scenario at least every 12 months. The scenario will represent the shift with the lowest staffing level.
The Chief fire official shall be notified within an approved time period for every fire drill—within fifteen day (15). (Section 2.8.3.3)

ALTERNATE MEASURES FOR OCCUPANT FIRE SAFETY
STANDARD

In the event that the fire alarm system is not operating due to shut down for repairs being carried out, because of malfunction or in the event of a power failure, all areas of the home must be monitored for fire i order to ensure safety. During shut down as a result of repairs not all parts of the Facility may be affected. A fire watch will only be conducted in areas affected. All staff will be informed of the temporary shut-down of fire protection equipment or systems. All fire watch tours will be logged and submitted to the Administrator following completion –these shall be kept on file.

Section 2.8.2.1.(1)(h):
The Fire Department will be notified of any fire protection equipment malfunction immediately and information provided as to action to provide service/repair and contingency plan(s) in place during period o: time the system is not functioning.
The Fire Department will be notified immediately for any planned temporary system shutdowns for repairs or alterations. The Fire Department will be made aware of an estimated time for temporary shutdown and upon the system being restored the Fire Department will be notified to place the system back in order.

In the event the shut down of fire protection system is in excess of 24 hours, the Fire Department will be notified in writing.
Occupants and visitors will be notified and instructions will be posted at the front entrance as to alternative provisions or actions to be taken in case of emergency.
The posted notice will include, but not limited to:

a) Post notice at front entrance, in elevators, and at all other exits, stating the problem (includes identifying specific area(s) affected and alternate measures to be taken in event of an alarm,

PROCEDURE

1. In the event of malfunction of fire protection equipment or a power failure, including the shutdown of sprinkler control valves or fire protection water supplies, the Administrator/designate will notify Fire Monitoring of Canada Inc 1-800-563-3840 and the Fire Department Non-Emergency number, as well as the appropriate provincial or regional health authority (e.g. Ministry of Health) and Sharon Village Care Homes President.
2. One (1) Nursing staff member on each floor will be assigned to check every Resident's room plus any other room on each floor every one (1) hour until the fire alarm system is operational.
3. Registered staff will check their Med Rooms every one (1) hour.
4. One (1) Dietary staff member will be assigned to check the kitchen area plus all other rooms on the Lower Level every fifteen (15) minutes until the fire alarm system is operational.

> **Note:** If there is no Dietary staff on duty, this responsibility will be assigned by the Charge Nurse to an available staff member in the building.

5. In the event that either the fire alarm system or the sprinkler system is non-operational, facility services staff will be assigned to check the following areas every fifteen (15) minutes until the fire alarm system is operational:
    - Housekeeping Cupboards on all floors
    - All stairwells

> **Note:** If there are no facility services staff on duty, this responsibility will be assigned by the Charge Nurse to an available staff member in the building.

6. If any staff member on the fire patrol discovers smoke or a fire, follow established procedures for Code Red .
7. Staff conducting the fire patrols will record the time and date of each fifteen (15) minute tour and will also note any deficiencies and action taken. Records must be forwarded to the CQI-RM Coordinator for filing—copies must be reviewed and signed by the Administrator.

OUTCOME

Staff follows alternate measures to monitor the building if the fire alarm system is not operating due to repairs or malfunction. The Fire Department is notified of any fire protection impairments or planned temporary shutdowns of the sprinkler protection system and their restoration to service.

Hazardous Supply Storage

All kitchen dishwashing chemicals will be stored in the kitchen so that these supplies are kept away from other chemicals. All laundry chemicals will be stored within the laundry room in an area designed for their safe storage. Housekeeping chemicals will be kept in the small storage room within storage area.

APPENDIX E – Alternate Measures Checklists (Sample)

DATE: _____CHARGE NURSE SIGNATURE: _____

FIRE PROTECTION MEASURES

The following are descriptions of fire protection measures which may be present in this building:

Fire Alarm Systems

The purpose of a fire alarm system is to alert all occupants of the building that an emergency of fire exists, so that such occupants may put into practice the measures required by the fire safety plan.

- All fire alarm systems shall be maintained in full operation condition at all times.
- Our two stage system initiates with a single stage system which sounds a general alarm throughout the facility, when the second stage is activated by the fire department or control officer it means that we may require total evacuation of the building. Operation of the fire alarm is activated by a manual pull station, heat detector, smoke detector, or a sprinkler head.

Alarm Silence

Also known as "audible silence". Depending on the configuration of the alarm system, this function will either silence the system's notification appliances completely, or will silence only the audible alarm. The fire alarm system shall only be silenced and/or reset;

i.   After consultation with the Fire Department.
ii.   During normal maintenance.
iii. Following fire drills.

Exits

An exit is that part of a means of egress that leads from the floor area to a public thoroughfare or to an approved open space. Walls, floors, doors or other means provide a protected path necessary for occupan to proceed with reasonable safety to a place of refuge. Vertical shafts accessed from above or below grade are protected from the remainder of the building provided the doors leading to the shaft are kept closed.

Fire Department Access

Fire department access allows fire fighters and their equipment to gain access to the building. Vehicles parked in a fire route, excessive vegetation, snow and other forms of obstructions to access routes, fire hydrants and fire department connections are not permitted by the Fire Code. Maintaining fire departmen access is an ongoing matter. In addition, access into a building requires consideration (ie: with a key box, through preplanning, etc.).

Portable Extinguishers

Portable extinguishers are intended as first aid measure to cope with fires of limited size. The basic types o fire classes are: A (wood/paper), B (flammable liquids), C (electrical) and K. Portable extinguishers are ratec for the corresponding classes of fire.

Emergency Lighting

Emergency lighting ensures that exits, corridors and principal routes providing access to exits are illuminate in the event of loss of power.

Elevators

All elevators should be returned to and kept at street level in fire emergency situations.

Automatic Sprinkler Systems

An automatic sprinkler system is a series of underground and overhead piping designed in accordance with the fire protection engineering standards. The system is connected to a water supply such as a storage tank or municipal water supply. The system is usually activated by heat from a fire and discharges water over the fire area.

Water Supply (Rural Settings) (hydrant)

The total water supplies required for fire fighting purposes may be supplied from various sources such as municipal water supply, storage tanks (elevated or underground), lakes, rivers, wells, swimming pools or a combination of sources should be obtained within practical distances. Water supplies must be accessible to fire fighting equipment.

Fire Pumps

Fire pumps are used to ensure that the water required for fire fighting and automatic sprinkler and standpip and hose systems is available.

MAINTENANCE PROCEDURES FOR FIRE PROTECTION CODE

Checks, inspection & testing requirements of the Ontario Fire Code

Portions of the Fire Code which require that checks, inspections and/or tests be made of equipment and facilities from time to time. It is suggested that owners perform or have performed the necessary checks,

inspections and/or tests.

When conducting their inspections, fire prevention officers may check to ensure that the necessary checks, inspections and/or tests are being done.

The building owner/manager must;

Ensure that all fire protection features and equipment, such as fire separations, smoke control equipment, emergency lighting, fire alarm systems, automatic sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishing systems, voice communication systems, and emergency generators are checked, tested, inspected and maintained in accordance with the frequencies specified in Division B, Part's 2, 6 and 7 of the Fire Code and all applicable standards referenced in the Fire Code.

Definitions for key words are as follows

Check ⇒ visual observation, to ensure the device or system is in place and is not obviously damaged or obstructed.

