



Kensington Village

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London, On

N5V 3R3

EMERGENCY PLANNING



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June 2025

Overview of Emergency Planning:

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

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

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

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

Emergency Management Process:

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

1. **Prevention & Mitigation:** actions taken to reduce the impact or risks of hazard through pro-active measures taken before an emergency or disaster occurs that can not be reasonably prevented.
2. **Preparedness:** to make ready to respond to a disaster and manage its consequences through measures taken prior to an event, for example emergency response plans, mutual assistance agreements (i.e shelter agreements), resource inventories and training, equipment, and exercise programs.
3. **Response:** to act during or immediately after a disaster to manage its consequences through, for example, emergency public communication, search and rescue, emergency medical assistance and evacuation to minimize suffering and losses associated with disasters.

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

Legislative & Regulatory Framework:

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

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

Essential Day-to-Day Functions:

In preparing the home's emergency plan, it is important to review current essential day to day functions of the Home and to determine what additional emergency functions may/will be required
examples: increase in security, safety assessment of residents, staff and building.

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

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

(Appendix A-1)

Critical Resources:

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

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

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

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

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

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

In creating and maintaining a HIRA, the Executive Director in collaboration with the Emergency Management Team will complete using the template

- **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 a reference guide
- **Risk Assessment**—frequency and consequences

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

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS**

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	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%
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%
4	<i>*Threat increases with percentage.</i>							
5		RISK = PROBABILITY * SEVERITY						
6		0.00	0.00	0.00				

PREVENTION & MITIGATION:

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

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

Following completion of the HIRA, areas identified as high risk, and 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)**

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 are not limited to:

- Ministry of Health & Long-Term Care
- Fire & Safety –Fire Department Liaison
- Emergency Medical Services –local EMS Liaison
- Public Health –local liaison
- Local Hospital(s)
- Other community resources based on 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)**

Critical Emergency Planning:

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

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

Incident Management System (IMS):

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

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

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

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

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

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

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

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

Key IMS Structure:

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

- Incorporates Emergency preparedness into staff education programs
- Ensures staff is trained on emergency codes and practiced at least annually
- Ensures Emergency Preparedness is part of the on-boarding for all newly hired staff
- Ensures monthly fire drills on all shifts are conducted, recorded, debriefing following a drill is conducted and deficiencies are addressed

- Ensures emergency plans are conducted as outlined in the FLTCA, 2021 & O. Reg 246/22
- Ensures Emergency Plan is reviewed and updated at least annually and more frequently as required
- Ensures the Evacuation Plan is conducted at least every three (3) years
- Ensures the Home's Fire Safety Plan is current and approved by the local Fire Department liaison
- Involves volunteers, families and residents to attend fire safety education and training.

Executive Director:

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

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

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

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

Appendix C-3 Incident Management System Designates for Kensington

Emergency Management Team:

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

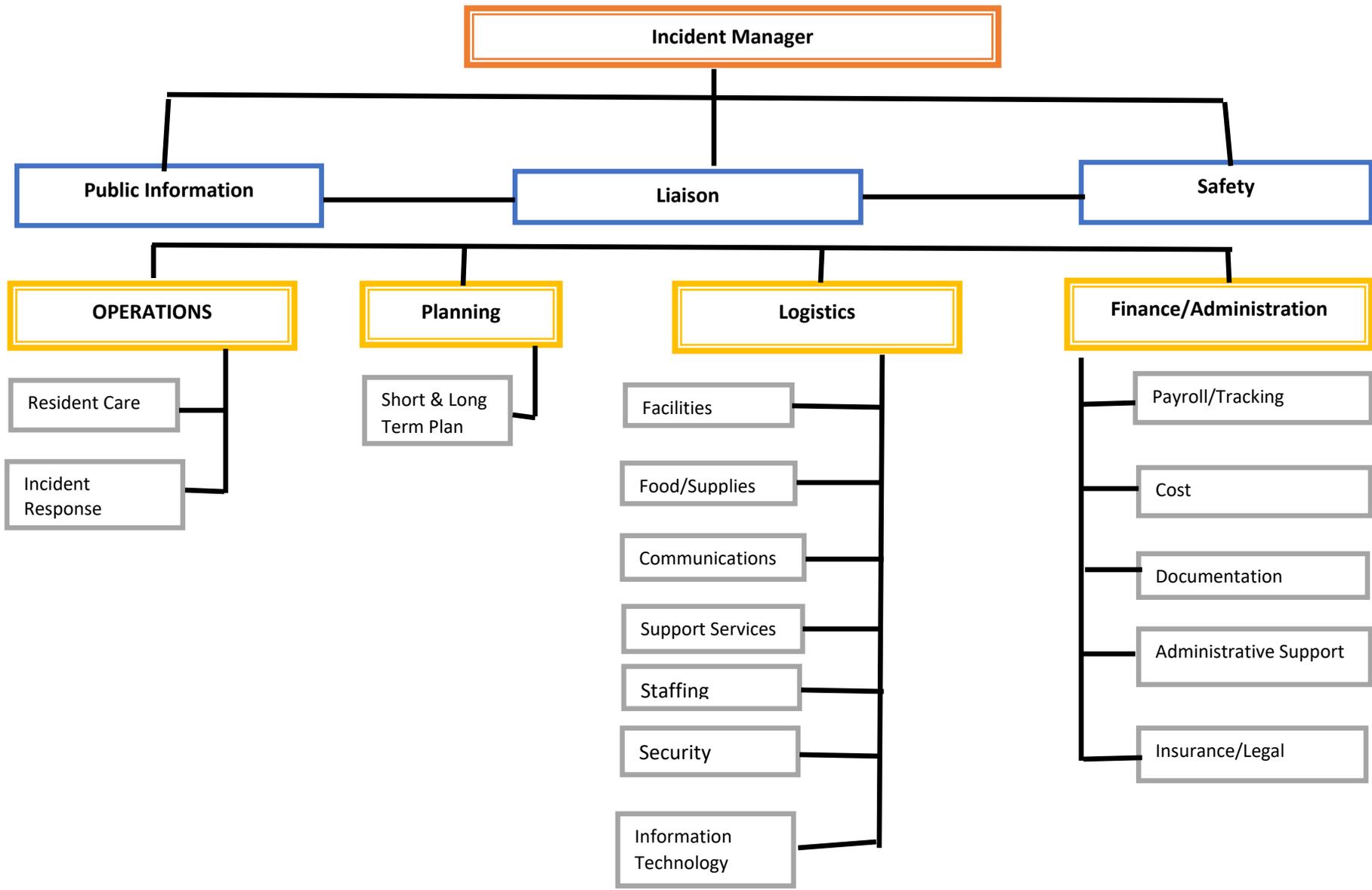
The Emergency Management Team will meet at least quarterly. There will be a pre-established agenda and minutes and attendance will be recorded.

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

Incident Management System Organizational Chart:

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

IMS Organizational Chart



Communication Systems:

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

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

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

Key components of planning for emergency communication consists of:

1. Assessing the Home's communication equipment and technology

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

2. Building and sustaining Emergency contacts – consider alternate means of contacting emergency partners in even of communication equipment break-down.

3. Identify the lead (& back-up lead) as to who will be responsible for providing information to families, staff and who will be the point person for communication with emergency authorities as outlined in the Incident Management structure for the home.

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

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

Communication Protocols:

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

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

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

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

EMERGENCY COMMUNICATION Planning -Appendix C-4

EMERGENCY RESPONSE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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 –Kensington Fire Plan

The Home will have responsibility for:

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

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

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

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

- Communication equipment (internal communication & external communication system)
- Batteries – various sizes
- Additional flashlights & other lantern type equipment
- Blankets
- Roll of Caution tape – to block off access to an area or to designate specific areas i.e. triage
- Disposable gloves, masks, hand sanitizer, small first aid kit
- Bottled water
- Safety vest

- Markers, scissors, cardboard
- Emergency Response binder (which includes but not limited to
 - Staff Call-in Roster; telephone contact lists, floor plans, ID bracelets/ white tags or adhesive labels; markers, pens etc); clipboards; notepads; Resident List & contact information etc)
 - External Shelter Agreement Contact Information
 - Transportation Resources that can be accessed in event of emergency evacuation (may include Community Public Transit, taxi companies—wheelchair accessible and non-wheelchair accessible,
 - List of volunteers and family who may be accessible to assist during an emergency situation

Additional contingency plan will be outlined by each Home for:

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

Other Requirements:

Training & Orientation:

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

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

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

RESOURCES:

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

EMERGENCY RESPONSE PLANS:

Universal Emergency Codes:

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

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

Universal Code	When to activate	Activated by	SVCH Policy Reference
CODE RED –FIRE **Annual Testing	Initiate when the fire alarm is activated, and/or FIRES/SMOKE is discovered (Home specific Fire Safety Plan)	Person discovering	EPM-C-10 (General Policies)
Code Green-Evacuation **Test Every 3 Years	Code Green -Partial evacuation, removal of residents and staff from danger area to safe area behind fire doors within Home. Code Green STAT —complete evacuation of the Home to a safe location	Fire Department Fire Department	EPM-G-10
CODE BLUE-Medical Emergency	Initiate when a Medical situation requires additional support and external assistance	Person discovering person in distress	EPM-D-10
Orange - Community Disaster/Mass Casualties **Test Every 3 Years	When notice has been received from external Emergency Services	When directed by external Emergency Service	EPM-H-10
Code Grey-External Air Exclusion	Initiate when there is a threat of external airborne contamination or to maintain the internal environment.	When directed by external Emergency Service	EPM-J-60
Code Black-Bomb Threat/Suspicious Pkg **Test Every 3 Years	Initiate when there is a bomb threat received by any means or when a suspicious package is located on the premises	Person discovering	EPM-I-10
Code Purple-Hostage Taking	Initiate when a resident, staff, visitor or other is held or removed from the	Person discovering/	EPM-L-05

	Home without authorization or consent	identifying situation	
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

Appendix A-1 Loss of Essential Services Response Plan Kensington Village Long Term Care Home

Essential Service	Response Plan		
<p>Loss of Heat</p> <p>Is code grey the right code?</p>	<ol style="list-style-type: none"> 1. Assess and determine the extent of loss of heat – is there total or partial loss of heat Assessing the system may include but is not limited to (as applicable to the unit): 2. Check of circuit breakers 3. Check the power source (on/off switch) 4. Check air filters 5. Check and ensure all vents and cold air returns are unblocked 6. Open and securely close the furnace door. ... 7. Check the gas valve. 8. Determine if repairs can be completed, or 9. Contact the Heating Service Contractor, requesting immediate service to check and correct the problem 10. If the Service Provider is unable to make repairs immediately determine an estimated time to correct the problem 11. If the Contractor is unable to come immediately, determine an estimated time of arrival 12. Provide information to the Executive Director and determine the course of action needed 13. If it is determined that the loss of heat will extend beyond 1 hour, Announce CODE GREY—LOSS OF HEAT – 3 times <table border="1" data-bbox="560 1119 1367 1228"> <tr> <td data-bbox="560 1119 836 1228">Code Grey-External Air Exclusion</td> <td data-bbox="836 1119 1367 1228">Initiate when there is a threat of external airborne contamination or to maintain the internal environment.</td> </tr> </table> <ol style="list-style-type: none"> 14. 15. Direct staff to monitor and document building temperatures every 30 minutes to ensure temperatures do not drop below 22°C in any occupied area until the heating system is fully restored 16. Direct staff to ensure all exterior doors and windows are closed and curtains are drawn 17. Direct staff to move residents to inner areas of the home away from exterior walls if temperatures fall below 22°C or to other home areas if heat loss is not affecting the whole home 18. Provide portable heaters if appropriate (if the loss of heat is not related to a Power outage) 19. Have additional blankets available 20. Code Green—Partial or Total Evacuation – if one area of the Home is affected, residents may need to be relocated to other areas. A total Evacuation may be required if the heat loss is expected to be prolonged. 21. Implement evacuation plan if building temperature falls below 15°C –refer to CODE GREEN - EVACUATION 	Code Grey-External Air Exclusion	Initiate when there is a threat of external airborne contamination or to maintain the internal environment.
Code Grey-External Air Exclusion	Initiate when there is a threat of external airborne contamination or to maintain the internal environment.		

