Strathcona LTC

720 Princess St. Mount Forest, ON N0G 2L3

EMERGENCY PLANNING

August 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 that comply with regulatory requirements, including measures for dealing with, responding to, and preparing for emergencies, such as pandemics, as well as procedures for the evacuation and relocation of residents and staff in the event of an emergency.

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

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

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

Emergency Management Process:

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

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

2. **Preparedness**: to make ready to respond to a disaster and manage its consequences through measures taken before 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 the prevention and mitigation of future disasters

Legislative & Regulatory Framework:
In reviewing and revising the Home's specific Emergency plan, the following legislation 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 the 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 the need for critical resources can be determined and prepared for in the emergency plan.
The Emergency Management Team will review and complete Appendix A to establish a baseline for essential day-to-day functions and pre-determine functions which can be adjusted or eliminated during an emergency.
Refer to Appendix A – Essential & Emergency Functions

Critical Resources:
Critical Resources are identified as to the needs of the Home to carry out essential functions.
To prepare for an emergency, the Emergency Management Team will identify the critical resources required for the Home to continue performing each essential function and determine the accessibility of acquiring or arranging them.

Hazard Identification ((Hazard Identification and Risk Assessment) (HIRA)):
Refer to Appendix B1 -HIRA
Effective emergency preparedness starts with completing a risk assessment to understand what risks or threats to the people within the Home, public safety, property, the surrounding community or a larger geographic area, and to assess the impact of that risk.

Understanding the risks allows for prevention/mitigation, preparedness, response to and recovery from those risks/threats:
- Factors that may contribute to emergencies
- Types of potential emergencies
- Consequences of emergencies
- Risk assessment

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

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

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

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

PREVENTION & MITIGATION:

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

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

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

Refer to Appendix B2 – Hazard Identification and Risk Assessment

Home Profile
A Home Profile will be prepared, which provides a brief description of the organization, an overview of the 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.
Refer to Appendix C – Home Profile for Emergency Preparedness Planning

Community Resources & Emergency Management Partners:
In preparing and finalizing the Home's internal Emergency Plans, input must be obtained from key community Emergency Management Partners, which include, but are not limited to:
o Ministry of Health & Long-Term Care
o Fire & Safety –Fire Department Liaison
o Emergency Medical Services –local EMS Liaison
o Public Health –local liaison
o Local Hospital(s)
o Other community resources based upon region and availability of services

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

Critical Emergency Planning:
It is essential for emergency planning to plan for the "worst" – in the event, 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 that prepare 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/delivery
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 if the primary lead is unavailable or adversely affected by the emergency event.

Key IMS Structure:
Staff Educator (in collaboration with Executive Director)/designate:
o   Incorporates Emergency preparedness into staff education programs
o   Ensures staff are trained on emergency codes and practiced at least annually
o   Ensures Emergency Preparedness is part of the onboarding for all newly hired staff
o   Ensures monthly fire drills on all shifts are conducted, recorded, and that a debrief following a drill is conducted, and deficiencies are addressed
o   Ensures emergency plans are conducted as outlined in the FLTCA, 2021 & O. Reg 246/22
o   Ensures Emergency Plan is reviewed and updated at least annually and more frequently as required
o   Ensures the Evacuation Plan is conducted at least every three (3) years
o   Ensures the Home's Fire Safety Plan is current and approved by the local Fire Department liaison
o   Involves volunteers, families and residents to attend fire safety education and training.

Executive Director:
Responsible for identifying the location of the Emergency Operations Centers and designated staff to carry out the Incident Management System Roles (IMS):
Note: The designated person can assume more than one role/function at a time based upon the staffing complement of the Home and availability during an emergency

1) **Emergency Operations Center –**during an emergency incident, the Emergency Operations Center is the centralized operations centre—to be identified in the emergency response plan.
2) **Incident Manager/designate –**responsible for the overall management of the Home during an emergency.
    May maintain all functions for low to moderate risks.
    For high/critical incidents, teams may be assigned for each function as determined by the Incident Manager/designate.
    o   Organizes and directs the emergency response for the emergency/incident
    o   Gives overall direction for the operation of the Home and, if needed, authorizes evacuation. In the event of a Fire Emergency, an order to evacuate will be the decision of the Fire Chief/designate
    o   The Incident Manager role may be assumed by the first Supervisor or charge nurse arriving or already on site when an emergency arises until relieved by a more senior manager
    o   Will assign IMS roles that mirror day-to-day staff routines and responsibilities as closely as possible
    o   Incident Manager/ designate may delegate roles or functions to others or designate a team lead for multiple functions
    o   In collaboration with the SVCH CEO, will have the authority to cancel staff leaves as required based on the nature and extent of the emergency
    o   Ensures the Emergency Box is maintained and ready for any emergency.
        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 educated on location and contents, and the location of Emergency Box(es) are readily accessible in pre-determined locations in the Home
    o   An Incident Manager will be assigned for all shifts

3) **Public Information Manager** (Corporate Office/Executive Director)– Corporate Office, in conjunction with the Executive Director, will be responsible for the development and release of information relating to the incident to the media.
    The 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 the overall health and safety of residents and staff/and 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, recovery and directives of the Incident Manager/designate:
   a) As/when required, coordinates and ensures ongoing resident care during an emergency,
   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, summarizes, 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, including but not limited to:
   a) Maintaining the physical and environmental services of the building
   b) Maintaining adequate supplies and support during an emergency
   c) Conducts or collects information for damage assessment of the 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.
Refer to Appendix E – Incident Management System Designates – Home Specific