Inspect⇒ physical examination, to determine that the device or system will apparently perform in accordance with its intended operation or function.

Test ⇒ operation of device or system to ensure that it will perform in accordance with its intended operation or function.

Maintain records of all fire equipment tests and maintenance as set out in *Division B, part 1, Sub-Section 1.1.2. of the Fire Code*. Records of tests and corrective measures or operational procedures shall be retained for a period of two years after they are made.

Records shall be retained at the building premises for examination by the Chief Fire Official.

Monthly inspection of Fire Alarm

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

1. One manual alarm initiating device shall be operated on a rotation basis and shall initiate an alarm condition;
2. Intended function of all alarm signal appliances shall be ensured;
3. The annunciator panel shall be checked to ensure that the tested devices annunciate correctly;
4. Intended function of the audible and visual trouble signals shall be ensured; and
5. Fire alarm batteries shall be checked to ensure that:
   a. Terminals are clean and lubricated where necessary;
   b. Terminal clamps are clean and tight where necessary; and
   c. Electrolyte level and specific gravity where applicable, are as specified by the manufacturer.

Monthly inspection of Portable Fire Extinguisher

1. Check nozzle for operation and any obstructions.
2. Seal or tamper indicators are in place.
3. Pressure gauge reading satisfactory (if applicable)
4. No apparent physical or mechanical damage.
5. Instructions for use on nameplate legible and face outward.

Monthly inspection of Emergency Exit/Pilot Lighting

1. Visually check all internal exit/pilot lights on the emergency lighting central unit and self contained equipment for proper operation and clear illumination.
2. Report any exit/pilot lights that may be damaged or loose.

Maintain records of all fire equipment tests and maintenance as set out in *Division B, part 1, Sub-Section 1.1.2. of the Fire Code*. Records of tests and corrective measures or operational procedures shall be retained for a period of two years after they are made.

Records shall be retained at the building premises for examination by the Chief Fire Official.

INDEX " A "

PORTABLE FIRE EXTINGUISHER	
Reference should be made to NFPA 10-1978 for exact details	
Check/inspection/Test	Frequer
Inspect all portable fire extinguishers:	Monthly
Portable fire extinguishers subject to maintenance:	Annually
Hydrostatically test carbon dioxide and water type extinguishers:	Every 5 yr
Empty stored pressure type extinguishers and subject to maintenance:	Every 6 ye
Hydrostatically test dry chemical and vaporizing liquid type extinguishers:	Every 12 y
Recharge extinguishers after use or as indicated by an inspection or when performing maintenance:	As require

FIRE ALARM SYSTEMS	
Reference should be made to ULC-536-1979 for exact details	Frequen

Check fire alarm A/C power lamp and trouble light:	Daily
Check trouble conditions:	Daily
Check central alarm and control facility:	Daily
Check all fire alarm components including standby power batteries:	Monthly
Test fire alarm system:	Monthly
Test voice communication to and from floor areas to the central alarm and control facility:	Monthly
Test fire alarm system by persons acceptable to the authority having jurisdiction for service:	Annually

SERVICE EQUIPMENT, DUCTING, CHIMNEY	
Check/Inspection/Test	Freque
Check hoods, filters and ducts subject to accumulations of combustible deposits and clean as necessary:	Quarterly
Inspect all fire dampers and fire stop flaps:	Quarterly
Inspect chimneys, flues and fluepipes and clean as necessary	Quarterly
Inspect disconnect switch for mechanical air conditioning and ventilation:	Annually
Inspect controls for air-handling systems used for venting:	Annually
Clean lint traps in laundry equipment:	Weekly

Sprinkler System	
Check/Inspection/Test	Frequenc
Check that unsupervised sprinkler system control valves are open:	Monthly
Check that air pressure on dry pipe systems is being maintained:	Monthly
Test sprinkler alarms using test connection:	Monthly
Test sprinkler supervisory transmitters and water flow devices:	Every 2 Mon
Test gate valve supervisory switches and other sprinkler fire protection system supervisory devices:	Every 6 Mon
Check exposed sprinkler system pipe hangers:	Annually
Check all sprinkler heads:	Annually
Remove plugs or caps on fire department connections and inspect for wear, rust or obstruction:	Quarterly
Test water flow on wet sprinkler systems using most remote test connection:	Annually
Test flow of water supply using main drain:	Annually

3

Inspect dry pipe system for obstructions an flush where necessary:	
Check dry pipe valve rooms or enclosures during freezing weather:	Daily

MEANS OF EGRESS	
Check/Inspection/Test	Frequency
Inspect all doors in fire separation:	Monthly
Check all doors in fire separations to ensure they are closed:	As Required
Check, inspect and test emergency lighting units:	Monthly
Maintain exit signs to ensure they are clear and legible:	Daily
Maintain exit lights to ensure they are illuminated and in good repair:	Daily
Maintain corridors free of obstructions:	Daily

APPENDIX " C " - EMERGENCY PROCEDURES

In the event a small fire is determined to be extinguishable, make sure events unfold in the following sequence:

REACT UPON DISCOVERY OF FIRE OR SMOKE:

Remove persons in immediate danger if possible.
Ensure windows and doors are closed to confine the fire and smoke
Activate the fire alarm system using the nearest pull station
Call 911, or notify anyone in the area
Try to extinguish the fire or continue to evacuate

The actions to be taken by occupants in emergency situations will be posted on each floor and will read as follows:

REMAIN CALM

This building is equipped with a two stage fire alarm system. The fire alarm system is to be activated to alert occupants of an emergency and to put into operation the approved fire safety plan. The fire department is to be notified by telephoning 911, giving the correct address and the exact location.

APPENDIX " D " - BUILDING - SELF INSPECTION GUIDE

	YES	NO	N/
HEAT, LIGHT, POWER AND APPLIANCES			
Is all heating equipment (including flues and pipes):			

a)	Properly insulated from combustible materials?	X	
b)	Cleaned and serviced at least annually by a competent heating contractor? Date of last service:	X	
c)	Are space heater arrangements avoided?	X	
d)	Are electrical, heating and air conditioning rooms:	X	
e)	Restricted to only authorized personnel?	X	
f)	Free of combustible storage?	X	
Are there indications of frequent replacement of fuses and/or resetting of circuit breakers which would indicate overloading of electrical circuits?			X
a)	Are electrical cabinets kept closed?	X	
b)	Are electrical extension and appliance cords in good condition?	X	
Has the electrical system been checked and serviced by a competent electrician within the past year? Date of last service:		X	
Is air conditioning equipment cleaned and serviced annually by a competent serviceman? Date of last service:		X	
Are all motors kept clean, and adequately ventilated to reduce overheating?		X	
Are all electrical appliances properly grounded?		X	
Are T.V. sets free of frayed wiring and in good operating condition?		X	
FIRE PROTECTION			
Are all fire extinguishers:			
a)	Serviced annually?	X	
b)	Tagged with the date of last service? Date of last service: New Building	X	
c)	Easily accessible?	X	
d)	Placed within regulated travel distance of any point on each floor in a conspicuous place?	X	
e)	Not subject to freezing, if water or multipurpose type?	X	
Are periodic tests and inspections made of the following to ensure their proper operation:			
a)	Fire hoses? Date of last service: New Building	X	
b)	Automatic sprinkler system? Date of last service: New Building	X	