<p>Loss of Cooling</p>	<ol style="list-style-type: none"> 1. Check the HVAC system and assess for possible cause(s) 2. Determine if repairs can be completed, or 3. Contact the Heating Service Contractor, requesting immediate service to check and correct the problem <ul style="list-style-type: none"> ○ If the Service Provider is unable to make repairs immediately determine an estimated time to correct the problem ○ If the Contractor is unable to come immediately, determine an estimated time of arrival 4. Provide information to the Executive Director and determine the course of action needed 5. Assign and direct staff to monitor and document building/room temperatures every 30 minutes to ensure temperatures do not rise above 26°C in any occupied area until the cooling system is fully restored 6. Direct staff to ensure all exterior doors and windows are closed and curtains are drawn 7. Direct staff to move residents to inner areas of the home away from exterior walls if temperatures rise above 26°C or to other home areas if cooling is not affecting the whole home 8. Provide portable fans as appropriate (if the loss of cooling is not related to a Power outage) 9. Implement evacuation plan if building temperature rises above 29°C –refer to CODE GREEN - EVACUATION
<p>Loss of Hydro</p> <p>Is this the right code?</p>	<ol style="list-style-type: none"> 1. The outlets and equipment which are powered by the emergency generator are red. 2. All homes have an emergency backup generator to provide power to critical equipment. When power fails in the facility, there may be a short delay (up to 20 seconds) until the generator powers on. It may be necessary to turn the equipment back on after the generator starts. 3. During a major power failure, heat and cooling systems may be affected – refer to “loss of Heat & Loss of Cooling System” 4. Contact the Home’s Electrical Utilities Provider (i.e. Hydro One) 5. Notify the Environmental Manager or on-call Maintenance. If it is expected maintenance will attend to the Home 6. Notify the Executive Director, Director of Care and other Managers as needed 7. If the disruption or loss of power is expected to extend over 1 hour, ANNOUNCE CODE GREY- LOSS OF POWER – 3 times. 8. If the disruption or loss of power is expected to resume quickly, inform all staff and put necessary

	<p>interventions in place for the safety and security of the residents and the home</p> <ol style="list-style-type: none"> 9. Notify the Fire Department and Fire Monitoring 10. Assign staff to Fire Watch procedures 11. Essential resident care needs and safety will be a priority 12. Review of Staffing needs to determine the need for additional staff for care, safety rounds and other areas as required. 13. Determine alternate documentation systems outside of PCC as necessary. 14. Print off EMAR as able or contact the Pharmacy to assist. 15. Paper Flow Sheets will be completed by the PSWs for documentation of care 16. Paper-based Nursing Progress Notes may be required 17. Special attention will need to be taken for equipment requiring power: <ul style="list-style-type: none"> • Air Mattresses – may need to be changed to a regular mattress • Kangaroo pump for G-feed—equipment should have a battery backup but will need to be monitored at regular intervals. In the event of an extended power loss, supplement feeding may need to be considered and/or feed through gravity flow.\ • Oxygen –Portable tanks will be filled and provided to residents. 18. additional blankets may be required 19. Menus will be altered as needed. Determine if the Home can adequately provide therapeutic diets. In the event this can not be done on-site, the FSM, in collaboration with the Administrator may need to outsource products to meet the resident's needs 20. Check to ensure sufficient food supplies are available to last 3-5 days 21. In the event, that the Fridge/freezer is not on the backup generator, the FSM, in collaboration with the Administrator, may need to consider having a portable freezer vehicle brought on-site. 22. Provide disposable plates & utensils for meals 23. If the power supply will not be restored for an extended period and the emergency power supply is insufficient to maintain adequate building heat, prepare for CODE GREEN-Partial or Total Evacuation.
<p>Withdrawal of Services</p>	<ol style="list-style-type: none"> 1. In the event of an actual or a threat by staff relating to walkout action, mass resignation, work stoppage or slowdown the Charge Nurse will notify the Executive Director/designate immediately. 2. The Executive Director will notify the CEO

	<p>3. Managers and Supervisors will meet to discuss strategies and to ensure appropriate staff are available to provide care to individuals. Off-duty Registered staff will be contacted and notified of the pending situation. If possible, agencies will be contacted for stand-by personnel.</p> <p>4. A full investigation of the situation will be initiated. The Executive Director and CEO will meet with staff Union representatives as soon as possible to discuss the situation and hear any grievances.</p> <ul style="list-style-type: none"> o Where possible appropriate action will be taken to eliminate the concern(s) and to resolve the issue(s) <p>5. Consideration of strategies will include:</p> <p>Nursing Department:</p> <ul style="list-style-type: none"> a. Essential care must be provided—staffing must be considered as to providing the basic essential care and by whom b. Agency personnel (if able) to be assigned to specific areas and duties. Orientation to task specifics to be completed. c. Procurement of medication and other supplies. d. Check with families to make arrangements for any resident to go on casual or vacation leave if possible. e. Inform physicians of the situation. <p>Dietary Department:</p> <ul style="list-style-type: none"> a. Primary function of meal preparation; meal delivery; and ensuring the environment is kept in a sanitary and safe condition must be ongoing; b. Consideration will be given to arranging paper plates, cups and other disposable items, c. Menu planning will be completed to ensure preparation is less time-consuming but still afford residents with appropriate diet and nutritional requirements, d. Proper garbage disposal <p>Housekeeping/Laundry:</p> <ul style="list-style-type: none"> a. A sanitary level of housekeeping needs to be maintained b. Appropriate staffing must be arranged to provide services or if necessary to contact an outside janitorial service. c. Laundry services may need to be contracted to outside services. <p>Maintenance:</p>
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	<p>a. Essential functions concerning maintenance must be provided: repairs, garbage removal, utilities, fire safety, communication systems and security.</p> <p>Activity:</p> <p>a. Activities may need to be reduced or cancelled depending upon the nature of the confrontation. Personnel may need to assist in other areas, i.e. delivery of meals, feeding, contacting families, etc.</p> <p>Business Office:</p> <p>a. Maintaining records and booking activities pertinent to the operation of the facility.</p> <p>b. Assisting with the communications.</p>
<p>Loss of Natural Gas</p>	<ol style="list-style-type: none"> 1. If on-site maintenance will contact the Home's Gas supplier to determine the duration of the shutdown 2. If Maintenance is not on-site, the Charge Nurse will contact the Home's Gas supplier to determine the duration of the shutdown. 3. Consideration in altering normal routines, preparation and/or service may be necessary in the following areas depending upon what areas are being serviced by gas: Food preparation – a menu change may be required, Laundry, Heat, Hot Water Boilers 4. Notify residents and families 5. Shut down gas-powered equipment and turn off gas supply valves, if required 6. Suspension of operation of laundry services (dryers) <ul style="list-style-type: none"> ➤ Staff may be assigned to take linens to an external location for drying ➤ Provide additional linens and towels from storage as required 7. If gas services the water heating, residents' baths/showers will need to be suspended and alternative methods of providing care initiated, 8. Food preparation may be affected if the stove is gas 9. Heating of the Home. <ul style="list-style-type: none"> ➤ The Home should consider if there are adequate electrical heaters to create warming zones in each home area.
<p>Interruption of Food Services</p>	<ol style="list-style-type: none"> 1. Determine the availability of external resources 2. Purchasing of food items and supplies from other vendors (such as grocery stores, and restaurants) 3. Purchasing ready-made items 4. Juice, milk and cereals can be purchased in portioned pack containers if available

	<ol style="list-style-type: none"> 5. Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary 6. Use of paper products 7. Ensure a supply of potable water if applicable 8. Ensure therapeutic diets and textures are maintained by using the appropriate equipment and supplies
<p>Loss of Water</p>	<ol style="list-style-type: none"> 1. In the event of a complete loss of water, contact local Public Utilities to determine the expected duration of shutdown. 2. Notify the Director of Facility Services and Executive Director if shutdown time is estimated to be unknown or potentially greater than 1 – 2 hours. 3. If water supplies will not be available for several hours, the following procedure is to be followed: 4. Laundry, dishwashing operations and regular Resident bathing will be discontinued for the duration of the shortage. 5. Disposable hand wipes will be obtained through Nursing Services for personal care. 6. <u>Minimize the use of toilets during the period of shortage.</u> Remember that a toilet can be flushed only once after the water supply to the building is cut off. If the loss of water was announced ahead of time, the water stored in the tubs can be used for flushing toilets. 7. Regular Resident bathing will be discontinued immediately for the duration of the shortage. 8. If a water shortage is anticipated, all tubs should be filled with clean water. When needed for personal care or to flush toilets, this water can only be retrieved from the tub by using a clean receptacle to maintain infection control measures. 9. All staff will reduce linen usage whenever possible, e.g. routine bed changes. 10. Disposable hand wipes will be obtained from Nursing for perineal care. 11. Ensure sufficient antiseptic hand sanitizer is available in each department area 12. Linen products in the Clean Supply area(s) and or storage will be made available to care areas. 13. Facility Services is responsible for monitoring all equipment which may burn out due to lack of water. 14. If necessary, laundry may need to be done off-site.

	<p>15. Dietary Department</p> <ul style="list-style-type: none"> • In the case of a scheduled water shortage or interruption, the 3 sinks in the kitchen can be filled and some dishes/utensils can be washed by hand using the 3-sink method. Paper and plastic dishes will be used for meal service. • In the case of an unscheduled water interruption or shortage, if the interruption occurs during mealtime, all of the dirty dishes should be stacked on the dirty dish cart and washed when the water problem is resolved. All other meals will be served on paper products until the problem is resolved. <p>Loss of Water for an extended period: (> 6-8 hours) If the loss of water is expected to cover an extended period, the Administrator/designate will:</p> <ul style="list-style-type: none"> • Notify the President of Sharon Village Care Homes, • Consider an outside Water Supply Company with a tank to hook up to the external water supply line. This will provide for non-potable water to supply to areas within the Home. • Arrange to have a supply of potable water delivered to the Home for cooking, provision of food, drink preparation and drinking. • Notify other external services that may be impacted by the loss of water. • Notify the MOH by telephone, complete and submit the Critical Incident Report.
Loss of IT	<p>Loss of Internet:</p> <ol style="list-style-type: none"> 1. In the event of a loss of internet services, the Executive Director will call the IT provider to determine the outage time. 2. Switch to paper for documentation requirements. 3. Utilize printed eMAR sheets for medication administration if the outage is ongoing.
Boiled Water Advisory	<p>Immediately for Drinking Water:</p> <ol style="list-style-type: none"> 1. Secure a supply of potable (drinkable) water by: <ul style="list-style-type: none"> ○ Use of commercially bottled water – assessing if a current supply is available in the Home or arranging for the delivery of a quantity of water through a local vendor, or ○ Boiling water which is brought to a rolling boil for 1 minute, cooling and storing in a covered sanitized container, or