Emergency Management Team:

Each Home will have an Emergency Management Team, led by the Executive Director and comprised of the Management Team, Infection Prevention and Control Lead, and other key personnel, to plan, analyze potential risks and determine 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 the Residents Council and Family Council.
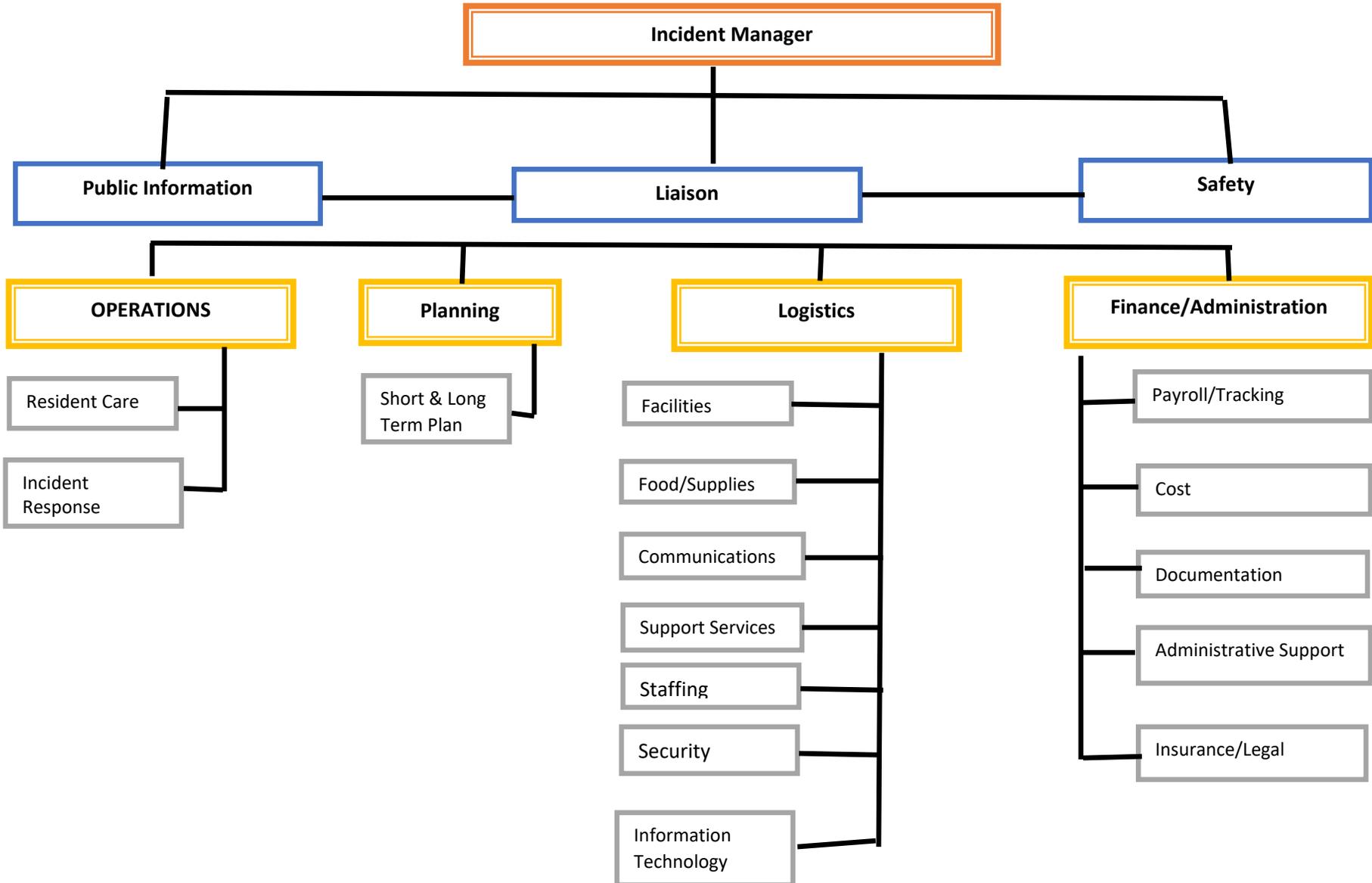
The Emergency Management Team will meet at least quarterly. There will be a pre-established agenda and minutes, and attendance will be recorded.

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 the overall Emergency Plan.

Incident Management System Organizational Chart:

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

IMS Organizational Chart

SVCH — SHARON VILLAGE CARE HOMES

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                         Incident Manager

Public Information          Liaison              Safety


OPERATIONS    Planning      Logistics    Finance/Administration
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OPERATIONS
- Resident Care
- Incident Response

Planning
- Short & Long Term Plan

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

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

Communication Systems:
At the time of an emergency, whether internal or community, communication systems may be severely compromised and/or nonexistent.