	YES	NO	

c) Fire alarm system? Date of last service: New Building	X		
Fire dept. phone number is placed conspicuously at the switchboard, lobby and public phone booths?	X		
Are indoor trash areas protected by spot sprinkler protection?	X		

	YES	NO	
EMPLOYEES			
Are all employees:			
a) Instructed to call the fire department immediately in case of fire?	X		
b) Instructed in evacuation procedures?	X		
c) Instructed in the use of fire extinguishing equipment?	X		
HOUSEKEEPING			
Are adequate metal waste baskets provided in each room?			
Is combustible trash and rubbish:			
a) Collected at frequent intervals?	X		
b) Store in covered metal containers?	X		
c) Disposed of frequently and not accumulated?	X		
Are storage and supply rooms neat and orderly?	X		
Are flammable paints and liquids:			
a) Kept to an absolute minimum?	X		
b) Kept in sealed metal containers?	X		
c) Stored in vented metal cabinets?	X		
Are only non-flammable cleaning fluids used?	X		
Are all linen and trash chute doors provided with self-closing device?	X		
Do all linen and trash chute doors close tightly?	X		
Are all public areas checked thoroughly for fire hazards after closing?	X		
Are all closets free of oil mops and flammable materials?	X		
LAUNDRY ROOMS			
Are washing machines and electric clothes dryers properly grounded?	X		

3.

	YES	NO
Are all washers and dryers equipped with safety interlocks in good operating conditions?	X	
Are gas dryers equipped with automatic shut-off valves that shut off gas in event of flame failure?	X	
Are equipment and vent pipes:		
a) Free of dust and lint accumulation?	X	
b) Cleaned regularly?	X	

	YES	NO
ELEVATORS		
Are all elevators maintained and serviced on a regular schedule? Date of last service:	X	
SIDEWALKS, STEPS AND PARKING AREAS		
Are all areas free of conditions which will cause slipping or falling?	X	
Is there adequate exterior lighting at night?	X	
Are all steps and ramps provided with securely fastened handrails?	X	
EXITS		
Are all exits:		
a) Free of obstructions and readily accessible?	X	
b) Properly marked with exit signs and lighted?	X	
c) Equipped with an emergency lighting system in good operating condition?	X	
Are all exit doors:		
a) Arranged to open outwards?	X	
b) Easily operated?	X	
c) Provided with panic hardware in all public rooms and exits?	X	
Are all fire escapes in good condition?		
STAIRS, DOORS AND BALCONIES?		
Are all stairs covered with anti-slip surfaces?	X	
Are all handrails securely fastened?	X	
Are full-length clear glass doors and windows marked to avoid someone walking into them?		X
Are stairway doors kept closed when not in use?	X	
Are balcony guardrails securely fastened and in good condition?	X	
CORRIDORS, MEETING ROOMS AND PUBLIC AREAS		
Are floor surfaces free of slipping and tripping conditions?	X	
Are all emergency lighting units in good operating condition?	X	

3

INSTRUCTIONS: COMPLETION OF THIS FORM ON A ROUTINE BASIS IS DESIGNED TO HELP YOU CONTR(
AND ELIMINATE COMMON HAZARDS IN BUILDINGS.

Residential Evaluation Notes

Please evaluate each residents based on the following criteria. Please place each resident into of the four resident types.

Type A: Resident is ambulatory, requiring no assistance but needs guidance. One staff member would be required to assist this resident. The resident may need use of a cane or walker. The level of assistance the staff gives would be limited to directing resident to the exit, checking the room and closing the door to the room once evacuated.

Type B: Resident is ambulatory but requires assistance. The resident would also use of a walker and a carrying aid may be needed at the stairs. One staff member would be required to assist. The level of assistance the staff member would assist resident out of bed and guide them to a safe location.

Type C: Resident is non-ambulatory and would be able to assist staff. The resident would be using a wheelchair and possible carrying aids at the staircase. Two staff members would be required to assist in getting this resident out of bed and guide them to a safe location.

Type D: Resident is non-ambulatory and is unable to assist staff. The resident would be using a wheelchair and carrying aids at the staircase. Two staff members would be required to assist in getting this resident out of bed and move them to a safe location.

Resident Evaluation

ROOM	NAME	A	B	C	D	SPECIALIZED EQUIPMENT	COMMENTS

INSERT HOME SPECIFIC FIRE SAFETY PLAN

Appendix D-1

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:
o 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.
o 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.
o Preventative Maintenance program for all fire equipment and logs of all checks (Policy # EPM-C-70)
o Fire Safety -on-boarding for all newly hired staff –competency-based training and documentation
o Fire Safety training for all staff at least annually –competency-based training and documentation
o Fire Safety training for all volunteers annually
o 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:
o Communication equipment (internal communication & external communication system)
o Batteries – various sizes
o Additional flashlights & other lantern type equipment
o Blankets
o Roll of Caution tape – to block off access to an area or to designate specific areas i.e. triage
o Disposable gloves, masks, hand sanitizer, small first aid kit
o Bottled water
o Safety vest
o Markers, scissors, cardboard
o 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:
o Emergency supplies i.e. medical equipment (i.e. oxygen cylinders) and other general supplies) (Director of Care/designate)
   ▪ Medical Supply Vendor Emergency Contact Information

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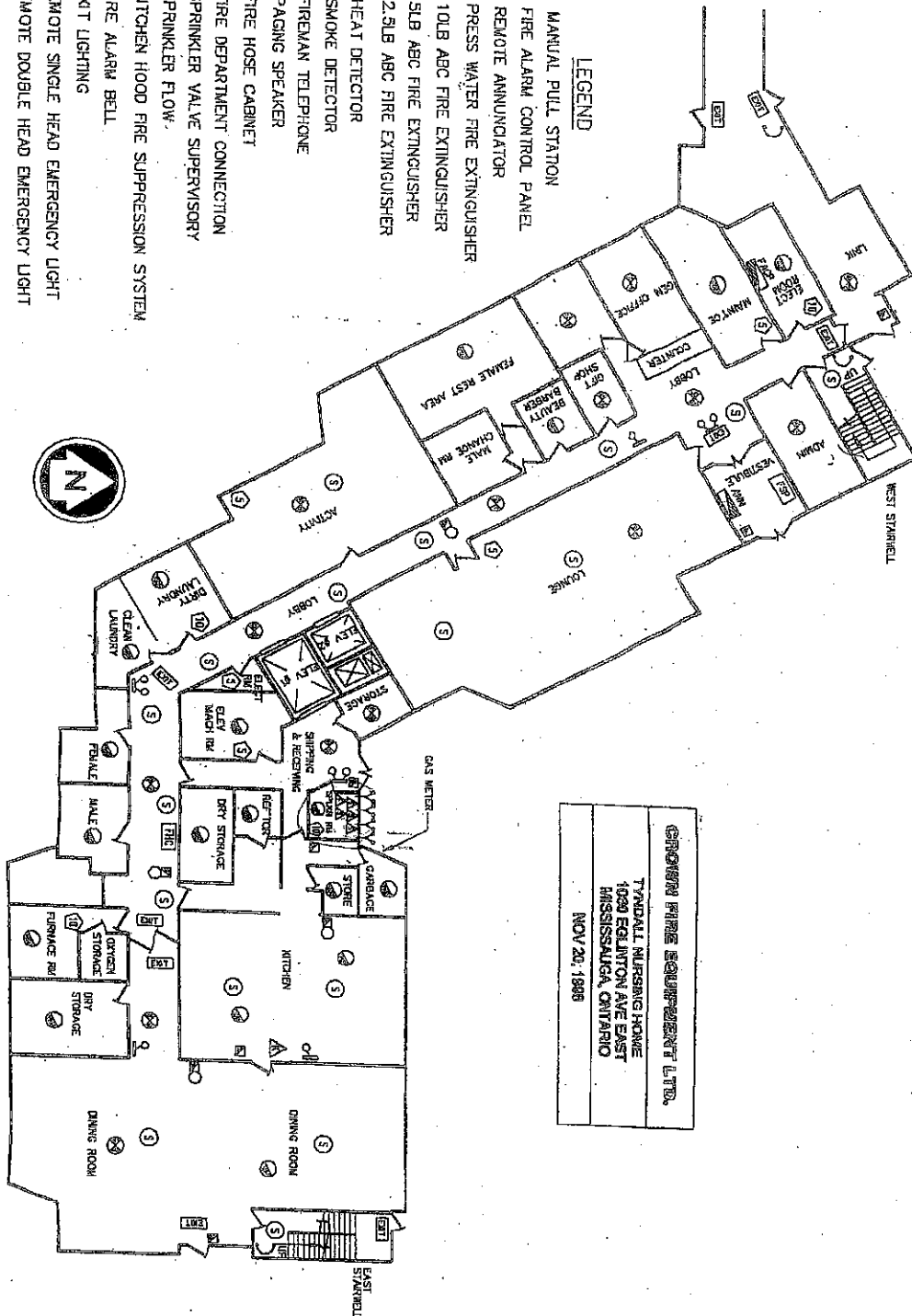
In the event of an emergency or exceptional and unforeseen circumstance, training must be provided within one (1) week of when the person begins their responsibilities.