	<ul style="list-style-type: none"> ○ Depending on the estimated length of the advisory being in place, secure a water supply from a water-hauling vendor. <p>2. It may be necessary to disconnect all equipment directly plumbed to the water system i.e. ice machines, coffee machines, juice machines etc.</p> <p>The IPAC Coordinator in collaboration with Public Health will determine what measures must occur based upon the type of water advisory.</p> <p>It is advised that any ice stored within the ice machine is discarded as a result of the potential for contamination. The ice machine must be thoroughly cleaned and water lines decontaminated before restarting.</p> <p>Thoroughly clean the coffee machine and juice machine before using them after a boil water advisory has been lifted.</p> <p>Discard any juice that may have been in the machine before the boil water advisory. The dispenser nozzles of the juice machine must be taken apart, cleaned, sanitized and rinsed before reusing.</p> <p>3. Post signs at all faucets, in the kitchen area, and in washrooms to not drink/use the water. Public Health should be contacted to obtain signage/tags for taps, alerting individuals to DO NOT DRINK. Residents with cognitive deficiencies may be most vulnerable during this time due to a lack of understanding – consideration to have water supplies turned off at each water tap, and an assessment of requiring additional staff to enhance safety and monitoring may be required.</p> <p>4. The Executive Director/designate will notify Sharon Village Care Homes CEO of the occurrence and outline the course of action required.</p> <p>5. The Executive Director/designate will notify the Ministry of Health (CIS) according to policy relating to reporting the occurrence</p> <p>6. Any media communication will be handled by the CEO and Corporate Office.</p> <p>Food Services: The Dietary Manager/designate will:</p> <ul style="list-style-type: none"> ○ Ensure sufficient potable water is available for food preparation and cooking
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	<ul style="list-style-type: none"> ○ Discard ready-to-eat food that has been prepared with potentially unsafe water before the Boiled Water Advisory came into effect. This may include coffee, juice, Jello, ice etc.) ○ For further information and/or instructions on what foods should be discarded, contact the local Public Health for advice. ○ Review the current menu and modify it to prepare food items that require little preparation and little or no water. <p>Dietary Equipment—Cleaning & Sanitizing:</p> <ul style="list-style-type: none"> ○ Use disposable products where possible, or ○ Ensure potable water is used to clean and sanitize equipment and utensils –use 3 Sink Method for cleaning ○ Dishwasher use—continue to use if hot water is equal to or greater than 82°C (180°F) or above for the final rinse. Low-temperature dishwashers using chemical sanitizers may not be effective against water contaminated with parasites– not to be used. <p>Review with Public Health for further advice and instructions.</p> <ul style="list-style-type: none"> ○ Any equipment with filters that may have come into contact with water affected by the boil water advisory must be replaced or disinfected following the manufacturer’s instructions or upon instructions from Public Health. <p>Environmental Services:</p> <p>Housekeeping:</p> <ul style="list-style-type: none"> ○ Use potable water for mixing chemical disinfectants used in environmental cleaning <p>Laundry:</p> <ul style="list-style-type: none"> ○ Continue with current laundry practices unless otherwise instructed by Public Health <p>Maintenance:</p> <ul style="list-style-type: none"> ○ Assess areas as to whether water supply should be restricted and/or turned off during the period the Boiled Water Advisory is in effect. ○ When the Boil Water Advisory is lifted, Maintenance will enlist the assistance of all staff within each home area and department to run all cold-water faucets for at least five (5) minutes before using the water. ○ Check with Public Health to whether water heaters are to be drained and refilled <p>Nursing & Personal Care Services:</p> <p>Personal Hygiene:</p>
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	<ul style="list-style-type: none"> ○ Unless specified by Public Health, bathing can continue as long as residents do not consume the water and their skin is intact. Showers are preferable ○ For residents with open skin areas, sponge bathing is to be done, with potable water or wet wipes Note: Homes may have a supply of non-wet towels for emergency use ○ Oral care/denture care must be completed with potable water. ○ Medical procedures must be completed with potable water or sterile water. <p>Infection Prevention & Control: The IPAC Coordinator will be responsible for collaborating with Public Health as to Infection Control measures to be implemented for safe care to persons served.</p> <p>Hand Hygiene:</p> <ul style="list-style-type: none"> ○ Potable water is recommended, followed by the use of ABH Sanitizer ○ Follow additional precautions as recommended through Public Health and/or IPAC Coordinator <p>Enhanced Surveillance for Enteric Illness:</p> <ul style="list-style-type: none"> ○ Notify Public Health if an enteric illness is suspected ○ The IPAC Coordinator will monitor the daily surveillance logs and collaborate with Registered Staff for any resident who may be symptomatic ○ Create a line list per protocol ○ Follow all directions provided by Public Health and communicate additional protocols to appropriate staff ○ Standard enteric precautions and outbreak management protocols are to be followed for residents with diarrheal illness. Public Health is to be notified. Collect specimens to be sent for testing to determine the pathogen involved. ○ Staff with enteric illness symptoms must report to their Department Manager and be excluded from work. The staff member must be symptom-free for at least 48 hours before returning to work. Public Health must be notified and additional instructions provided as warranted. ○ Staff with enteric symptoms or suspected enteric symptoms will be reported to Public Health by the IPAC Coordinator.
<p>Loss of Communication</p>	<p>Loss of Telephone: In the event of a loss of telephone service, the person discovering will</p> <ul style="list-style-type: none"> • Notify the Environmental Manager/designate or the Charge Nurse

	<p>If the loss of the telephone system is not a result of loss of power or another event, the Environmental Manager/Charge Nurse will:</p> <ul style="list-style-type: none"> • Contact the Service Provider for the telephone system by using the emergency telephone, if applicable, or using a cell phone • If a phone outage is indicated for a long duration, advise the Executive Director and other Managers • The Executive Director/designate will inform the CEO • Communicate to staff the method of communicating while services are disrupted, this may include but is not limited to the use of cell phones, assigning individuals to deliver messages between home areas or other appropriate means for effective and timely communication. <p>Loss of Nurse Call System: <i>(Refer to Policies: NAM-I-90 Call Bell System and FSM-C-125 Nurse Call System)</i></p> <p>If unusual circumstances happen where the nurse call system is not working or the system fails, the person becoming aware of the incident will:</p> <ul style="list-style-type: none"> • Notify the Environmental Manager, Director of Care or the Charge Nurse immediately <p>Maintenance is responsible for troubleshooting to determine if the system can be repaired, if not</p> <ul style="list-style-type: none"> • The Service Provider will be notified and request for immediate emergency service <p>If the call bell system is expected to be greater than 6 hours, the Director of Care will notify the Executive Director (if not on-site).</p> <p>The Director of Care/designate will inform the MOH followed by the completion and submission of the CIS report.</p> <p>During the time, the call bell system is not operational, the following interventions will be implemented:</p> <ul style="list-style-type: none"> • Nursing will assign staff to complete safety rounds at least every 15 minutes and document • Options of using chair alarms, bed alarms, handbells or other similar items <p>The Director of Care will complete a report to the MOH through the Critical Incident Report System as per requirements.</p>
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APPENDIX B – HIRA EMERGENCY RISK ASSESSMENT

HAZARD AND VULNERABILITY ASSESSMENT TOOL									
NATURALLY OCCURRING EVENTS									
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK	
	Likelihood this will occur	HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	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 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%	
Tornado	1	1	2	2	3	2	1	20%	
Severe Thunderstorm	2	1	2	2	2	1	1	33%	
Snow Fall	3	1	1	1	2	1	1	39%	
Blizzard	1	1	1	1	2	1	1	13%	
Ice Storm	2	1	1	1	2	1	1	26%	
Earthquake	0	0	0	0	0	0	0	0%	
Extreme Cold	3	1	1	1	1	1	1	33%	
Hot Temp >26°C	3	1	1	1	1	1	1	33%	
Drought	0	0	0	0	0	0	0	0%	
Flood, External	0	0	0	0	0	0	0	0%	
Community Disaster	2	1	1	1	1	1	1	22%	
Pandemic	3	2	1	1	1	1	1	39%	
Epidemic	2	2	1	1	1	1	1	26%	
								0%	
								0%	
AVERAGE SCORE	1.38	0.75	0.75	0.75	1.00	0.69	0.63	12%	
<i>*Threat increases with percentage.</i>									
		RISK = PROBABILITY * SEVERITY							
		0.12	0.46	0.25					

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS**

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	2	2	2	1	1	1	33%
Generator Failure	2	3	3	3	3	3	3	67%
Transportation Failure	0	0	0	0	0	0	0	0%
Fuel Shortage	0	1	1	1	1	1	1	0%
Natural Gas Failure	1	1	1	1	1	1	1	11%
Water Failure	1	2	2	2	0	0	0	11%
Sewer Failure	1	2	2	2	0	0	0	11%
Fire Alarm Failure	2	2	2	2	1	1	1	33%
Communications Failure	2	2	1	2	1	1	1	30%
Medical Gas Failure	0	0	0	0	0	0	0	0%
HVAC Failure	0	0	0	0	0	0	0	0%
Information Systems Failure	2							0%
Fire, Internal	1	2	2	2	1	1	1	17%
Flood, Internal	1	2	2	2	1	1	1	17%
Hazmat Exposure, Internal	0	0	0	0	0	0	0	0%
Supply Shortage	2	2	2	2	1	1	1	33%
Structural Damage	0							0%
AVERAGE SCORE	0.89	1.11	1.05	1.11	0.58	0.58	0.58	8%
<i>*Threat increases with percentage.</i>		RISK = PROBABILITY * SEVERITY						
		0.08	0.30	0.28				

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 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%
Mass Casualty Incident (trauma)	1	1	0	2	1	1	1	11%
Mass Casualty Incident (medical/infectious)	1	1	0	2	1	1	1	11%
Terrorism, Biological	1	2	2	2	1	1	1	17%
Missing Resident	2	2	0	0	1	1	1	19%
Hostage Situation	1	1	1	1	1	1	1	11%
Intruder with a Weapon	1	1	1	1	1	1	1	11%
Violence -Internal	3	1	1	1	1	1	1	33%
Labor Action	0	0	0	0	0	0	0	0%
Bomb Threat	1	1	1	1	1	1	1	11%
Medical Emergency	2	2	2	2	1	1	1	33%
								0%
AVERAGE	1.30	1.20	0.80	1.20	0.90	0.90	0.90	14%
<i>*Threat increases with percentage.</i>								
		RISK = PROBABILITY * SEVERITY						
		0.14	0.43	0.33				

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS**

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	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%
Mass Casualty Hazmat Incident -(historical events >5 victims)	0	0	0	0	0	0	0	0%
Small Casualty Hazmat Incident (past history <5 victims)	0	2	1	1	1	1	1	0%
Chemical Exposure, External	2	1	1	1	1	1	1	22%
Small-Medium Sized Internal Spill	1	1	1	1	1	1	1	11%
Large Internal Spill	1	1	1	1	1	1	1	11%
Terrorism, Chemical	1	1	1	1	1	1	1	11%
Radiologic Exposure, External	1	1	1	1	1	1	1	11%
Terrorism, Radiologic	1	1	1	1	1	1	1	11%
AVERAGE	0.78	0.89	0.78	0.78	0.78	0.78	0.78	7%

*Threat increases with percentage.

	RISK = PROBABILITY * SEVERITY		
	0.07	0.26	0.27

Hazard and Risk Assessment Plan Template (HIRA)

Home: Kensington Village

2024

The leadership team completed the HIRA tool (EPM-B-04-01) to assess risk in the categories of natural hazards, technological hazards, human hazards and hazardous materials. The HIRA exercise has identified the areas below as the highest risks.