Before 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 consist of:
1. **Assessing the Home's communication equipment and technology**
   o Compile an inventory of the Homes' communication assets, including telephone system, email, voice mail, computer network and internet connection, internal two-way radios, etc.
   o Is there a current emergency back-up telephone system?
   o What is the strengths and limitations of the technology in communicating during an emergency?
   o Is there access to radios and TVs for receiving emergency alerts, updates, any evacuation orders and news?
2. **Building and sustaining Emergency contacts** – consider alternate means of contacting emergency partners in the event of communication equipment breakdown.
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 the SVCH Corporate CEO of the emergency and provide essential information,
2) The Corporate CEO, in collaboration with the 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.

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 appropriate individual(s).

Refer to Appendix F – Emergency Communications Team & Responsibilities

EMERGENCY RESPONSE:
The Emergency Response plan provides a protocol for defining risk and the action required to manage the emergency.

The Incident Management System (IMS) identifies four key levels of risk:
Low Risk: an emergency has occurred or is anticipated to occur that:
o   Has not caused serious injury to residents or staff
o   Poses minimal to no threat to the Home, and/or to reputation and/or operations
o   Has little to no potential for media coverage

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

High Risk: an emergency has occurred or is anticipated that:
o   May harm or has the potential to harm residents or staff
o   Will affect the home's reputation or SVCH's reputation and/or operations
o   May pose a potential risk to numerous homes, and media coverage can be anticipated

Critical Risk: a major emergency has occurred or is anticipated:
o   Has caused harm to residents or staff
o   Has affected operations of the home and/or severely damaged the home's reputation
o   Has resulted in media contacting the home and/or SVCH Corporate Office

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

EMERGENCY RESPONSE PLANS:

Universal Emergency Codes:
Emergency Codes are used to provide notification of an emergency 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.

Sharon Village Care Homes expects 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 the danger area to a safe area behind fire doors within the 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	A person discovering a 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 the 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 the external Emergency Service	EPM-J-60
Code Black-Bomb Threat/Suspicious Pkg **Test Every 3 Years	Initiate when there is a bomb threat received by any means or when a suspicious package is located on the premises	Person discovering	EPM-I-10
Code Purple-Hostage Taking	Initiate when a resident, staff, visitor or other is held or removed from the Home without authorization or consent	Person discovering/ identifying the situation	EPM-L-05
Code Yellow-Missing Person **Annual Testing	Initiate when a resident can not be located in the Home area/within the Home	Person discovering/ identifying the 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 the situation	EPM-K-05
Code White-Violence **Test Every 3 Years	Initiate when a threat of aggression &/or violence	Person discovering/ identifying the situation	
Code Brown-Hazardous Materials/ Chemical Spill **Test Every 3 Years	Initiate upon discovery or notification of known or unknown hazardous material, agent or contamination	Person discovering/ identifying situation/ being notified	EPM-J-120

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

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

Loss of Essential Services Response Plan

Essential Service	Response Plan
Loss of Heat	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 14. 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 15. Direct staff to ensure all exterior doors and windows are closed and curtains are drawn 16. 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 17. Provide portable heaters if appropriate (if the loss of heat is not related to a Power outage) 18. Have additional blankets available **19.** 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. **20.** Implement evacuation plan if building temperature falls below 15 °C –refer to CODE GREEN - EVACUATION
Loss of Cooling	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 o If the Service Provider is unable to make repairs immediately, determine an estimated time to correct the problem o 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
Loss of Hydro	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 that 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 interventions in place for the safety and security of the residents and the home**
	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**:
	• 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 Executive Director, may need to outsource products to meet the residents' needs
	20. Check to ensure sufficient food supplies are available to last 3-5 days
	21. If 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.**

Withdrawal of Services	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
	
	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.
	
	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.
	   o Where possible appropriate action will be taken to eliminate the concern(s) and to resolve the issue(s)
	
	5. Consideration of strategies will include:
	
	Nursing Department:
	   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.
	
	Dietary Department:
	   a. Primary function is 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 affords residents with an appropriate diet and nutritional requirements.
	   d. Proper garbage disposal
	
	Housekeeping/Laundry:
	   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.
	
	Maintenance:
	   a. Essential functions concerning maintenance must be provided: repairs, garbage removal, utilities, fire safety, communication systems and security.
	
	Activity:
	   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.

	Business Office: a. Maintaining records and booking activities pertinent to the operation of the facility. b. Assisting with communications.
Loss of Natural Gas	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) ➢ 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. ➢ The Home should consider if there are adequate electrical heaters to create warming zones in each home area.
Interruption of Food Services	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 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
Loss of Water	1. In the event of a complete loss of water, contact local Public Utilities to determine the expected duration of the 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 is 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 a lack of water. 14. If necessary, laundry may need to be done off-site. 15. Dietary Department • 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. **Loss of Water for an extended period: (> 6-8 hours)** If the loss of water is expected to cover an extended period, the Executive Director/designate will: • Notify the CEO and 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	**Loss of Internet:** 1. In the event of a loss of internet services, 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	**Immediately for Drinking Water:** 1. **Secure a supply of potable (drinkable) water by:** o 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 o Boiling water, which is brought to a rolling boil for 1 minute, cooling and storing in a covered, sanitized container, or

o Depending on the estimated length of the advisory being in place, secure a water supply from a water-hauling vendor.

2. **It may be necessary to disconnect all equipment directly plumbed to the water system, i.e. ice machines, coffee machines, juice machines, etc**.