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

NURSING HOME — GROUND FLOOR N.T.S.

LEGEND

	MANUAL PULL STATION
FACP	FIRE ALARM CONTROL PANEL
RA	REMOTE ANNUNCIATOR
	PRESS WATER FIRE EXTINGUISHER
10	10LB ABC FIRE EXTINGUISHER
5	5LB ABC FIRE EXTINGUISHER
2.5	2.5LB ABC FIRE EXTINGUISHER
	HEAT DETECTOR
S	SMOKE DETECTOR
	FIREMAN TELEPHONE
	PAGING SPEAKER
FHC	FIRE HOSE CABINET
	FIRE DEPARTMENT CONNECTION
	SPRINKLER VALVE SUPERVISORY
	SPRINKLER FLOW
	KITCHEN HOOD FIRE SUPPRESSION SYSTEM
	FIRE ALARM BELL
EXIT	EXIT LIGHTING
	REMOTE SINGLE HEAD EMERGENCY LIGHT
	REMOTE DOUBLE HEAD EMERGENCY LIGHT
FSP	FIRE SAFETY PLAN BOX

N

CROWN FIRE EQUIPMENT LTD.
TYNDALL NURSING HOME
1030 EGLINTON AVE EAST
MISSISSAUGA, ONTARIO
NOV 20, 1996

WEST STAIRWELL

EAST STAIRWELL

Rooms/labels: LINK, ELECT ROOM, MAINT/OE, GEN OFFICE, COUNTER, LOBBY, FEMALE REST AREA, MALE CHANGE RM, BEAUTY PARLOUR, GIFT SHOP, ADMIN, VESTIBULE, ACTIVITY, DIRTY LAUNDRY, CLEAN LAUNDRY, LOBBY, LOUNGE, ELEV, ELECT RM, STORAGE, ELEV MACH RM, SHIPPING & RECEIVING, REFRIG, DRY STORAGE, SPRINK RM, GAS METER, STORE, GARBAGE, FEMALE, MALE, FURNACE RM, OXYGEN STORAGE, DRY STORAGE, KITCHEN, DINING ROOM, DINING ROOM

NURSING HOME — 2ND FLOOR

N

LEGEND

- MANUAL PULL STATION
- FIRE ALARM CONTROL PANEL
- REMOTE ANNUNCIATOR
- PRESS WATER FIRE EXTINGUISHER
- 10LB ABC FIRE EXTINGUISHER
- 5LB ABC FIRE EXTINGUISHER
- 2.5LB ABC FIRE EXTINGUISHER
- HEAT DETECTOR
- SMOKE DETECTOR
- FIREMAN TELEPHONE
- PAGING SPEAKER
- FIRE HOSE CABINET
- FIRE DEPARTMENT CONNECTION
- SPRINKLER VALVE SUPERVISORY
- SPRINKLER FLOW
- KITCHEN HOOD FIRE SUPPRESSION SYSTEM
- FIRE ALARM BELL
- EXIT LIGHTING
- REMOTE SINGLE HEAD EMERGENCY LIGHT
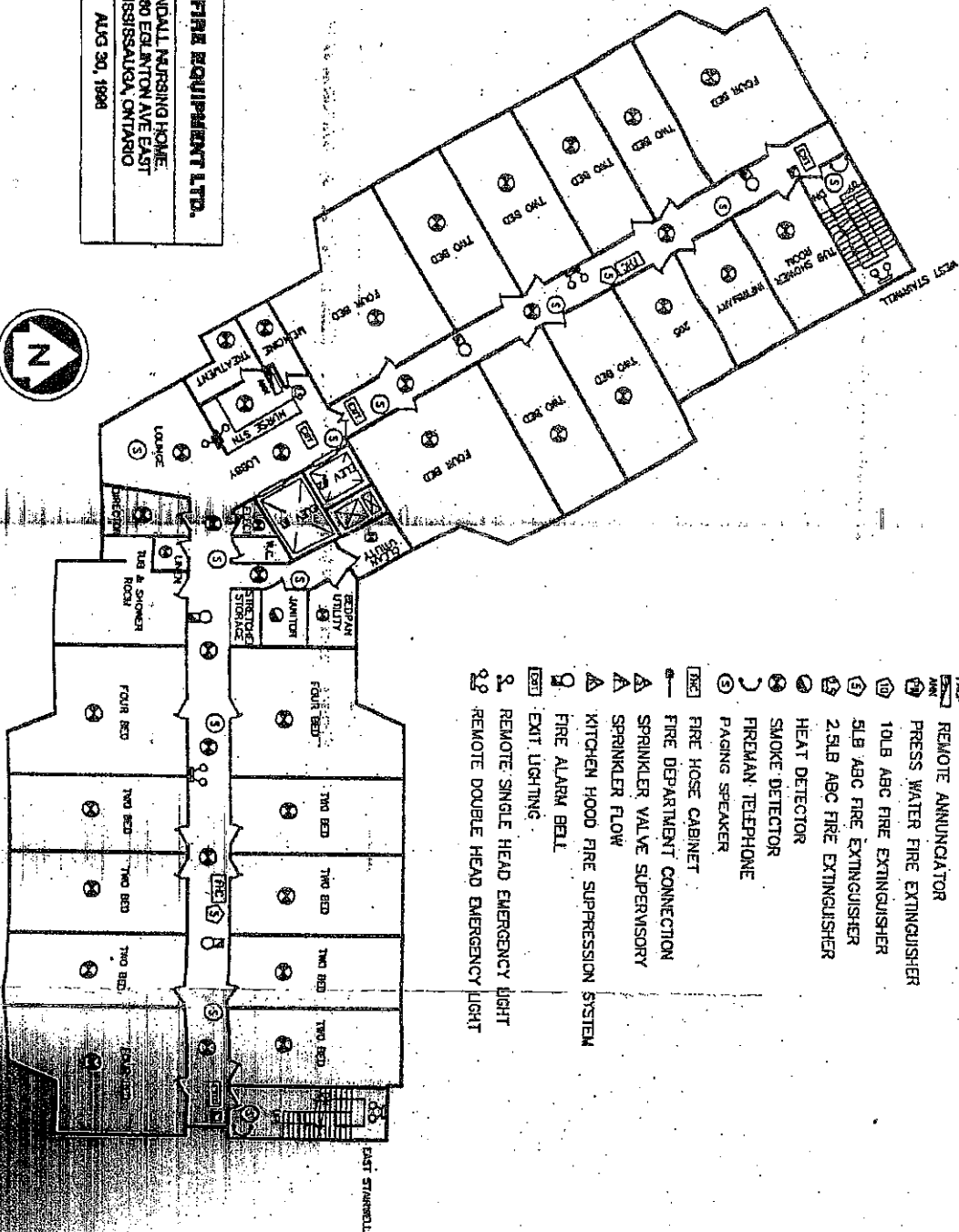- REMOTE DOUBLE HEAD EMERGENCY LIGHT