Category	Risk Identified	Relative Risk	Plan
	Snowfall	39%	<p>Implement Staffing Contingency plan if necessary.</p> <p>We have 1+ week supply of food and resident care supplies on hand for residents at all times. Food would need to be prepared/arranged for staff if necessary. Temporary shelter arrangements could be made for staff who might need to stay overnight.</p> <p>Gas & electrical available in kitchen, so if at least one is working, food production can continue.</p> <p>Hot water boiler heating is provided in each room. Gas contractor information on emergency call out list.</p> <p>Extra blankets available in laundry for residents if needed. Space heaters on site.</p> <p>Home is on a major intersection with consistent snow removal. Home has contracted snow removal for parking lot.</p>
	Pandemic	39%	Please see Pandemic Plan
	Generator Failure	67%	Code green - Full evacuation plan will be initiated

Executive Director Signature: _____ Date: _____

Appendix C-1

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.

Name of LTC Home: Kensington Village
Address: 1340 Huron St., London, ON N5V 3R3
Phone # : 519-455-3910
Primary Contact Person in event of Emergency: Name: Michelle Dawson, Executive Director
Contact #: 519-455-3910 ext 230 Email: mdawson@svch.ca
Secondary Contact (Back-Up designate): Name: Melanie Campbell
Contact #: 519-455-3910 ext 229 Email: mcampbell@svch.ca
Sharon Village Care Homes Corporate Contact Person: Name: Shirley Thomas-Weir
Contact #: 1-905-975-9671
Resident Occupancy #: <u>78</u> (licensed capacity)
Special Care Needs of Resident Population: <input type="checkbox"/> Oxygen Requirement <input type="checkbox"/> Mobility Impairments <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Feeding Tubes/formula/pumps <input type="checkbox"/> Other: (Specify: _____)
Human Resource: # of Staff (full time equivalents): 43 9 RN/RPN 22 PSW 5 Facilities 5 Dietary 2 Recreation
Facility Particulars: <input type="checkbox"/> Generator Estimated length of time: <u>72</u> Hours Are there only specific areas the Generator will cover: <input type="checkbox"/> Yes **A list must be available Kitchen including walk in fridge and freezer, cooking equipment 2 serveries 2 elevators Nursing desk 12 Resident rooms (list of rooms that have a red plug) Gathering Place Emergency lights in hall, stairway and exit signs Nursing Call Bell System

If the water supply to the Home is interrupted, is there capability to hook up to an external supply?

Yes No

Outline any other specifics:

Vendors:

Food Supplies Vendor:

Company Name: **Sysco**

Emergency Contact Name: customer service Emergency Contact #:905-670-8605

Back-up Emergency Contact Name: Back-up Emergency Contact #:

Pharmacy Vendor:

Company Name: **CareRx**

Emergency Contact Name: After Hours Emergency Contact #:905-928-6672

Back-up Emergency Contact Name: Business Hours Contact #: 1-877-336-8672

Medical Supplies:

Company Name: **Medical Mart**

Emergency Contact Name: Rudy Cantu Emergency Contact #: 226-971-0134

Back-up Emergency Contact Name: Back-up Emergency Contact #:

Medical Advisor:

Name: Dr. Andrew Whynot Contact #: 519 702 6271

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

Other Essential Vendors:

Ministry of Health & Long-Term Care: 1-416-314-5518 or 1-866-532-3161

Ontario Health West

To launch Emergency Response: 911

Director of London Emergency Services: 306-471-9998

Communication Systems:

Outline the main method of communication within the Home: telephone with overhead system

Is there an emergency communication system?

Yes-- If yes, explain: 2-way radio, cell phones

No

Emergency Plans in place:

Chain of Command and Roles for Emergencies: Yes No Partial

Back-up Communication System: Yes No Partial
Staffing Contingency Plan: Yes No Partial
Agreements for External Sheltering in the event of evacuation: Yes No Partial
Evacuation Plan: Yes No Partial
Fire Safety Plan: Yes No Partial
○ Date last approved by Fire Official: December 2023
Outbreak Contingency Plan (including Pandemic Planning): Yes No Partial

APPENDIX C-2

Community Resources & Partners

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

Name of LTC Home: Kensington Village
Address: 1340 Huron St, London, On N5V 3R3
Phone # : 519-455-3910
Primary Contact Person in Home: Executive Director Name: Michelle Dawson
Contact #: 519-455-3910 ext 230 Email: mdawson@svch.ca
Secondary Contact (Back-Up designate): Director of Nursing Name: Melanie Campbell
Contact #: 519-455-3910 ext 228 Email: mcampbell@svch.ca
Sharon Village Care Homes Corporate Contact Person: Name: Shirley Thomas-Weir
Contact #: 1-905-975-9671
Ministry of Health & Long-Term Care:
Contact #: 1-416-314-5518 or 1-866-532-3161
Community Emergency Preparedness (if applicable):
To launch Emergency Response: 911 Director of London Emergency Services: 306-471-9998
Police Liaison:
Non-Emergency #: 519-661-5670
Emergency Phone #: 911
Fire Department Liaison: Non-Emergency #: 519-661-5615 Emergency Phone #: 911

Appendix C-3

Incident Management Systems Designates

Name of Home: Kensington Village

Location of Emergency Operations Center: Front Foyer if accessible

Senior Command Incident Manager: Michelle Dawson, Executive Director

SVCH Corporate Lead: CEO is responsible for the overall management and collaboration of the Home during an emergency situation

IMS Role Title	Primary Designate	Secondary Designate	
Incident Manager	Michelle Dawson	Melanie Campbell	
Public Information Manager	Corporate: Shirley Thomas-Weir	Peter Schlegel	
	Home: Leighara Arnold	Michelle Dawson	
Liaison Officer	Wanda Amsden	Melanie Campbell	
Safety Officer/ Coordinator	Ben Edwards	Glenda Seroma	
Information Technology Lead	Yamurai Masinire	Melissa Milner	
Operations Manager	Melanie Campbell	Ben Edwards	
Planning Manager	Melissa Milner	Gillian Mahon	
Logistic Manager	Glenda Seroma	Yamurai Masinire	
Finance Manager	Corporate: Huibin Pan	Peter Schlegel	

Appendix C-4 Emergency Communications Team & Responsibilities Kensington Village

Lead	Person(s)	Responsibilities
Communication Team Lead	Executive Director/ designate Lead: Michelle Dawson Back-up: Ben Edwards/Melanie Campbell	<ul style="list-style-type: none"> ○ Coordinates full communication response in collaboration with Corporate Office ○ Oversees message development ○ Primary spokesperson internally ○ Communicates with Emergency Services ○ Ensures Employee Fan-out list is up to date & accessible –provides direction to initiate call-ins
Corporate	Shirley Thomas-Weir -CEO Leslie DuCharme, Director of Operations	<ul style="list-style-type: none"> ○ Works with Team Lead to coordinator communication response ○ Primary spokesperson for media information ○ Script message(s) to be provided by staff for call-ins
	Director of Care/ designate RSM; Wanda Amsden Nurse Manager: Glenda Seroma	<ul style="list-style-type: none"> ○ In collaboration with ED, coordinates message to residents, families, other stakeholders ○ Coordinates additional help that residents/ families may need ○ Coordinates with MOH/OH@H ○ Connects with Advisory Physician & Attending Physician(s)

Appendix D-1 Fire Plan

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Section 1 Introduction to the Fire Safety Plan

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

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

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

1340 Huron Street
London, ON N5V 3R3

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

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

Section 2

Facility Information

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

Location: 1340 Huron Street
London, Ontario N5V 3R3

Telephone No: 519-455-3910

Fax No: 519-455-1570

E-mail: infokv@svch.ca

President: Peter Schlegel
Phone No: 519-870-8088

Section 3 Facility Description

Type of Building: 2 level – multi-unit

Building Use: Retirement and Long-Term Care Home

Date of Construction: 1984

Date of Renovations: 1991

1997
2003 – Addition of 5th, 6th, 7th Avenues (Retirement Home)
2006 – Lower level, offices, hairdressing room, record storage
2014 – Long Term Care – Renovation 1st and 2nd floor, Lower Level

Number of Resident Nursing & Retirement Suites: 222

Number Residents: 1st floor - 46
2nd floor - 32
Retirement home = 144 residents

Total resident capacity Retirement home -144 Residents
Long Term Care – 78
Total facility capacity - 222

Number of Storeys: 1 level – Retirement Home
2 level – Long Term Care

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

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

Floor Construction: Non-Combustible

Roof Construction: Both – Combustible and Non-Combustible

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

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

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

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

Section 4

Facility Audit

Item	Retirement Home	LTC Home
Fire Vehicle Access Route:	West side with access from Highbury Ave South side with access from Huron Street	South, East and partial north side with access from Huron Street
Siamese Connections: see diagram	West side – 4 connections *All identified by signage and noted on floor plan (facing Highbury Ave)	East side – 2 connections *All identified by signage and noted on floor plan (off Huron Street)
Fire Alarm system	2 stage alarm system	2 stage alarm system
Fire Alarm monitoring company	Fire Monitoring of Canada Phone: 1-800-563-3840	Fire Monitoring of Canada Phone: 1-800-563-3840
Fire Alarm & Detection system	Manufacturer: Mir Com Model: FX 2000S Type: 2 stage Primary Power Supply: Secondary Power Supply: Generator	Manufacturer: Mir Com Model: FX 2000S Type: 2 stage Primary Power Supply: Secondary Power Supply: Generator
Fire Panel Location	Main Entrance doors off Huron Street	
Annunciator Panel Locations:	Main Entrance doors off Huron Street and Highbury Entrance	1 st Floor nursing station x 2, 2 nd floor nursing station. LTC entrance by Tuck Shop
Fire Pull Stations	At all exit doors - See map	At all exit doors - See map
Individual Balconies	Some rooms on the Retirement Home have patio access	None
Sprinkler System Coverage	Full sprinkler coverage on 5 th , 6 th and 7 th avenues No sprinkler coverage on 3 rd , 4 th and 8 th avenues.	LTC side is full sprinkler coverage

Item	Retirement Home	LTC Home
Sprinkler shut off valve Location	5 th mechanical room – west side 5 th ave – outside of facility 6 th Avenue – outside of building on south-west corner of facility 7 th Avenue – outside of building on the north west corner of facility Highbury Entrance- double doors in foyer	1 st avenue, East mechanical room – for kitchen pantry East mechanical room shut off valve for main system. North Hall between fire doors and room 114 ceiling – shut off valve Lower level staff lounge ceiling – shut off valves all valves in ceiling identified by signage.
Standpipe and Hose System	Yes See map	Yes see map
Fire Pump	5 th Ave – mechanical room (by 526)	Yes Location: Lower Level – mechanical room 1 st floor – east mechanical room
Emergency Power		Yes – Generator Power Make: KOHLER Model: 350REOZJB Location: Outside SE corner by garbage area
Kitchen exhaust hood LTC		Attached to our BAS system, high thermostat in the hood trips from fire shuts down the exhaust fan and unit. Reset is in the bulk head.