   The IPAC Coordinator, in collaboration with Public Health, will determine what measures must occur based on the type of water advisory.

   It is advised that any ice stored within the ice machine be discarded as a result of the potential for contamination. The ice machine must be thoroughly cleaned and the water lines decontaminated before restarting.

   Thoroughly clean the coffee machine and juice machine before using them after a boil water advisory has been lifted.

   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.

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.

4. The Executive Director/designate will notify Sharon Village Care Homes CEO of the occurrence and outline the course of action required.

5. The Executive Director/designate will notify the Ministry of Health (CIS) according to policy relating to reporting the occurrence

6. Any media communication will be handled by the CEO and Corporate Office.

Food Services:
The Dietary Manager/designate will:
o Ensure sufficient potable water is available for food preparation and cooking
o 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.)
o For further information and/or instructions on what foods should be discarded, contact the local Public Health for advice.
o Review the current menu and modify it to prepare food items that require little preparation and little or no water.
Dietary Equipment—Cleaning & Sanitizing:
o Use disposable products where possible, or
o Ensure potable water is used to clean and sanitize equipment and utensils –use the 3 Sink Method for cleaning
o 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.

Review with Public Health for further advice and instructions.

o   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.

Environmental Services:
Housekeeping:
o   Use potable water for mixing chemical disinfectants used in environmental cleaning

Laundry:
o   Continue with current laundry practices unless otherwise instructed by Public Health

Maintenance:
o   Assess areas as to whether water supply should be restricted and/or turned off during the period the Boiled Water Advisory is in effect.
o   **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.
o   Check with Public Health as to whether water heaters are to be drained and refilled

Nursing & Personal Care Services:
Personal Hygiene:
o   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
o   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
o   Oral care/denture care must be completed with potable water.
o   Medical procedures must be completed with potable water or sterile water.

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.

Hand Hygiene:
o   Potable water is recommended, followed by the use of ABH Sanitizer
o   Follow additional precautions as recommended by Public Health and/or IPAC Coordinator

Enhanced Surveillance for Enteric Illness:
o   Notify Public Health if an enteric illness is suspected
o   The IPAC Coordinator will monitor the daily surveillance logs and collaborate with Registered Staff for any resident who may be symptomatic
o   Follow all directions provided by Public Health and communicate additional protocols to appropriate staff
o   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.
o   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.

	o Staff with enteric symptoms or suspected enteric symptoms will be reported to Public Health by the IPAC Coordinator.
Loss of Communication	**Loss of Telephone**: In the event of a loss of telephone service, the person discovering it will • Notify the Environmental Manager/designate or the Charge Nurse If the loss of the telephone system is not a result of loss of power or another event, the Environmental Manager/Charge Nurse will: • 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. **Loss of Nurse Call System:** (*Refer to Policies: NAM-I-90 Call Bell System and FSM-C-125 Nurse Call System*) If unusual circumstances happen where the nurse call system is not working or the system fails, the person who becomes aware of the incident will: • Notify the Environmental Manager, Director of Care or the Charge Nurse immediately Maintenance is responsible for troubleshooting to determine if the system can be repaired, if not • The Service Provider will be notified and requested to provide immediate emergency service 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). The Director of Care/designate will inform the MOH, followed by the completion and submission of the CIS report. **During the time, the call bell system is not operational**, the following interventions will be implemented: • 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 The Director of Care will complete a report to the MOH through the Critical Incident Report System as per requirements.

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 G – Home Specific Fire Plan

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

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

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

A checklist must be developed and affixed to the outside of the Emergency/Disaster Box and include at a minimum:
o Communication equipment (internal communication & external communication system)
o Batteries – various sizes
o Additional flashlights & other lantern-type equipment
o Blankets
o Roll of Caution tape – to block off access to an area or to designate specific areas, i.e. triage
o Disposable gloves, masks, hand sanitizer, small first aid kit
o Bottled water
o Safety vest
o Markers, scissors, cardboard
o Emergency Response binder (which includes, but is 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 the 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

An additional contingency plan will be outlined by each Home for:
o Emergency supplies, i.e. medical equipment (i.e. oxygen cylinders) and other general supplies) (Director of Care/designate)
   ▪ Medical Supply Vendor Emergency Contact Information

- Personal Protective Equipment (Director of Care/designate)
  - Maintaining resources on site with an 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 a 3-day 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 the written contract to 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 before 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 for ensuring further training needs are evaluated annually by a 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

ESSENTIAL & EMERGENCY FUNCTIONS

The Executive Director, in collaboration with the Emergency Management Team, will modify the "essential and emergency functions" according to the HIRA and other factors, according to the needs of the Home

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

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

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	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	2	1	1	2	1	1	44%
Blizzard	2	1	1	1	2	1	1	26%
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	1.44	0.81	0.75	0.75	1.00	0.69	0.63	12%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.12	0.48	0.26

Natural Hazards : STLC 2024 HIRA emergency

Appendix B1

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	2	2	2	1	1	1	33%
Generator Failure	2	2	2	3	3	3	3	59%
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%
								0%
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%
								0%
HVAC Failure	1	1	1	1	1	1	1	11%
Information Systems Failure	1	0	0	1	1	1	0	6%
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	0	0	0	0	0	0%
AVERAGE SCORE	0.89	1.11	1.05	1.21	0.68	0.68	0.63	9%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.09	0.30	0.30