Room labels: FOUR BED, TWO BED, LOUNGE, LOBBY, NURSE STN, TREATMENT, MEDICINE, TUB & SHOWER ROOM, TWO SHOWER ROOM, INFIRMARY, JANITOR, BEDPAN UTILITY, STRETCHER STORAGE, DIRTY, CLEAN, M.C., DINING ROOM, EXIT, WEST STAIRWELL, EAST STAIRWELL

NURSING HOME — 3RD FLOOR

LEGEND

- MANUAL PULL STATION
- FIRE ALARM CONTROL PANEL
- REMOTE ANNUNCIATOR
- PRESS WATER FIRE EXTINGUISHER
- 10LB ABC FIRE EXTINGUISHER
- 5LB ABC FIRE EXTINGUISHER
- 2.5LB ABC FIRE EXTINGUISHER
- HEAT DETECTOR
- SMOKE DETECTOR
- FIREMAN TELEPHONE
- PAGING SPEAKER
- FIRE HOSE CABINET
- FIRE DEPARTMENT CONNECTION
- SPRINKLER VALVE SUPERVISORY
- SPRINKLER FLOW
- KITCHEN HOOD FIRE SUPPRESSION SYSTEM
- FIRE ALARM BELL
- EXIT LIGHTING
- REMOTE SINGLE HEAD EMERGENCY LIGHT
- REMOTE DOUBLE HEAD EMERGENCY LIGHT

EAST STAIRWELL

WEST STAIRWELL

CROWN FIRE EQUIPMENT LTD.

TYNDALL NURSING HOME
1060 EGLINTON AVE EAST
MISSISSAUGA, ONTARIO

AUG 30, 1988

NURSING HOME — 4TH FLOOR

ROOF TOP

LEGEND

MANUAL PULL STATION	
FIRE ALARM CONTROL PANEL	
REMOTE ANNUNCIATOR	
PRESS WATER FIRE EXTINGUISHER	
10LB ABC FIRE EXTINGUISHER	
5LB ABC FIRE EXTINGUISHER	
2.5LB ABC FIRE EXTINGUISHER	
HEAT DETECTOR	
SMOKE DETECTOR	
FIREMAN TELEPHONE	
PAGING SPEAKER	
FIRE HOSE CABINET	
FIRE DEPARTMENT CONNECTION	
SPRINKLER VALVE SUPERVISORY	
SPRINKLER FLOW	
KITCHEN HOOD FIRE SUPPRESSION SYSTEM	
FIRE ALARM BELL	
EXIT LIGHTING	
REMOTE SINGLE HEAD EMERGENCY LIGHT	
REMOTE DOUBLE HEAD EMERGENCY LIGHT	

Room labels:
FOUR BED, TWO BED, STAFF LOUNGE, TOP OF STAIR, EAST STAIRWELL, UP, TUB & SHOWER ROOM, LINEN, JANITOR, STRETCHER STORAGE, DIRECTOR, TOP OF ELEVATOR, TOP OF STAIR, LOUNGE, LOBBY, TREATMENT, NURSE STN., BOILER ROOM, GENERATOR ROOM, WEST STAIRWELL

SHARON VILLAGE
CARE HOMES

ESSENTIAL & EMERGENCY FUNCTIONS

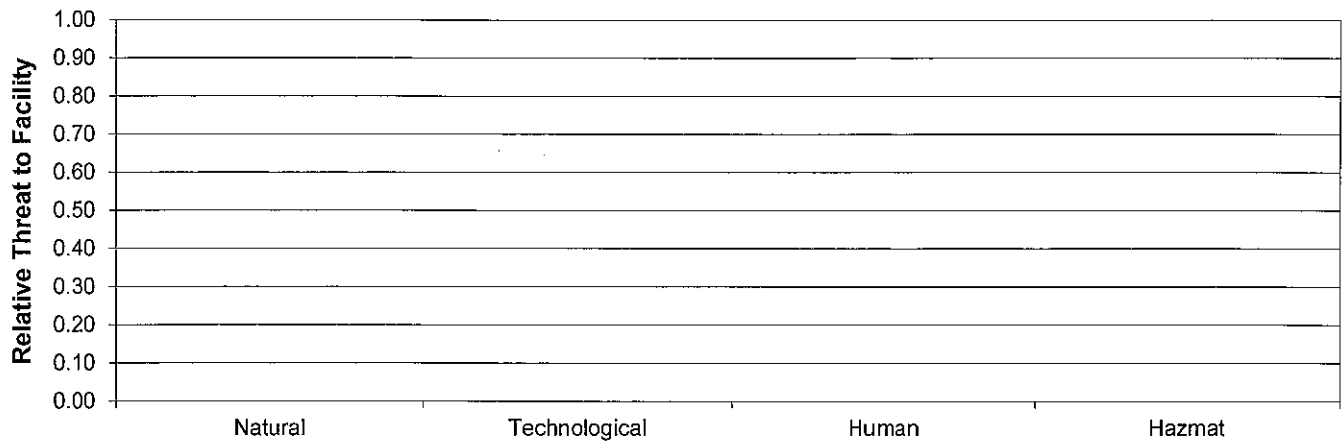|	Essential Functions	Emergency Functions/Resources
Resident Care/ Nutrition & Hydration	Preparation of Meals	o Use Emergency Menu & Snack Menu o Source out ready-made products o Disposable dishes/cutlery o Prepared "thickened fluids" o Modified dietary lists (as needed) o Nutritional Supplements available
	Hygiene Needs	o Bathing —may need to revisit frequency of showers/baths (utilize bed-baths as warranted) o Dressing & basic grooming needs (peri-care, hair care, oral care) o Toileting & Continent Product Changes
	Medical Appointments	o Re-evaluation of outside appoints and need to cancel with exception of medical treatment needs (i.e. dialysis)
	Psychological & Emotional Support	o 1:1 visits more frequently o Re-arrangement of Recreational Programs to fit the incident
	Assessments/medications/medical needs	o Depending upon the emergency, it may be necessary to review medications with MD/NP to provide only most essential meds. o Ongoing assessments per individual needs o Ensuring sufficient supplies for medical needs (i.e. G-feed/tubing; Oxygen—liquid + concentrator availability; catheter care & supplies) o Wound care o **see Policy re: loss of hydro** (low air loss mattress /alternative mattresses/Oxygen liquid supply; G-feed pumps etc)
	Palliative/End-of-Life Care	o Family visits o Pastoral Visits o Set up Palliative Care Baskets & have readily accessible
	Rest area for staff who may need to remain on site (rest place, hygiene needs etc.)	o Plan out designated location on-site or off site near home if no location on site o Consider meals/ personal supplies for hygiene needs, laundry for clothing as needed o Other considerations based upon individualized priority needs (example: personal medication)
	Volunteers —may include family members	o List of volunteers who could assist during emergency/family o Consider any pre-training (i.e. assisting with feeding, safety rounds of residents)
Facility Operations	Cleaning & Disinfecting	o High touch cleaning frequency o Removal of garbage
	Maintenance of Emergency Equipment	o Additional diesel for generator (as applicable)