Emergency Power areas covered by generator back up:

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

Item	Retirement Home	LTC Home
Elevator	None	Yes – two Connects basement to 1 st and 2 nd floors Elevator machine room located on lower level beside the elevator for main car, and elevator machine room in lower-level kitchen by elevator doors 2 nd elevator connects the 1 st and 2 nd floor serveries from LTC kitchen in lower level Key: Charge nurse, facility services have the elevator key Complies with OBC and OFC Elevator Car #2 is the fire fighter Elevator Car #1 has no emergency functions
Portable Fire Extinguishers	Yes Type: ABC Kitchen: Type K & BC	Yes Type: ABC Kitchen: Type ABC & K
Fixed Fire Extinguishers	BC – dry chemical in hood above kitchen stove on East side of hood	ABC – dry chemical in hood above kitchen stove
Exits	West: Highbury Entrance South: Huron Entrance *See map for secondary exits	Main Exits: East: 1 st floor Nursing Lower Level – 2 exits 2 nd floor – 3 exits
Fire Separations	Corridors – see map Stairwells Resident Rooms	Corridors – see map Stairwells Resident Rooms
Zone Separations	Yes See map See map	Yes See map See map
Water Supplies (<i>ie. Public & private</i>)	4 – north, south west and west sides	2 – east side of building north and south location See map -
Gas Shut off Valves	None	2 – Lower-Level mechanical room and East mechanical room East Mechanical room - Main power disconnect

Section 5**Audit of Human Resources and Supervisory staff
Contact Information**

Director of Facility Services	
Name	Ben Edwards
Street Address	67 Main St.
City/Postal Code	Ridgetown, ON N0P 2C0
Cell Number	519-359-4491
Business Number	519-455-3910
Executive Director of LTC	
Name	Michelle Dawson
Street Address	273 Meadowsweet Trail
City/Postal Code	London, Ontario N5X 0A4
Cell Number	519-200-8153
Business Number	519-455-3910 ext 230
Director of Care	
Name	Melanie Campbell
Street Address	128 Albert St
City/Postal Code	Lucan, Ontario N0M 2J0
Cell Number	226-377-4629
Business Number	519-455-3910 ext 228
Director of Care Retirement	
Name	Krystabelle Fernadez
Street Address	1720 Mickleborough Dr.
City/Postal Code	London, Ontario N6G 5R7
Cell Number	519-282-9192
Business Number	519-455-3910 ext 222
Building Owner	
Name	Peter Schlegel
Street Address	Webster Street
City/Postal Code	London
Cell Number	519-870-8088
Business Number	226-663-1802

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

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

Position	Days	Evenings	Nights
<u>Retirement Home staff</u>			
RH leadership team	5		
RH Registered Staff	4	4	2
RH HCA/PSW	9	8	4
Retirement Activation Department	1	1 some days	
<u>Dietary – Facility RH/LTC</u>			
Dietary Management - RH	1		
Cook/ Dietary – RH	4	4	
Dietary Management - LTC	1		
Cook/Dietary aides - LTC	2	2	
<u>Facility Department staff RH/LTC</u>			
Director of Facility Services	1		
Environmental Services Department RH 5	4		
<u>Nursing Department LTC</u>			
Nursing Leadership	6		
LTC - Registered Staff	5	5	2
LTC - HCA/PSW	12	11	4
LTC – Dir. Rec & Volunteer services	1		
LTC - Recreation	2	1 (twice a week)	
Physiotherapy/Kinesiology	1		
Hairdresser	1 (3 days a week)		
<u>Totals For RH/LTC</u>	65	33	12

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

Section 7 Training of Supervisory Staff

Definition of Supervisory Staff:

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

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

All key personal are to be shown:

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

Supervisory Staff Procedures:

Ensure the fire alarm has been activated
Ensure the key to activate 2nd stage is available
Notify the Fire Department
Ensure all staff responds to the alarm
Assists in the evacuation of resident

IN CASE OF FIRE

UPON DISCOVERY OF FIRE

Leave fire area immediately
Close Doors
Call Fire Dept 911
Sound Fire Alarm
Leave building via nearest exit

DO NOT USE ELEVATOR

UPON HEARING FIRE ALARM

Leave building via nearest exit
Close doors behind you

CAUTION

If you encounter smoke in the stairway use alternate exit

REMAIN CALM

EVACUATION MEETING LOCATION

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

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

Contact: ROB: 519-317-8968

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

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

Section 8 NURSING HOME FIRE ALARM PROCEDURE

1. When alarm is activated, the annunciator panel [at both Huron and Highbury and LTC entrance doors and 1st/ and 2nd floor nursing station] will light up showing zone/ area affected and alarm bell will ring at slow speed. The location of the alarm will be announced by the Nursing Home 1st floor charge nurse

who will also contact the Fire Department. Retirement staff will meet Fire Department at front door.

2. Remove any residents from immediate danger. All residents in the area of the fire should be evacuated beyond the closest fire doors. "Evac Alert" will be used to identify vacated rooms.
 3. Close all windows and doors and clear corridor of equipment (carts, lifts etc.).
 4. Residents in other areas of the building should be instructed to stay where they are unless otherwise advised. Keep residents calm and wait for further instructions.
 5. Dietary/Kitchen aides are to turn off all equipment in the kitchen, close all windows and proceed at once to nearest nurses' station. If in a dining room, comfort Residents.
 6. Activation aides are to comfort residents at activities or report to the nearest nursing station.
 7. Laundry aide is to turn off all equipment, and proceed immediately to 1st floor nursing station.
 8. Housekeeping staff are to clear corridors of all equipment, i.e. floor machine, mops, and proceed at once to the nearest nurse's station.
 9. If evacuation of the building becomes necessary, the fire chief will notify the First Floor Charge Nurse (Control Officer). In his/her absence, the Director of Nursing Care or his/her alternate becomes the responsible person. Evacuation routes to be used are those to the outside of the building only. Do not use any courtyard exits as evacuation routes.
 10. If it becomes necessary to evacuate the building, St. Albans Anglican Church will supply temporary emergency accommodation for the residents. The church key is located in the first-floor nursing med room.
- Second stage indicates total evacuation of facility. (**Second stage will alarm with in 5 mins of 1st stage if not reset prior to the 5 minutes.**)

Section 9 RETIREMENT FIRE ALARM PROCEDURE

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

advised. Keep residents calm and wait for further instructions.

5. Dietary/Kitchen staff is to turn off all equipment in the kitchen, close all windows and proceed at once to nearest resident care station. If in a dining room, comfort Residents.
6. Retirement Activation staff are to comfort residents at activities or report to the nearest resident support station.
7. Retirement Housekeeping staff are to clear corridors of all equipment, i.e. floor machine, mops, and proceed at once to the nearest resident support station.
8. If evacuation of the building becomes necessary, the fire chief will notify the First Floor Charge Nurse (Control Officer). In his/her absence, the Director of Nursing Care or his/her alternate becomes the responsible person. Evacuation routes to be used are those to the outside of the building only. Do not use any courtyard exits as evacuation routes.
11. If it becomes necessary to evacuate the building, St. Albans Anglican Church will supply temporary emergency accommodation for the

Section 10 Facility General Fire Procedures

(A) IF YOU DISCOVER FIRE OR SMOKE:

Remove all residents from the room.

Close the door to delay the spread of fire and toxic gases.

Flip the evacuation tag.

Sound the fire alarm to get help (operating nearest pull station).

Begin evacuation of residents out of fire zone.

Attempt to extinguish fire **by trained personnel only** after all residents are removed from the fire zone. Continue with the evacuation of endangered residents.

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

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

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

If the alarm is sounding continuously:

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

Fire Alarm Flow Chart

Alarm Sounds

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

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

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

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

LTC Home, 1st floor charge nurse

- directs staff to Fire Zone
- Directs staff to mandate all armed doors now unlocked (no one is to leave or enter these exits without permission from the Control Officer)

*** If evacuation is necessary**

- **Calls Retirement RPN for staff assistance**
- Makes call to the Administrator who then begins the Fan Out List

Retirement Home RPN

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

***If evacuation is necessary**

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

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

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

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

RPN on retirement receives the all clear by the fire department

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

Section 11

Departmental Fire procedures

Administrators (Facility RH/LTC)

Fire alarm response procedure:

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

Director of Activation & Volunteer Services

Fire alarm procedure:

When a Fire Occurs in Your area (all staff)

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

If you are involved in a program with Residents:

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

If you are not involved in a program with Residents:

- Report directly to the nearest Nurses Station

Directors of Dietary Services (Facility RH/LTC)

Fire Alarm Response Procedure:

- If fire is in the kitchen activate the Automatic Extinguishing System.
- Close the door to the room in which the fire is located
- Pull the fire alarm
- Close all windows and doors in your department if safe to do so.
- Turn off all the lights
- Shut off all fans and cooking equipment in the area

- If you are in the main kitchen area report to the Retirement home nursing station unless there are residents in the dining room, in which case comfort the residents and await further instructions.

Dietary Cooks/Dietary Aides (Facility RH/LTC)

Fire Alarm Response Procedure:

- The designated Cook will shut down all equipment.

Procedure for suppression hood system:

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

Director of Facility Services (Facility RH/LTC)

Fire Alarm Response Procedure:

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

Housekeeping Department (Facility RH/LTC)

Fire Alarm Response Procedures:

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

Laundry Department

Fire Alarm Response Procedures:

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

Maintenance Staff (Facility RH/LTC)

Fire Alarm Response Procedures:

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

Directors of Care (Facility RH/LTC)

Fire Alarm response procedure:

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

- Be prepared to respond to the announcement for the building evacuate.

Retirement Nursing Staff

Fire Alarm Response:

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

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

Section 12 Fire Drills

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

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

Procedure of a Fire Drill exercise:

- Ensure that Fire Monitoring of Canada (FMC) and Fire Dept. have been notified before conducting a Fire Drill. Phone # Fire Department - 519-661-5615, FMC 1-800-563-3840
Director of Environmental / RN on 1st floor have the FMC phone number and procedure at the desk.

- All Drills will be conducted by the Director of Facility Services, maintenance assistant or the Control Officer (1st floor charge nurse).
- Once the Fire Drill has been completed the Fire Dept. and FMC will be notified that the drill exercise has been completed.
- The Director of Facility Services will review each drill for deficiencies and notes made on the Fire Drill Record by the person conducting the drill pertaining to staffs' responses and any other issues or concerns that occurred during the drill.

Section 13 Maintenance of Fire Protection

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

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

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

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

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

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

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

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

Definitions of Checked, Inspected and Tested:

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

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

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

FIRE DETECTION ALARM SYSTEM

1. TWO STAGE SYSTEM:

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

Stage 1

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

Stage 2

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

ACTIVATING FIRE ALARM SYSTEM:

The fire alarm system can be activated in several ways.

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

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

2. MONITORING:

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

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

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

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

Check/Inspection/Test	Frequency
Check hoods, ducts subject to accumulations of combustible deposits and clean as necessary:	Semi-annually, by maintenance,
Inspect chimneys, flues and fluepipes and clean as necessary	In the Fall by our Plumbing co.

Inspect disconnect switch for mechanical air conditioning and ventilation:	By our Electrician on an as needed basis
Inspect controls for air-handling systems used for venting:	Annually, by Heating and cooling co.
Clean all ducts for dryer vents to the roof top unit	Semi-annually, or as needed by outside co.

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

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

SPRINKLER SYSTEM	
Check/Inspection/Test	Frequency
Check that air pressure on dry pipe systems is being maintained:	Weekly, by maintenance
Check exposed sprinkler system pipe hangers:	Annually, by Fire co.
Check all sprinkler heads:	Annually, by Fire co.