Appendix B1

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
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%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.14	0.43	0.33

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
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%
								0%
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

Hazardous Materials : STLC 2024 HIRA emergency

Appendix B1

Strathcona LTC Summary of Hazards & Analysis

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.48	0.30	0.43	0.26	0.37
Severity	0.26	0.30	0.33	0.27	0.29
Hazard Specific Relative Risk	**0.12**	**0.09**	**0.14**	**0.07**	**0.11**

Hazard Specific Relative Risk to Strathcona LTC
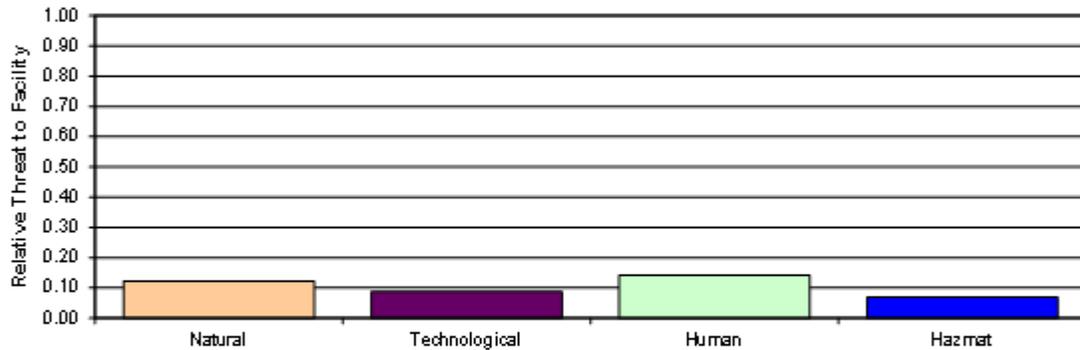
Probability and Severity of Hazards to <Name of Home>
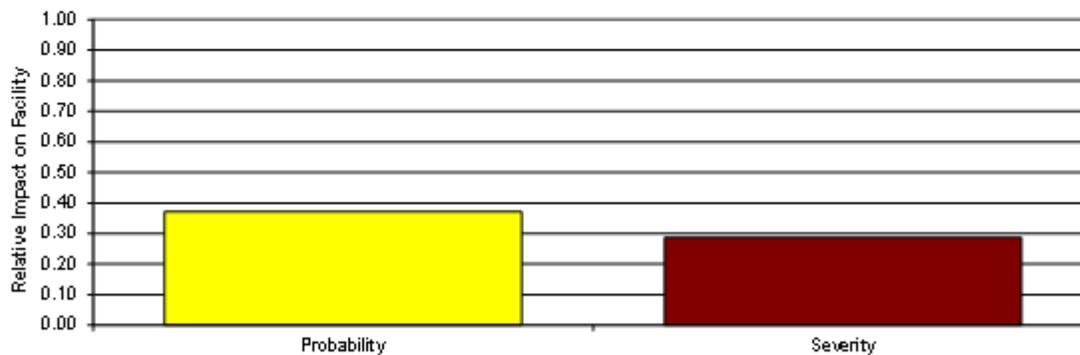
Hazard and Risk Assessment Plan Template (HIRA)

Home: Strathcona Long Term Care   **Date: August 2025**

The leadership team completed the HIRA tool 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
Natural Hazard	Snow Fall	44%	- Appropriate contractors will be contacted, and the staffing contingency plan will go into action.
	Pandemic	39%	- Outbreak Plan will be followed
Technological Hazard	Generator Failure	59%	- Contact the Generator service company and evacuate home if there is a loss of essential service.
	Supply Shortage	33%	- Home would reach out to suppliers for a rush order or use local businesses.
	Electrical Failure	33%	- Contact an electrician
Human Hazard	Medical Emergency	33%	- Assess the situation and call 911 if necessary
	Violence	33%	- Call 911 and remove anyone in immediate danger
	Missing Resident	19%	- Commence code yellow according to policy
Hazardous Materials	Chemical Exposure	22%	- Initiate code brown
	Large Spill	11%	- Refer to MSD
	Small Spin	11%	- Refer to MSD

Executive Director Signature: _____   Date:_____

Home Profile for Emergency Preparedness Planning

Name of LTC Home: Strathcona Long Term Care **Address: 720 Princess Street, Mount Forest, ON, NOG2L3** **Phone # : 519-323-2140**
Primary Contact Person in the event of Emergency: **Name: Rachel McRobb (Acting Executive Director)** **Contact #: 519-321-1771**   **Email: rmcrobb@svch.ca**
Secondary Contact (Back-Up designate): **Name: Irene Brogee** **Contact #:   519-781-5125**   **Email: ibrogee@svch.ca**
Sharon Village Care Homes Corporate Contact Person: **Name: Shirley Thomas Weir** **Contact #:   905-975-9671**   **Email: sthomasweir@svch.ca**
Resident Occupancy #:   96 (licensed capacity) **Special Care Needs of Resident Population:** ■ Oxygen Requirement ■ Mobility Impairments ■ Cognitive Impairment ☐ Feeding Tubes/formula/pumps ☐ Other: (Specify: _____)
Human Resources: **110 Staff (full-time equivalents):**