	On-going top-up for diesel Coolant for compressors	o	Generators requiring natural gas (?back-up)
	Emergency/Disaster Boxes (Home specific considerations)	o o	Restock & maintain inventory control Additional supplies as applicable
Administrative Operations	Purchasing Essential Supplies & Equipment	o	Inventory Control & monitoring expiry
	HR Management	o o	Staff Contingency Plan Payroll Management
Emergency Communication	Internal Communication-staff	o	2 -way radios/receivers
	External Communication: family/external stakeholders	o o	Social media Radio announcement (if loss of major communication systems internally & externally)
	Media Communication	o o	Corporate/Executive Director or designate Available scripts for various emergency types readily accessible
Other			

\<Name of Home\> Summary of Hazards & Analysis

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.00	0.00	0.00	0.00	0.00
Severity	0.00	0.00	0.00	0.00	0.00

Hazard Specific Relative Risk to \<Name of Home\>

Relative Threat to Facility

| 1.00 |
| 0.90 |
| 0.80 |
| 0.70 |
| 0.60 |
| 0.50 |
| 0.40 |
| 0.30 |
| 0.20 |
| 0.10 |
| 0.00 |

Natural   Technological   Human   Hazmat

Probability and Severity of Hazards to \<Name of Home\>

Relative Impact on Facility

| 1.00 |
| 0.90 |
| 0.80 |
| 0.70 |
| 0.60 |
| 0.50 |
| 0.40 |
| 0.30 |
| 0.20 |
| 0.10 |
| 0.00 |

Probability   Severity

SHARON VILLAGE CARE HOMES

Home Profile for Emergency Preparedness Planning

The Home Profile will be maintained and updated by the Executive Director/designate, in collaboration with the Emergency Management Team and be readily accessible to the Emergency Team in the event of an emergency situation.

Name of LTC Home: Tyndall Seniors Village **Address: 1060 Eglinton Ave E., Mississauga, ON L4W 1K3** **Phone # : 905-624-1511**
Primary Contact Person in event of Emergency: **Name:** **Contact #:**   **Email:**
Secondary Contact (Back-Up designate): **Name: Beatrice Dixon** **Contact #: 905-624-1511   Cell: 647-262-4186   Email: bdixon@svch.ca**
Sharon Village Care Homes Corporate Contact Person: **Name: Shirley Thomas-Weir (CEO)** **Contact #: 905-975-9671**
Resident Occupancy #:   151 (licensed capacity) **Special Care Needs of Resident population:** Yes -Oxygen Requirement   Yes -Mobility Impairments   Yes- Cognitive Impairment **Yes-** Feeding Tubes/formula/pumps ☐ Other: (Specify: _____)
Human Resource: **# of Staff (full time equivalents): approximately 85**
Facility Particulars: ☐ Generator   Estimated length of time: 4 Hours Are there only specific areas the Generator will cover: ☐ Yes **A list must be available If the water supply to the Home is interrupted, is there capability to hook up to an external supply? X Yes   ☐ No Outline any other specifics:

Vendors:
Food Supplies Vendor:
Company Name: Sysco Foods
Emergency Contact Name: Emergency Contact #:
Back-up Emergency Contact Name: Back-up Emergency Contact #:

Pharmacy Vendor:
Company Name: Care X
Emergency Contact Name: Emergency Contact #:
Back-up Emergency Contact Name: Back-up Emergency Contact #:

Medical Supplies:
Company Name: Medical Mart
Emergency Contact Name: Emergency Contact #:
Back-up Emergency Contact Name: Back-up Emergency Contact #:

Medical Advisor:
Name: Dr. Albert Wong   Contact #:

Other Medical Personnel: (attending physicians, Nurse Practitioner etc)

Other Essential Vendors: (list)   or ☐ N/A

Transportation: In the event of evacuation, does the Home have Facility Transportation or it is Community Acquired?
☐ Home   X Community (Source:)   ☐ Both
How many residents can the transportation Vehicle manage: 10 -15
Is it wheelchair accessible: ☐ Yes   ☐ No

Contact Name (if applicable): _____ Contact #:_____

Communication Systems:
Outline the main method of communication within the Home:

Is there a emergency communication system?
☐ Yes-- If yes, explain:
☐ No

Emergency Plans in place:
Chain of Command and Roles for Emergencies: x Yes   ☐ No   ☐ Partial
Back-up Communication System: ☐ Yes   ☐ No   x Partial
Staffing Contingency Plan: x Yes   ☐ No   ☐ Partial
Agreements for External Sheltering in event of evacuation: x Yes   ☐ No   ☐ Partial
Evacuation Plan: **x** Yes   ☐ No   ☐ Partial
Fire Safety Plan: **X** Yes   ☐ No   ☐ Partial
o   Date last approved by Fire Official: July 13, 2016
Outbreak Contingency Plan (including Pandemic Planning): X Yes   ☐ No   ☐ Partial

SHARON VILLAGE CARE HOMES

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.

Name of LTC Home: **Address:**   **Phone # :**
Primary Contact Person in Home: **Name:**   **Contact #:** **Email:**
Secondary Contact (Back-Up designate):   **Name:**   **Contact #:** **Email:**
Sharon Village Care Homes Corporate Contact Person: **Name:**   **Contact #:**
Ministry of Health & Long-Term Care: **Contact #: (Day):** **After Hour Contact #**_____
Community Emergency Preparedness (if applicable):   **Police Liaison: Department:** _____ **Non-Emergency #:** _____   **Liaison Name:** _____ **Phone #:**_____
Fire Department Liaison: Department: _____ **Non-Emergency #:**_____   **Liaison Name:** _____ **Phone #:**_____
Public Health: Number: _____ **After Hours Number:** _____   **Liaison Name:** _____ **Phone #:**_____
Hospital(s): (identify all hospitals within proximity of the Home)   **Hospital Name:** _____   **Contact Name:** _____ **Contact #:**_____

Other:

Incident Management Systems Designates

Name of Home:

Location of Emergency Operations Center:

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
Incident Manager				
Public Information Manager	Corporate:			
Liaison Officer	Home:			
Safety Officer / Coordinator				
Information Technology Lead				
Operations Manager				
Planning Manager				
Logistic Manager				
Finance Manager	Corporate:			