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

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

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

Section 14

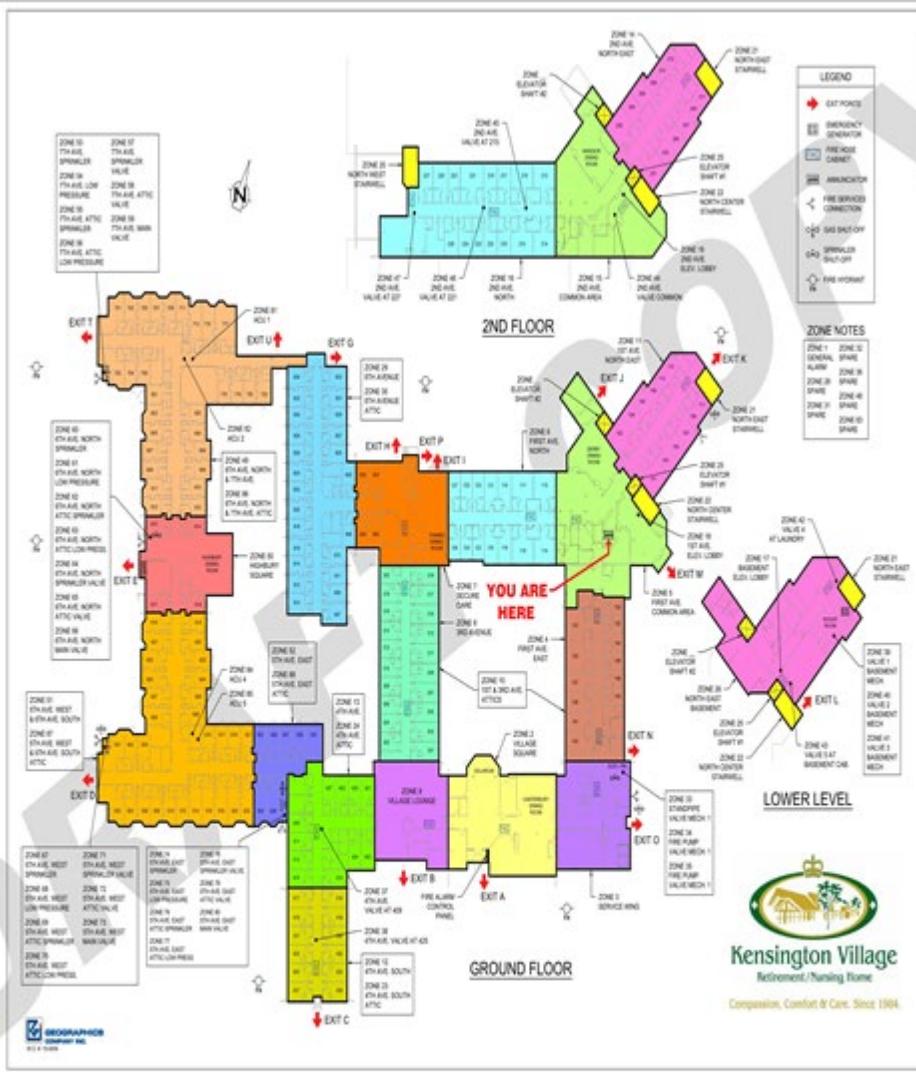
Facility Fire Protection Equipment

Nursing Home		Retirement Home	
Location of Cabinet	Hose or Portable	Location of Cabinet	Hose or Portable
<u>Lower Level</u>		<u>3rd Ave Retirement</u>	
Laundry room behind the dryers	portable	Hallway by rooms, 306 and 314	Cabinet, hose and portable
Laundry room clean area side & soiled side	Portable	<u>4th Ave Retirement</u>	
Hallway by laundry room soiled area	Cabinet, hose and portable	4 th ave café' - by coffee maker	Portable
Hallway by elevator	Cabinet, hose and portable	4 th ave in hallway by room 409	portable
<u>1st floor Nursing station</u>		<u>5th Ave Retirement</u>	
Short hall – hallway by room 112	Cabinet, hose and portable	Hallway – by room 501and 531	Cabinet, hose and portable
Long hall – hallway by rooms 143 and133	Cabinet, hose and portable	<u>6th Ave Retirement</u>	
Derby dining room – by entrance doors	Portable	Hallway – by rooms 612, 618	Cabinet, portable
North hall – hallway by room	Cabinet, hose and portable	Hallway – by library	Cabinet, portable
Nurses station	Cabinet, hose and portable	6 th ave activity room – right side of entrance	portable
<u>Mechanical Rooms</u>		<u>7th Ave Retirement</u>	
Basement mechanical room – lower level across from laundry	portable	Hallway – by room 722	Cabinet, portable
8 th ave mechanical room – beside Thames servery door	Portable	<u>8th Ave Retirement</u>	
Nursing Home		Retirement Home	
Location of Cabinet	Hose or Portable	Location of Cabinet	Hose or Portable
2 nd floor Nursing Home Short Hall – by room 212	Cabinet, hose and portable	Hallway – entrance across from Thames servery	Cabinet, hose and portable
Long Hall – by hallway by rooms	Cabinet, hose and portable		

227 and 213			
Activity room 2 nd floor	Portable		
<u>Kitchen - Main and LTC</u>			
Located by range hood	Wet chemical system		
<u>Staff Room 1st floor</u>			
Located by fridge	portable		

W/O# : 15-0004

DWG# : 15-1030B



NOTES

- MODEL = GR-2000-4
- = PAPER GRAPHIC WITH COLOURS
- = GRAPHICAL FIRE PRODUIT
- MATERIALS = 1/4" WHITE FOUNDRY WITH 1/8" CLEAR PROTECTIVE LENS
- = "YOU ARE HERE" IS IN RED
- FRAME = SIZE = 26" x 21"
- = SLIVER ANODIZED ALUMINUM
- = C/W SECURITY MOUNTING HARDWARE
- VENING = SIZE = 25 1/2" x 20 1/2"

GRAPHIC PRODUCTION APPROVAL STATEMENT
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SIGNATURE _____ DATE _____ (DD/MON/YEAR)

GEOGRAPHICS GRAPHIC INC. www.geographics.ca	
KENSINGTON VILLAGE RETIREMENT HOME (3 OF 3)	
NO. 15-1030B	DATE 15/03/2015
REV. 01	REV. 01
REV. 02	REV. 01

OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Kensington Village

Initial Date: March 2, 2021

(Updated: May 17, 2021, Updated: July 6, 2022, Updated: November 5, 2022, Updated: March 12, 2024)

Updated: 19 June 2025

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 IPAC Lead or Co-Lead who will notify the Director of Care and the Executive Director.

Case Definitions for suspected outbreaks/pandemics will be determined by Public Health:

STRATEGIES	DETAILS
<p>Outbreak management team (OMT), members, roles and responsibilities</p>	<p>Team includes: Executive Director, Director of Care, Assistant Director of Care, Department Managers, Registered Staff, Personal Support Workers, Dietary Medical Director, Joint Health & Safety Members, Other members: Dietary, Housekeeping and Laundry, Maintenance and Recreation Aide</p> <p>Process: Call an initial OMT meeting. The following items will be discussed: case definition of the outbreak, review of Public Health Unit (PHU) Outbreak Control measure recommendations and ensure control measures are in place, signage requirements, laboratory reports and influenza-specific instructions, i.e. antiviral, staffing contingency plans, organism-specific control measures, additional persons/ institutions that require notification, i.e. physicians, other HCPs, acute care hospitals/ clinics, families of ill residents, MOHLTC representative (CIS), Home and Community Care Support Services (CCAC), staffing agencies, emergency services, MOL, internal communication plan, confirm who will be responsible for ongoing monitoring of residents and staff, confirm how daily notification to the Public Health Unit will occur</p> <p>Duties: Outlined below are specific to each department</p>
<p>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</p>	<ul style="list-style-type: none"> • Management of single cases in private rooms if available • Hepa filters will be placed in a semi-private shared by an affected and an unaffected resident (if available) • If limited cases on one resident home area (RHA): Cohort positive cases together into semi-private rooms in the same wing if available. • Re-locate well residents on affected RHA who reside in semi-private rooms with ill residents to a private room if available • Alter dining practices as needed to avoid contamination.

	<ul style="list-style-type: none"> • If limited positive cases in multiple resident home areas ill residents can be relocated to one wing in one resident home area 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 will be disinfected. • If limited cases on one RHA: Cohort positive cases together into semi-private rooms in the same wing. • Re-locate well residents on affected RHA to the east or west wing if rooms are available.
Symptomatic/Exposed Residents	<ul style="list-style-type: none"> • Public Health is notified as per guidelines • IPAC Lead to initiate line listing and submission daily to PHU as required • Ill residents assigned to specific PSW staff (number will be dependent on the 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. E.g.: dining room • Staff will provide care to residents who are not affected first followed by the affected residents. (The Home will decide specific PSW for the affected room depending on the number of residents affected.) • residents will have one-on-one visits by recreation, physio and other therapists in their rooms as appropriate • PPE supplies will be organized on carts that are available on each wing of the units. • Each resident's room is equipped with a (sometimes shared) washroom • Oxygen concentrators will be requested from the oxygen supplier depending on the number of residents affected. • Staff will perform a Point of Care Risk Assessment before any resident interaction • Hypodermoclysis poles will be rented from the pharmacy (if needed) depending on the number of residents affected.
Cohorting residents	<ul style="list-style-type: none"> • Ensure that residents are physically separated by a distance of at least 2 meters • Use privacy curtains between the beds to minimize opportunities for close contact • Identify residents who can go home with family if applicable (Please see criteria from the Ministry of Health) • Identify off-site facilities for the relocation of well and ambulatory residents with lower needs • All residents toileted in their own bathrooms before

	<ul style="list-style-type: none"> transfer to the dining room No communal activity during the outbreak
Resident dining	<ul style="list-style-type: none"> Dietary manager to review the maximum capacity of the main dining room and continue both first and second seating to accommodate all residents Dietary manager to plan the schedule for serving meals during outbreaks All residents will do hand hygiene before meals Tray service for all symptomatic residents on outbreak-affected RHA. Monitoring residents in isolation during meals and staff to help with feeding for those that require assistance. Asymptomatic residents to cohort at their tables in the dining room
Cohorting Staff	<ul style="list-style-type: none"> Staff who are assigned to an outbreak unit will not work in non-outbreak areas on the same day Staff are encouraged to sit 6 feet apart in the breakroom. A microwave and a kettle will be provided for staff needs. Staff may remove masks when eating/drinking (as recommended)
Symptomatic Staff/ Exposed Staff	<ul style="list-style-type: none"> Screening and testing protocols will be determined by Public Health Tracking of symptomatic staff will be done by the IPAC Lead and return to work procedure will be communicated to staff per guidelines Follow-up calls are made to staff with regard to symptoms and any lab results The Ministry of Labour is notified if required Respiratory: Staff with new & unexplained respiratory symptoms should be directed to self-isolate until symptoms have been improving for 24 hours and no fever is present. Gastroenteritis: Staff with new & unexplained enteric symptoms should be directed to self-isolate until 48 hours after symptoms are resolved. This may be modified if the pathogen is known. Follow MOHLTC and PHU protocols Return to work protocols per Guidelines Masking protocols when in a respiratory outbreak
Environmental cleaning	<ul style="list-style-type: none"> Housekeeping staff where possible to remain on one RHA only Housekeeping to help with garbage placement on affected room. Charge Nurses to ensure that the PPE caddies are replenished and stocked up daily Rooms with affected residents will be cleaned last Garbage needs to be removed as required (ensure the garbage bins are not overflowing)