Facility Particulars:
■ Generator   Estimated length of time: until power is restored- runs on natural gas.
Are there only specific areas the Generator will cover? ■ Yes
   • Emergency outlets in the nurses' station and kitchen- marked with red/green sticker
   • Emergency lights in hallways and stairwells
   • Lights in offices
 	
If the water supply to the Home is interrupted, is there the capability to hook up to an external supply?
■ Yes   ☐ No
 	
Outline any other specifics:

Vendors: **Food Supplies Vendor:** Company Name: Sysco Emergency Contact Name: Debbie Hargrave   Emergency Contact #:226-232-6374 Back-up Emergency Contact Name: Customer service Back-up Emergency Contact #: 855-222-0617 **Pharmacy Vendor:** Company Name: Care RX Emergency Contact Name: Hema Shah   Emergency Contact #: 905-407-8189

Back-up Emergency Contact Name: Eneis Lopez   Back-up Emergency Contact #: 1-833-247-4316 ext 329

Medical Supplies:
Company Name: Medical Mart
Emergency Contact Name: Rudy Cantu   Emergency Contact #: 226-971-0134
Back-up Emergency Contact Name: Susan Bousfield   Back-up Emergency Contact #: 289-264-3657

Medical Advisor:
Name: Michael Rowley, MD   Contact #: 519-323-6196

Other Medical Personnel: Dr Goytisolo, Dr O'Neil, Dr Reaume, Dr Okebugwu

Other Essential Vendors: (list)   or ☒ **N/A**

Transportation: In the event of evacuation, does the Home have Facility Transportation, or is it Community Acquired?
☐ Home   ☒ Community (Brenmar Transit)   ☐ Both
How many residents can the Vehicle manage: 54
Is it wheelchair accessible: ☒ Yes ☐ No

Brenmar Transit

Contact Name (if applicable): Krista Thompson   Contact #:226-750-6949
After Hours: 2269722317

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

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

Each leadership team member is responsible for a role in the communication, and this chart of responsibilities is available in our emergency plan. All communication will be done on the homes' on-call phone or personal cellphones of managers; hard copies and digital copies of the call list will be available.

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
o   Date last approved by Fire Official: December 2022
Outbreak Contingency Plan (including Pandemic Planning): ☒ Yes ☐ No ☐ Partial

Appendix D

Community Resources & Partners

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

Name of LTC Home: Strathcona Long Term Care **Address:720 Princess Street, Mount Forest, Ontario, NOG 2L3** **Phone #: 519-323-2140**	
Primary Contact Person in Home: **Name: Rachel McRobb (acting Executive Director)** **Contact #: 519-321-1771** **Email: rmcrobb@svch.ca**	**Secondary Contact (Back-Up designate):** **Name: Irene Brogee** **Contact #: 519-781-5125** **Email: ibrogee@svch.ca**
Sharon Village Care Homes Corporate Contact Person: **Name: Shirley Thomas-Weir (CEO)** **Contact #: 905-975-8671**	**Ministry of Health & Long-Term Care:** **Contact #: (Day): 416-327-4327** **After-Hour Contact #: 1-800-268-1153**
Police Liaison: **Department: Ontario Provincial Police - North Wellington Operations Centre (Teviotdale)** **Non-Emergency #: 1 888 310-1122** **Liaison Name: Not Available** **Contact the communication center/dispatch (non-emergency #) as no liaison is designated.**	**Fire Department Liaison:** **Department: Wellington North Fire Services** **Non-Emergency #: 519-848-3620** **Toll-free #: 1-866-848-3620** **Liaison Name: Marco Guidotti, Deputy Fire Chief** **Phone #: 519-323-1441** **email: mguidotti@wellington-north.com**
Public Health: **Number: 1-800-265-7293** **After Hours Number: 1-877-884-8653** **Infectious Disease Reporting: ext 4752** **Liaison Name: Joanne Ristov, PH Inspector** **Phone #: 519-993-4382** **Email: joanne.ristov@wdgpublichealth.ca**	**Hospital(s):** **Hospital Name: Louise Marshall Hospital** **Contact Name: None assigned – call hospital #** **ER Contact #: 519-323-2210 ext 70101** **Hospital Name: Palmerston & District Hospital** **Contact Name: Nancy Cleary (Patient Care)** **ER Contact #: 519-343-2030 ext 80101**
Community Emergency Preparedness (if applicable):	
Other:	

Incident Management Systems Designates

Name of Home: Strathcona Long Term Care

Location of Emergency Operations Center: 720 Princess Street, Mount Forest, Ontario

Senior Command Incident Manager: Executive Director

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

IMS Role Title	Primary Designate	Contact Information	Secondary Designate	Contact Information
Incident Manager				
Public Information Manager	**Corporate: Shirley Tomas-Weir**	905-975-9671	Peter Schlegel	519-870-8088
	Home: Rachel McRobb	519-321-1771	Irene Brogee	519-781-5125
Liaison Officer	Rachel McRobb	519-321-1771	Irene Brogee	519-781-5125
Safety Officer/ Coordinator	Sheryl McTavish	519-495-1992	Glenn Drimmie	519-313-1005
Information Technology Lead	Irene Brogee	519-781-5125	Rachel McRobb	519-321-1771
Operations Manager	Rachel McRobb	519-321-1771	Irene Brogee	519-781-5125
Planning Manager	Irene Brogee	519-781-5125	Rachel McRobb	519-321-1771
Logistic Manager	Glenn Drimmie & Holly Cambridge	519-313-1005 519-939-6242	Rachel McRobb	519-321-1771
Finance Manager	Corporate: Huibin Pan	226-663-1802	Peter Schlegel	519-870-8088