SHARON VILLAGE CARE HOMES

Emergency Communications Team & Responsibilities

Lead	Person(s)	Responsibilities
Communication Team Lead	**Executive Director/ designate** **Lead:** **Back-up**	o Coordinates full communication response in collaboration with Corporate Office o Oversees message development o Primary spokesperson internally o Communicates with Emergency Services o Ensures Employee Fan-out list is up to date & accessible –provides direction to initiate call-ins
Corporate	**Peter Schlegel-President** **Shirley Thomas-Weir -CEO**	o Works with Team Lead to coordinator communication response o Primary spokesperson for media information o Script message(s) to be provided by staff for call-ins
	Director of Care/ designate	o In collaboration with ED, coordinates message to residents, families, other stakeholders o Coordinates additional help that residents/ families may need o Coordinates with MOH/LHIN o Connects with Advisory Physician & Attending Physician(s)

SHARON VILLAGE
CARE HOMES
TYNDALL SENIORS VILLAGE

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

Initial Date: March 2, 2021

Updated: May 17, 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
Outbreak management team, members, roles and responsibilities	**Team includes:** Executive Director, Director of Care, Assistant Director of Care, Department Managers, Registered Nurse, Medical Director, Joint Health & Safety Members, Other members as needed **Process:** Call an initial OMT meeting. The following items will be discussed; case definition of the outbreak, review PHU Outbreak Control measure checklist and ensure control

SHARON VILLAGE
CARE HOMES
TYNDALL SENIORS VILLAGE

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

	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 **Duties:** Outlined below specific to each department
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	• Management of single cases in private rooms if available • If limited cases on one floor: Cohort positive cases together into semi-private rooms in same wing if available. • Re-locate well residents on affected unit who reside in semi-private rooms with ill residents to a private room if available • Alter dining practices as needed to avoid contamination. • If limited positive cases on multiple floors ill residents can be relocated to one wing on one floor (16 residents) if able • Ensure privacy curtain is used for residents with shared accommodation • Treatment will be completed in a resident room using a separate treatment basket with the required treatment only. Any remaining item will be discarded after and the care basket disinfected. • Management of single cases in private rooms if available • If limited cases on one floor: Cohort positive cases together into semi-private rooms in same wing.

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

	• Re-locate well residents on affected unit to the east or west wing if rooms are available. For this outbreak the PHD requested to cohort residents who were resolved of not affected. • Ensure privacy curtain is used for residents with shared accommodation
Cohorting residents	• Ensure that residents are physically separated by a distance of at least 2 meters • Use privacy curtains between the beds to minimize opportunities for close contact • Identify residents who are able to go home with family if applicable (Please see criteria from the Ministry of Health) • Max capacity for dining room 16 residents in dining room. Lounge area used with additional tables for separation, 16 residents. • Washroom access for residents in the dining room would consist of washroom located in hall outside of dining room, • Identify off-site facilities for the relocation of well and ambulatory residents with lower needs • Post Covid-19 outbreak the home will begin with max capacity for dining room ten (10) with plan to increase residents to twenty (15) for dining room. • The home will begin with breakfast for the 2nd floor, lunch for the 3rd floor residents and supper for the 4th floor residents • There will be alternative for rotation to ensure all resident have a different meal in the dining room. • All residents will be toileted prior to transfer to the dining room

SHARON VILLAGE
CARE HOMES
TYNDALL SENIORS VILLAGE

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

Symptomatic/Exposed Residents	
	• Ill residents assigned to specific PSW staff (number will be dependent on number of cases and care level of cases)
	• staff assigned to the ill residents not to interact with residents outside of their assignment
	• Organize supplies and activities in the area for each extra area being utilized. Eg: dining room
	• Residents will have a dedicated washroom in this area
	• 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.)
	• residents will have one to one visit by Activity and Physiotherapist Aide in their room as appropriate
	• PPE supplies will be organized on carts that are available on each wing on the units.
	• Each resident's room is equipped with a washroom
	• Oxygen concentrators will be requested from Medigas depending on the number of residents affected.
	• Maple Score will be utilized when necessary.
	• Staff will perform a Point of Care Risk Assessment prior to any resident interaction
	• Hypodermoclysis poles will be rented from Calea Pharmacy depending on the number of residents affected.
	• NP Stat program will be utilized if required.

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

Cohorting Staff	• Staff who are assigned to an outbreak unit will not work in non-outbreak areas • The Lounge on each RHA will be created into a staff break area. (No staff will be permitted to move from one unit to the other). Microwave and kettle will be provided for staff needs.
Symptomatic Staff	• Staff are screened upon arrival at the Home and if they are symptomatic, they will be tested and send home • Symptomatic staff are added to the line list and contact tracing is completed • Public Health is notified as per guidelines • Follow up calls are made to staff with regards to symptoms and any lab results • Ministry of Labour is notified if required
Environmental cleaning	• housekeeping/maintenance staff do not move between outbreak and non- outbreak care areas • cleaning of high touch surfaces 3 times daily minimum • Maintenance staff where possible to complete task on one unit daily. If required to go to another unit it is required that the personal will go to the unaffected unit first then the affected. PPE to be worn on the affected unit (where applicable) • Floor scrubber is not to be used during outbreak
Social distancing during meals	• Distancing at dining room tables for residents who require assistance in dining room (max 2 to a table-2m apart) when floor is not in outbreak • Tray service for all residents on outbreak affected floors/facility in their rooms, tray tables are moved to the door so that residents can be observed by staff moving through the hallways

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

Reduce contamination risk with the medication cart	• Reduce med passes - physicians/NPs to work with nursing and pharmacy staff to reduce unnecessary meds/supplements, and reduce frequency of dispensing. Start with residents next TMR review and complete weekly • Use disposable paper cups for medication passes to decrease the contamination risk. • DOC/ADOC audit of the Stat box medication to ensure all medication as designated are available.
Staffing **(Individual Department Staffing Plans below)**	• Hotel Rooms will be rented in the event staff wish to initiate work-isolation • Dietary planning for additional meals for staff staying onsite or at hotel • Inventory of disposable meal trays for staff • Hiring of additional RSA or screener as needed. Director of Therapeutic Rec and SDC will be responsible for ongoing rapid recruitment and onboarding as needed • Ongoing recruitment of permanent staff as required • Secure staffing agency contracts for Registered Nurse, Registered Practical Nurses and Personal Support Worker if required. • Home will utilize 12-hour shifts where necessary Staff will be dedicated to care for infected residents separated from staff caring for uninfected residents • Where required the DOC / ADOC will direct the Nursing Management Team to assist with feeding on the unit. Where required, we may have to assist in Medication administration on designated unit. • **DOC**- The DOC to complete rounds and assign nursing management to assist accordingly • **Executive Director** – monitor all units and assign other managers where needed to assist where needed

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

	• **Program Manager-** to assist with tray service and feeding • **FSM:** to monitor kitchen, serveries and to assist with tray service • **ESM:** Assist with tray service and where needed
DOC/ ADOC specific duties for staffing	DOC/ ADOC to call all staff to determine who will: 1) Work 10 – 12 hours shifts 2) Work on assigned days off 3) Work full shifts rather than part shifts • Adjust the nursing staff schedule accordingly • Ensure staff hours are in the Rotating Schedule with changes and input into Staff Schedule Care • Ensure staff who are working extended shift is offered a meal incentive
Staffing Plan - Minimal Personal Support Workers	Refer to Home specific minimal staffing contingency plan
Staffing Plan - Minimal Registered staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Dietary staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Activity Staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Housekeeping/Maintenance staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Laundry Department	Refer to Home specific minimal staffing contingency plan