	<ul style="list-style-type: none"> • Cleaning of high touch surfaces at least 2 times daily • Maintenance staff where possible to complete tasks on one RHA daily. If required to go to another RHA it is required that they will go to the unaffected RHA first then the affected. • PPE to be worn on the affected RHA (where applicable) • Disinfect per manufacture’s direction • Floor scrubber is not to be used during an outbreak
<p>Reduce contamination risk with the medication cart</p>	<ul style="list-style-type: none"> • Reduce med passes - physicians/NPs to work with nursing and pharmacy staff to reduce unnecessary meds/supplements, and reduce frequency of dispensing. Start with the resident's next TMR review and complete the TMR weekly • Use disposable paper cups for medication passes to decrease the contamination risk. • The nurse manager will do an audit of the Stat box medication to ensure all medication as designated are available • Registered staff to disinfect medication cart during and at the end of each shift
<p>Staffing (Individual Department Staffing Plans below)</p>	<ul style="list-style-type: none"> • Dietary planning for additional meals for staff (as applicable) • Ongoing recruitment of permanent staff as required • Secure staffing agency contracts for Registered Nurses, Registered Practical Nurses and Personal Support Workers if required. • Home will utilize 12-hour shifts where necessary Staff will be dedicated to caring for infected residents separated from staff caring for uninfected residents • Where required the DOC/CBPM will direct the managers or others to assist with feeding on the unit. • Where required, DOC/CBPM may have to assist in Medication administration on designated RHA. • DOC- The DOC to complete rounds and assign nursing management to assist accordingly • Executive Director – monitor all RHAs and assign other managers to assist where needed • Program Manager- to assist with tray service and feeding • FSM: to monitor the kitchen, and serveries and to assist with tray service • ESM: Assist with tray service and where needed
<p>DOC/ CBPM specific duties for staffing</p>	<p>DOC/ CBPM /Clerk to call all staff to determine who will:</p> <ol style="list-style-type: none"> 1) Work 10 – 12 hours shifts 2) Work on assigned days off 3) Work full shifts rather than part shifts <ul style="list-style-type: none"> • Adjust the nursing staff schedule accordingly • Ensure staff hours are in the Rotating Schedule with changes and input into Staff Schedule Care • Ensure staff who are working extended shifts are offered a meal

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
BSO/ Restorative Programs	<ul style="list-style-type: none"> • To continue these programs per resident's needs. • To focus on responsive behaviours related to the outbreak and adjust the plan of care accordingly • To collaborate with BSO's external partner for residents with ongoing and worsening behaviour
Monitoring and Surveillance	<ul style="list-style-type: none"> • Ongoing surveillance mechanisms in place at all times to monitor staff/residents/visitors for symptoms • Passive screening at entrances - screening in place • Collaboration with local PHD, IPAC Hub and Ontario Health @ Home to adhere to Outbreak control measures when in an outbreak • Ongoing surveillance/testing as per current MOH/PHU directives (per IPAC Standard 2023) • Ensure there is a plan for medical coverage and resident monitoring by physicians (On-call physician, NP Stat program)
Specimen Collection	<ul style="list-style-type: none"> • Testing per MLHU guidelines
Communication	<ul style="list-style-type: none"> • Continuing regular communication with residents, families, and staff including town hall meetings, external partners and stakeholders, and regular updates to the JHSC and Corporate as required • Daily internal outbreak updates /meetings as required • Situation report sent daily to corporate and ED, & DOC and weekly (Wed) when not in outbreak • DOC/ CBPM to submit weekly outbreak updates to the MOH compliance inspector as requested • Daily update to the PHU • IPAC Lead/ Co-Lead to submit CIS report to the MOHLTC for the outbreak. • IPAC Lead/ Co-Lead to amend and close the report as required.
Audits	<ul style="list-style-type: none"> • Complete daily audits for hand hygiene, PPE, Donning and Doffing, safe breaks and physical distancing

	<ul style="list-style-type: none"> • Speedy audits online to be completed every shift by Registered Staff • 5% of 78 per resident bed in a home, and a total of 4 audits per day. • MOHLTC IPAC audits completed quarterly when not in an outbreak and weekly while in active outbreak. Done in surge • Complete environmental audits • Provide coaching in the moment for non-compliance if observed
Supplies	<ul style="list-style-type: none"> • All department Managers to complete weekly inventory to ensure adequate supplies are available. • Nursing Clerk to order weekly nursing supplies as per home protocols • Ensure that there is a minimum of 14 days of supplies in the home • IPAC Lead to complete weekly (Mondays) PPE tracking and submit to (Nursing clerk, DOC, ED, Health and safety) • Housekeeping staff to replenish PPE supplies daily on the nursing RHA.
Outbreak Resolution	<ul style="list-style-type: none"> • The MLHU designate will determine when to declare an outbreak over, taking into consideration the period of communicability and incubation period of the infectious agent, as well as the epidemiology of the outbreak. • What was handled well and what could be improved in managing future outbreaks? • Identify recommendations for future preventive actions and/or necessary policy/protocol changes. • Identify possible reasons for the outbreak and steps to prevent similar outbreaks in the future.

Kensington Village - Staffing Contingency Plan

The Staffing Contingency Plan is to be operationalized when staffing levels reach a critical level where routine care and/or services are at risk of being interrupted. The Staff Contingency Plan allows team members to quickly adapt to changing priorities while maintaining safety.

The regular staffing complement for each position is identified in the "Staffing Pattern" document for each position within the Home. Further to this document, the team will break down the number of staff in each position for each shift that is the norm for the home.

Staffing complement on a normal day-to-day basis

Department	Position	# of staff per shift (there may be a variety of start times but include where majority of hours fall within)		
		Day	Evening	Nights
Administration	Executive Director	1	0	0
	Bookkeeper	1	0	0
	Receptionist	1	0	0
Nursing	DOC	1	0	0
	ADOC	1	0	0
	RN	2	2	1
	RPN	3	3	1
	PSW	12	11	4

Essential Care & Services:

Full complement of staff: (click all that is applicable)

Nutrition & Hydration
 Medication Management
 Medical & Symptom Monitoring (Dialysis, O2)
 Specialized Care (Wound Tx)
 Personal Care (bathing, toileting, grooming)
 Maintenance
 Housekeeping
 Laundry
 Therapeutic Services (PT/OT, Recreation)
 Administration
 Other (specify): [Click or tap here to enter text.](#)

Staffing complement --65% of normal staffing: (65% of 100 staff=

Nutrition & Hydration
 Medication Management
 Medical & Symptom Monitoring (Dialysis, O2)
 Specialized Care (Wound Tx)
 Personal Care (bathing, toileting, grooming)
 Maintenance
 Housekeeping
 Laundry
 Therapeutic Services (PT/OT, Recreation)
 Administration
 Other (specify): [Click or tap here to enter text.](#)
Comments:

Staffing complement --50% of normal staffing:

Nutrition & Hydration
 Medication Management
 Medical & Symptom Monitoring (Dialysis, O2)
 Specialized Care (Wound Tx)
 Personal Care (bathing, toileting, grooming)
 Maintenance
 Housekeeping
 Laundry
 Therapeutic Services (PT/OT, Recreation)
 Administration
 Other (specify): [Click or tap here to enter text.](#)
Comments:

Staffing complement --30% of normal staffing:

Nutrition & Hydration
 Medication Management
 Medical & Symptom Monitoring (Dialysis, O2)

Specialized Care (Wound Tx)
 Personal Care (bathing, toileting, grooming)
 Maintenance
 Housekeeping
 Laundry
 Therapeutic Services (PT/OT, Recreation)
 Administration
 Other (specify): [Click or tap here to enter text.](#)
 Comments:

WORK SHORT PROTOCOLS

The home must implement the Staffing Contingency Plan as needed in emergency situations where staffing complements are directly or have the potential to affect the normal staffing of the home.

When Work Short Protocols are initiated, possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care are:

- Initiate Call in Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments, where able
- Utilize an Employment Agency for staffing (as a last resort)

NURSING DEPARTMENT WORK SHORT PROTOCOLS

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during vacancies
- Identify routines/tasks that must be completed despite the staffing complement for that shift.
- During outbreaks, cohorting of staff is to be maintained as much as possible.
- Consider and list all duties **that must be done (Priority Tasks)** regardless if working with full complement.

For example:

- Residents dressed appropriately
- Oral Care
- Continence Care
- Repositioning
- Medications
- Time Sensitive Treatments/Wound Care
- Nutrition/Hydration
- Restriction of large activities
- Program team to assist with meals/nourishments
- Providing additional fluids and nutrients
- Assisting with feeding
- Documentation
-

PSW/HCA/RCA Work Short Protocol

PSW/HCA/RCA Critical Staff Level	Vacant Shift	Plan/Strategy	Duties That Must be Done
2 or less on home area PSW	Days	<input checked="" type="checkbox"/> Call all available PSW/HCA/RCA <input checked="" type="checkbox"/> Bring staff in early or stay late <input checked="" type="checkbox"/> Reassign staff, review resident census <input checked="" type="checkbox"/> Call other departments to assist <input checked="" type="checkbox"/> Expand Floats/short shifts	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming,

		<input checked="" type="checkbox"/> Partner up with other floors to assist with showers and meals <input type="checkbox"/> Reschedule bathing/adjust to bed baths <input checked="" type="checkbox"/> Nurses to assist with care <input checked="" type="checkbox"/> Call Agency as required <input checked="" type="checkbox"/> Pull other dept staff to assist in meal service, portering etc <input checked="" type="checkbox"/> Leadership team members to assist where able (meals/portering/spotting transfers/independent residents/ monitoring)	See Priority Tasks
2 or less on home area PSW	Evening	<input checked="" type="checkbox"/> Call all available PSW/HCA/RCA <input checked="" type="checkbox"/> Call other departments to assist <input checked="" type="checkbox"/> Pull 1:1 as appropriate <input checked="" type="checkbox"/> Bring staff in early or stay late <input checked="" type="checkbox"/> Reassign staff, review resident census <input checked="" type="checkbox"/> Pull float/short shift <input checked="" type="checkbox"/> Partner up with other floors to assist with showers and meals <input checked="" type="checkbox"/> Reschedule bathing/adjust to bed baths <input checked="" type="checkbox"/> Nurses to assist with care <input checked="" type="checkbox"/> Utilize support from interdisciplinary team for meal/ assistance and portering) <input type="checkbox"/> Leadership team members to assist where able (meals/portering/spotting transfers/ monitoring) <input checked="" type="checkbox"/> Call Agency as required	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming See Priority Tasks
4 or less PSW/HCA/RCA in the Home (or assigned as PSW/HCA/RCA)	Nights	<input checked="" type="checkbox"/> Call all available PSW/HCA/RCA <input type="checkbox"/> Call other departments to assist <input checked="" type="checkbox"/> Bring staff in early or stay late <input checked="" type="checkbox"/> Reassign staff, review resident census <input checked="" type="checkbox"/> Registered staff to assist, as able <input type="checkbox"/> Call in an additional RPN/RN <input type="checkbox"/> Manager on call, Leadership team to come in for support as needed <input checked="" type="checkbox"/> Call Agency as required	Provide supervision and/or assistance to the residents in the activities of daily living including transferring, toileting, hygiene, grooming and repositioning See Priority Tasks