Emergency Communications Team & Responsibilities

Lead	Person(s)	Responsibilities
Communication Team Lead	**Rachel McRobb- acting Executive Director**	o Coordinates full communication response in collaboration with Corporate Office o Oversees message development o Primary spokesperson internally o Communicates with Emergency Services (Police, fire, ambulance. o Alerts the Ministry of long-term care (CIS submission or after-hours line. o Ensures Employee Fan-out list is up to date & accessible –provides direction to initiate call-ins
Corporate	**Peter Schlegel-President** **Shirley Thomas-Weir -CEO**	o Works with the Team Lead to coordinate communication response o Primary spokesperson for media information o Script message(s) to be provided by staff for call-ins
Family Communication	**Irene Brogee- Director of Care** **Sheryl McTavish- Director of Therapeutic Recreation**	o In collaboration with ED, coordinates messages to residents, families, and other stakeholders o Coordinates additional help that residents/ families may need o Coordinates with MOH/LHIN o Connects with Advisory Physician & Attending Physician(s)
Resident Communication	**Sherry Lynn McRobb- Resident Services Coordinator**	o Calmly alerting the residents of the emergency in partnership with the registered staff o Managing all resident behaviours during an emergency o Providing step-by-step instructions throughout the transition o Providing emotional support and potentially outsourcing additional need services (social work)
Staff Communication	**Irene Brogee- Director of Nursing** **Heather Eurig- Office Manager**	o Alerts staff of all departments of the emergency o Initiate the fan out-list if directed o Contact agencies for additional staff if needed.
Emergency Vendor Communication	**Holly Cambridge- Director of Dietary**	o Communicate with Sysco for emergency food order if necessary and potential location change o Communicate with Medical Mart concerning any pending or emergency orders

FIRE AND EMERGENCY PLAN

720 Princess Street

Mount Forest, ON

N0G 2L3

519-323-2140

PREPARED BY: JOEL PENNANT   **TITLE: EXECUTIVE DIRECTOR**

SIGNATURE: _____

APPROVED BY: DAVE GUILBAULT   **TITLE: CHIEF FIRE OFFICIAL**

SIGNATURE: _____

LOCATION FIRE SAFETY PLAN SHALL BE KEPT:

VESTIBULE FIRE BOX

Insert Fire Department Approval Sheet Here

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INTRODUCTION

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

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

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

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

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

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

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

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

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

Sincerely,

Cate MacLean, Administrator

BUILDING AUDIT

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

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

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

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

Location of Exterior Gas Shut Off: SE Corner of Building

Location of Interior Gas Shut Off: N/A

Location of Main Electrical Room: Lower Level South Wing

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

Fire Department Access Route Location: Front Parking Entrance

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

Fire Alarm Monitoring Company: Fire Alarm Monitoring of Canada, St.Catharines

                                    1-800-563-3840

Location of Fire Alarm Control Panel: Electrical Room L15

Location of Annunciator Panel: Main Entrance Vestibule, Main Floor Nurse Desk, 2nd floor Nurse Desk, 3rd Floor Nurse Desk.

Emergency Voice Communication System: Paging System

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

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

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

Stand Pipe and Hose System Location: N/A

Fire Department Connection Location: North West Corner of Building.

Fire Pump Location: N/A

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

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

Emergency Power Backup: Paramount Powers Natural Gas Standby Generator.

Location of Backup Power: Exterior South Side of Building.

Location of Generator Annunciator: Main Floor Nurse Desk.

Elevating Devices: 3

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

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

A Physical Description of the Building:

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

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

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

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

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

Occupancy Chart for Residents

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

THE FACILITY FIRE ALARM SYSTEM

The Facility Fire Alarm Consists of:

- ❑ **Smoke Detectors -** Smoke detectors are installed in all resident rooms, common areas, and corridors.

- ❑ **Heat Detectors -** are located in the Serveries, Kitchen and Mechanical Room.

- ❑ **Fire Alarm Horn & Strobe –** Fire alarm horns and strobes are installed in all corridors, common rooms and stairwells.

- ❑ **Duct Smoke Detectors –** Duct smoke detectors are vertical duct shafts and the linen chute.

- ❑ **Sprinklers -** are located throughout the entire building.

- ❑ **Kitchen Hood Fire Suppression System -** is located over the kitchen stove, it will activate the alarm when it is automatically or manually activated.

- ❑ **Pull Stations -** are located at each exit door, including all stairwells.

- ❑ **Magnetic Door Hold Opens -** all doors typically held open (corridor wing doors) will automatically close when the Fire Alarm is activated.

- ❑ **Magnetic Door Locks -** all doors with an emergency exit sign directly above the door within the fire zone automatically unlock when the Fire Alarm is activate. All other emergency exit doors will unlock when second stage is activated

- ❑ **Annunciator Panel –** located at each nurse desk and the main entrance. Identifies the location where the alarm was activated.