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

BSO	To focus on responsive behaviours related to the outbreak and adjust plan of care accordingly
Monitoring and Surveillance	• Ongoing surveillance mechanisms in place at all times to monitor staff/residents/visitors for symptoms • 24/7 screening in place • Collaboration with local PHD and LHIN to adhere to Outbreak control measures when in outbreak • Ongoing surveillance/testing as per current MOH/PHU directives • Ensure there is a plan for medical coverage and resident monitoring by physicians (On call [physician, NP Stat program) • Ongoing auditing in place to ensure IPAC best practices are being followed
Communication	• Standard cadence of communication with residents, families, staff including town hall meetings, external partners and stakeholders, regular updates to the JHSC and Corporate as required and PPE reports to the unions • Daily internal outbreak updates /meetings as required • Daily update to the PHU • DOC to submit CIS report to the MOLTC for outbreak. • DOC/ ADOC to amend report as required.
Audits	• Complete daily audits for hand hygiene, PPE, Donning and Doffing and safe breaks and physical distancing • MOLTC IPAC audits completed at least bi-weekly when not in outbreak and weekly while in active outbreak

![SVCH logo]

SHARON VILLAGE
CARE HOMES
TYNDALL SENIORS VILLAGE

OUTBREAK/PANDEMIC MANAGEMENT PLAN
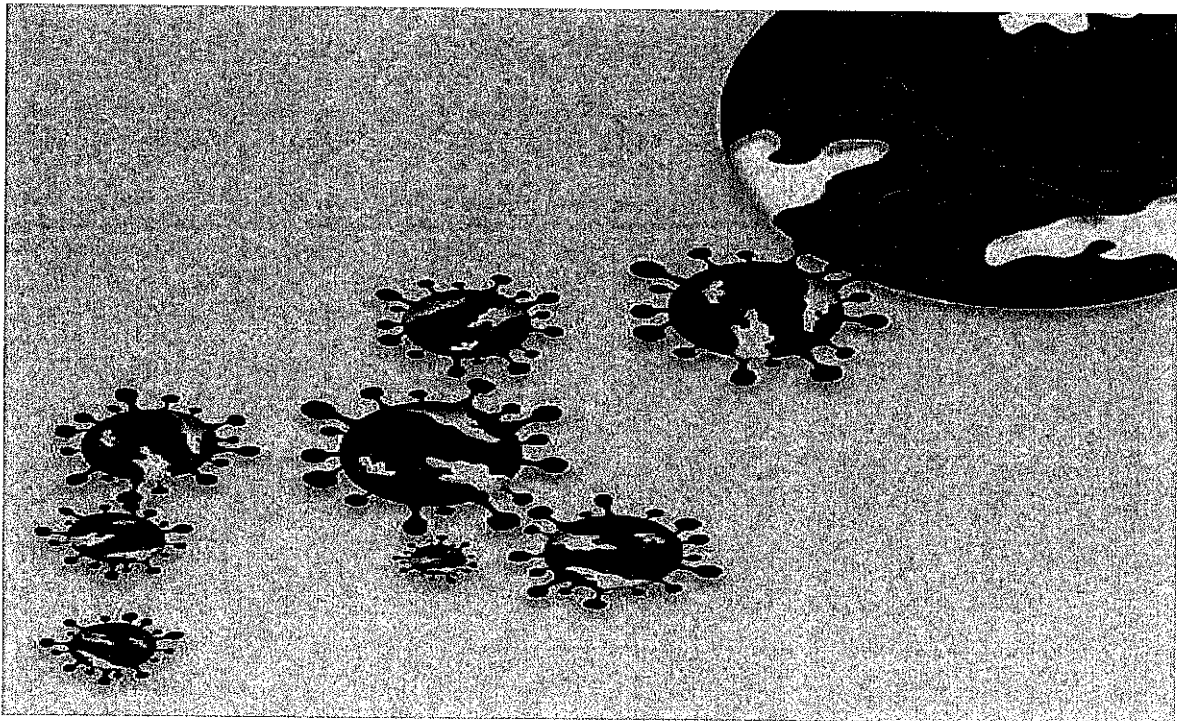
O-Regs 269(1)(2)(3) &(4)

Tyndall Seniors Village

	• Complete environmental audits • Provide coaching in the moment for non-compliance if observed • Testing of the Outbreak Plan will be completed annually
Supplies	• All department Managers to complete weekly inventory to ensure adequate supplies are available. • DOC to order weekly nursing supplies as per home protocols • Ensure that there is a minimum of 14 days supplies in the home • DOC/ADOC to complete weekly PPE tracking and submit to Corporate. • Housekeeping staff to replenish PPE supplies daily on the nursing RHA. • DOC/ADOC to complete weekly PPE tracking and submit to Corporate.
Exposed Staff	• Follow MOLTC and PHU protocols
	•
IPAC lead involved in creating the plan	• IPAC lead involved in creating this plan
Local Medical Officer of Health invited to develop, update, test, evaluate and review	Outbreak Plan was shared with the Peel Public Health Unit for review and Input.

SHARON VILLAGE CARE HOMES

Infectious Disease Outbreak
&
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:
o   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
o   Monitors and analyzes surveillance data within the Home and identifies trends and potential risks
o   Initiates outbreak line lists for residents and staff when indicated
o   Initiates heightened surveillance and addition precautions where indicated
o   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.
o   Assists in coordination, orientation for newly hired staff, annual training for all staff and specific on-site training when required
o   Assists in policy development and/or recommendation for policy revision
o   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:
o   Ensure all staff have appropriate training, education and supervision needed to protect themselves and provide effective care
o   Provide appropriate PPE's and provide training on proper donning and doffing to prevent cross-contamination
o   Implement appropriate occupational health and infection prevention and control measures.

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

Additional coding may be required for:
o   Staff absenteeism
o   WSIB claims related to Pandemic exposure or illness
o   Reduction of any program services
o   Staff training requirements
o   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 al 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:
o   Residents who can be discharged home to family members
o   Residents whose needs could be met at Home with additional home care support
o   Residents who must continue with care within the Home
o   Residents who are likely to require acute care

o   Resident at higher risk of complications from Respiratory illness

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

Services:

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

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

Services that MUST be maintained to provide care and protect resident's health and wellness	o Medications and treatments (it may be possible to have some medications reviewed by the MD/NP and non-essential meds may be discontinued) o Basic hygiene care (bathing, cleansing after toileting, oral care) o Linen changes only as needed o Basic laundry services (towels, face clothes, linens) o Dietary Services for food and fluids o Enhanced housekeeping services and enhanced disinfection
Services which could be reduced or limited	o Outside appointments (depending on specialist & reason) o Foot Care Services o Hair Dressing services o Recreation programs may need to be limited to smaller groups, 1:1 etc
External services **Each Home may have other services which is deemed essential	o Pastoral Care (End-of-Life; for psychological/emotional support) o Oxygen Supplier o Essential Care Provider o Family Visitation (if resident is End of Life Care) o Lab technician o Doctors, Nurse Practitioner o Repair or maintenance companies for emergencies

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

Contingency Plan:
Each Home will have a Home specific Contingency Plan which is updated at least annually and more frequently when:
o   New or additional directives are provided by Public Health or other legislative agencies,
o   Needs of the Home changes,
o   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.