RN/RPN Work Short Protocol

Nurse Critical Staff Level	Vacant Shift	Plan/Strategy	Duties That Must be Done
1 or less RN	Days/ Evenings	<input checked="" type="checkbox"/> Call all available RNs <input checked="" type="checkbox"/> Ask RN to stay later <input checked="" type="checkbox"/> Ask RN to come in early <input checked="" type="checkbox"/> Replace Nurse Leader as needed <input type="checkbox"/> Replace with RPN (as long as ADON or DON is in building or on call) <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all home areas	<input checked="" type="checkbox"/> In-Charge duties as assigned <input checked="" type="checkbox"/> Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) <input checked="" type="checkbox"/> Medications <input checked="" type="checkbox"/> Time Sensitive Treatments – skin & wound dressings, dialysis

		<input checked="" type="checkbox"/> Replace with Agency (as last resort)	<input checked="" type="checkbox"/> All possible tasks that can be delegated are to be delegated See Priority Tasks
Less than 1 RN	Nights	<input checked="" type="checkbox"/> Call all available RNs <input checked="" type="checkbox"/> Ask RN to stay later <input checked="" type="checkbox"/> Ask RN to come in early <input checked="" type="checkbox"/> Replace with RPN <input checked="" type="checkbox"/> Ensure RN/Nurse Leader on-site/on call <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all home areas <input checked="" type="checkbox"/> Replace with Agency (as last resort)	<input checked="" type="checkbox"/> In-Charge duties as assigned <input checked="" type="checkbox"/> Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) <input checked="" type="checkbox"/> Medications <input checked="" type="checkbox"/> Time Sensitive Treatments – skin & wound dressings, dialysis <input checked="" type="checkbox"/> All possible tasks that can be delegated are to be delegated See Priority Tasks
2 or less RPN	Days/ Evenings	<input checked="" type="checkbox"/> Call all available RPNs/RNs <input checked="" type="checkbox"/> Ask RPN/RN to stay later <input checked="" type="checkbox"/> Ask RPN/RN to come in early <input checked="" type="checkbox"/> Consider 12-hour shift(s) <input checked="" type="checkbox"/> Have RPN/RN cover additional 0.5 home area <input checked="" type="checkbox"/> Replace with Agency (as last resort) <input checked="" type="checkbox"/> Re-assignment of Registered Staff onsite to cover all home areas (RNs, BSO, RAI-MDS, S&W, IPAC)	<input checked="" type="checkbox"/> Resident assessment and documentation of high-risk issues (i.e. Falls, injuries, change in conditions) <input checked="" type="checkbox"/> Medications <input checked="" type="checkbox"/> Time-Sensitive Treatments See priority Tasks
<2 Registered Staff	Nights	<input checked="" type="checkbox"/> Call all available RPNs/RNs <input checked="" type="checkbox"/> Ask RPN/RN to stay later <input checked="" type="checkbox"/> Ask RPN/RN to come in early <input type="checkbox"/> Have RPN/RN cover additional 0.5 home area <input checked="" type="checkbox"/> Replace with Agency as last resort <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all home areas (RNs, BSO, RAI-MDS, S&W, IPAC)	<input checked="" type="checkbox"/> Resident assessment and documentation of high-risk issues (i.e. Falls, injuries, change in conditions) <input checked="" type="checkbox"/> Medications <input checked="" type="checkbox"/> Time-Sensitive Treatments See priority Tasks

Food and Nutrition Work Short Staff Protocol

Working short-staff protocols for Cooks and Food Service Workers

- List the potential vacant positions that would require alternate work assignments
- Develop a plan/strategy to provide directions on what to do during Cooks/Food Services Workers’ shortage
- Identify routines/tasks that must be completed despite the staffing complement for that shift.
- During outbreaks, cohorting is to be maintained as much as possible.

Consider all possible strategies that are to be used to replace the vacant shift and strategies that can be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments
- Utilize Agency as a last resort

Consider and list all duties that must be done regardless of working with full complement. For example:

- Food Prep & Production
- Food Delivery
- Serving and distribution – could be delegated
- Trays to isolation – could be delegated
- Removing dishes – cleaning tables – could be delegated
- Washing dishes and tidying servery – could be delegated or use disposable
- Providing additional fluids and nutrients – cart – could be delegated
- Disinfection of returned carts and all high touch in the kitchen/service areas – could be delegated

Workers Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
2 or > Vacant	Days or evenings	<input checked="" type="checkbox"/> Call all available food service workers and cooks <input checked="" type="checkbox"/> Ask food service workers and cooks to stay later <input checked="" type="checkbox"/> Ask Food and Nutrition to come in early <input checked="" type="checkbox"/> Dietary Manager may need to assist with food prep &/or cook <input checked="" type="checkbox"/> Adjust menu & snacks <input type="checkbox"/> Re-assignment of food services workers, cooks, recreation team	<input checked="" type="checkbox"/> Food Prep & Production <input checked="" type="checkbox"/> Food Delivery <input checked="" type="checkbox"/> Serving and distribution <input checked="" type="checkbox"/> Trays to isolation <input checked="" type="checkbox"/> Removing dishes – cleaning tables – could be delegated <input checked="" type="checkbox"/> Washing dishes and tidying servery – could be delegated <input checked="" type="checkbox"/> Use disposable <input checked="" type="checkbox"/> Providing addition fluids and nutrients – cart <input checked="" type="checkbox"/> Disinfection of returned carts and all high touch in the kitchen/service areas

Housekeeping & Laundry Work Short Protocol

Working short-staff protocols for Housekeeping & Laundry

- List the potential vacant positions that would require alternate work assignments
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible.

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments

List all duties that **must be done** regardless if working with full complement. For example:

HOUSEKEEPING

#1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, Clean non-affected rooms first (non-ill residents), dirty/affected rooms last.

Other Priority Areas: (rank in order of priority)

- Garbage Removal
- Common/communal areas
- Resident room and bathroom cleaning
(Clean non-affected rooms first (non-ill residents), dirty/affected rooms last).

Least priority areas/tasks:

- dusting, vacuuming, cleaning floors and carpets

LAUNDRY

Some laundry can be done on each home area if there are washers and dryers on home areas i.e. towels, facecloths, gowns

- Disposable gowns high priority – disposable gowns preferred and always have stock on hand
- Personal laundry low priority – residents would not be dressed every day necessarily
- Peri-cloths – disposable wipes to be used to decrease amount of laundry
- Consider if other staff can be trained to operate laundry machine

Housekeeping/ Laundry Vacant Positions	Vacant Shift	Plan/Strategy	Duties that must be done
	Days/ Evenings	<input checked="" type="checkbox"/> Call all available environmental staff <input checked="" type="checkbox"/> Ask EVS to stay later <input checked="" type="checkbox"/> Ask EVS to come in early <input checked="" type="checkbox"/> Environmental Service manager may need to provide assistance <input checked="" type="checkbox"/> Re-assignment of staff onsite to cover all home areas <input checked="" type="checkbox"/> Reassignment of staff to cover laundry	<p>#1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, Clean non-affected rooms first (non-ill residents), dirty/affected rooms last.</p> <p>Other Priority Areas:</p> <input checked="" type="checkbox"/> Garbage Removal <input checked="" type="checkbox"/> Resident room and bathroom cleaning. (Clean non-affected rooms first (non-ill residents), dirty/affected rooms last). <p>Least priority areas/tasks:</p>

			<ul style="list-style-type: none"> dusting, vacuuming, cleaning floors and carpets
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Recreation Work Short Protocol

Recreation programs may take a lower priority depending upon staff complement in other higher priority areas. Recreation staff may need to be reassigned to assist on specific home areas/departments.

Working Short Protocol

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do for Recreation Aides vacancies
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible.

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend shifts
- Reassign work assignments

List all duties that *must be done* regardless if working with full complement. For example:

- When not in an outbreak, provide Programs as per monthly Program Calendar/1:1 Programs
- 1:1 interventions to support residents with responsive behaviours
- Support virtual visits, window visits, phone visits with residents and family members
- Provide support/education to essential caregivers
- Clean/sanitize all materials used
- Assist with escorting to programs/meals
- Assist in Dining Rooms or with tray service
- Assist residents at meal times, encourage fluid intake
- Residents Council meeting
- Family Council meeting
- Monthly calendar
- Restorative Care program(s)
- Other

Vacant Position	Vacant Shift	Plan/Strategy	Duties that must be done
2 or > vacancies	Days/ Evenings (incl. weekends)	<input checked="" type="checkbox"/> Call all available recreation team members in for extra shifts <input checked="" type="checkbox"/> Review programs & adjust accordingly <input checked="" type="checkbox"/> Ask staff to stay later <input checked="" type="checkbox"/> Ask staff to come in early <input checked="" type="checkbox"/> Replace with volunteers if able <input checked="" type="checkbox"/> Recreation Manager as necessary <input checked="" type="checkbox"/> Re-assignment of staff onsite to cover all home areas	<input type="checkbox"/> Initiate programs as per calendar <input checked="" type="checkbox"/> Documentation <input checked="" type="checkbox"/> 1:1 support for residents with responsive behaviours <input checked="" type="checkbox"/> 1:1 support for palliative/EOL residents <input checked="" type="checkbox"/> Connect Residents with family <input checked="" type="checkbox"/> Assist other departments as directed <input checked="" type="checkbox"/> Assist with portering <input checked="" type="checkbox"/> Assist with meals & tray service

			<input type="checkbox"/> Assist with snack delivery <input checked="" type="checkbox"/> Assist with monitoring of residents if PSW short staff
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Other Staff Shortages (covers Leadership & Management Team:

Create a list of other positions (Executive Director, Bookkeeper, Nursing Leadership Team, BSO Lead, RAI-MDS Coordinator, IPAC Coordinator and other home specific positions.

Identify essential tasks for each position & alternate plan/strategies in event individuals are affected by the emergency and unable to attend on site. What position(s) could work remotely and what positions could be assigned to assist in other departments.

Position	Alternate Position to assume Responsibility	Plan/Strategy	Duties that must be done
Executive Director	<ul style="list-style-type: none"> • DOC • Corporate Director 	Cover all duties that ED is responsible for	
Bookkeeper	<ul style="list-style-type: none"> • ED • Corporate Office 	Work remotely	<input type="checkbox"/> Payroll Functions
Director of Care	<ul style="list-style-type: none"> • Clinical Care Manager • Senior RN 	Cover all duties related to nursing care of the Residents Scheduling of Staff	
Clinical Care Manager	<ul style="list-style-type: none"> • IPAC Lead • Senior RN 	Cover all duties related to the nursing care of the Residents	
Dietary Service Manager	Retirement Home Dietary Manager	Cover all duties related to department – ordering supplies, food preparation, deliver to residents, tray service as needed, alternate menus, etc.	<input type="checkbox"/> Food ordering
Environmental Manager	<ul style="list-style-type: none"> • Executive Director • Maintenance Helper 	Cover all duties related to department	Order supplies Meet IPAC standards
Recreation Manager	Executive Director	Cover all duties related to the department	Adjust calendars as needed, support communication to families, 1-1 support to residents, assist with meal service as needed
RAI-MDS Coordinator	<ul style="list-style-type: none"> • DOC • Senior RN 	Support nursing managers	
BSO Lead	Clinical Care Manager	Support residents that are under care of BSO team	
Resident Service Coordinator	Director of Recreation	Cover all duties related to the role	<input type="checkbox"/> Admissions (unless on hold)

Additional Information/Strategies:

Participants of Review: Ben Edwards, Melanie Campbell, Gillian Mahon, Glenda Seroma, Leighara Arnold, Wanda Amsden, Melissa Milner, Yamurai Masinire

Annual Review: 2024-06-05

ED Signature: *Michelle Dawson*

Other Signature: *Melanie Campbell*