Activating the Fire Alarm (First Stage):

- ❑ When a fire alarm device is activated, it initiates the first stage of the fire alarm system which creates an "alert signal" throughout the building at 20 beats per minute.

- ❑ A signal is transmitted directly to the monitoring company who will contact the fire department, through the fire alarm monitoring panel; however, a telephone call (911) must be made by the Fire Department Representative (Nurse Manager/Designate) to verify to the Fire Department if there is a fire, the type of fire and location within the building.

Activating the Fire Alarm (Second Stage):

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

❑ Closes the corridor egress doors to create a 1-hr fire separation between the wings and the center core on all floors.

      o   *Note: Any doors that close upon fire alarm can be opened manually to evacuate occupants (just push, they open in the direction of travel). These doors are equipped with closers and will automatically shut behind you.*

❑ Unlocks all door with magnetic locks (stairwells, exit doors, basement corridor doors).

FIRE EQUIPMENT

Portable Fire Extinguishers

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

Automatic Sprinkler System

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

Fixed Extinguishing System

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

Water Supply

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

Emergency Power Supply

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

Maintenance of Fire Safety Systems and Equipment

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

Fire Alarm Monitoring Company

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

Monitoring Company Information:

Fire Alarm Monitoring of Canada

235 Martindale Rd.

St. Catharines, ON L2W 1A5

Tel. 1-800-563-3840

Account #:

Locations of Fire Safety Plan

External

Mount Forest Fire Department

Internal

Vestibule Fire Box

All Nursing Stations

AUDIT HUMAN RESOURCES

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

Home Management	EMERGENCY NUMBER	NON-EMERGENCY
On-Call Managers Phone	519-323-6060	
Executive Director – Rachel McRobb (acting	Cell: 519-321-1771	
Advisory Physician – Dr. Rowley	Cell: 519-323-6196	Clinic: 519-509-2100
Director of Care – Irene Brogee	Cell: 519-781-5125	
Director of Therapeutic Programs – Sheryl McTavish	Cell: 519-495-1992	
Director of Facility Services – Akash Jose	Cell: 647-335-5144	
Director of Dietary – Holly Cambridge	Cell : 519-320-2057	
Office Manager – Heather Eurig	Home: 519-767-8908	

Staff in Building	Staff	Volunteers	Administration (Mon. to Fri.)
DAYS	19	Varies	10
EVENINGS	17	Varies	
NIGHTS	7	0	
Total in 24 hr. period		Varies	

TRAINING OF STAFF

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

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

Maintenance Department

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

Inservice Training

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

Fire Drills

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

EMERGENCY PROCEDURES

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

<u>What to do if I discover a fire</u>

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

<u>Report back to fire location to inform Emergency Leader.</u>

Responsibility of all staff on fire discovery:

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

<u>Important Note:</u>

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

Upon Discovering fire follow REACT formula:

❑ Remove Residents/ Visitors from danger – Remain CALM

❑ Ensure the door is closed to confine the fire and smoke

❑ Activate the alarm – at the nearest pull station

❑ Call: Proceed to telephone and announce location of fire

1) Lift the receiver from the phone
2) Press the PAGE button
3) Speak clearly, loudly, and directly into the phone receiver, announce "Code Red" and fire location (including floor number, and wing (North/South), Room Number) three times.
   For example: "Code Red Second Floor South Wing, Room # . . .

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

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

   Call 911

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

CAUTION

Do not use elevators/lifts during a fire emergency.

Role and Responsibility of RN in Charge in a Fire Emergency

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

Upon Hearing the Alarm:

❑ Immediately verify the location of the fire. If in the area of annunciator panels (vestibule, nursing stations) announce fire location or ensure that the correct location has already been announced by the person who discovered the fire.

❑ Gather the appropriate clipboards, second stage key and the portable phone and proceed to the fire location – avoid the use of elevator.

❑ The person who first noticed the fire should be at the fire location. Ensure that person has called 911 and obtain any pertinent information from the individual. If 911 have not been called the emergency leader must place the call.

If Fire is Confirmed:

❑ Coordinate and direct staff to ensure that any residents who are in any immediate danger are moved. Begin horizontal evacuation. Evacuate rooms closest to the fire area and further evacuate the zone to an alternate safe zone area, use the flag on door to note room is clear.

❑ Assist staff to extinguish the fire if possible, keep corridors clear.

❑ Assign a staff member to be **Fire Department/Call-in Representative**.   Dependent on area of fire assign rep to report to Front Desk. Instruct to begin call-in ONLY if 2nd stage evacuation is initiated.

❑ If Evacuation out of the home area is necessary, activate the 2nd stage alarm by inserting key into any pull station – turn key after inserting.

❑ Depending on location of the fire assign either one or two staff members to be the **Staging Area Representative. Assign staging area(s).**

❑ "Emergency Leader" is in charge of the area until the arrival of the Fire Department.

❑ In the situation of a fire drill/false alarm, will ensure each floor is "All Clear" (including Lower Level) before announcing a total building "All Clear".

❑ In the case of an actual emergency the emergency leader will declare an "All clear" after consulting with the Fire Chief.

❑ Complete an "Incident Report" regarding details about the Fire Emergency/False Alarm.

❑ If after hours, will notify Administrator

Remember in a fire situation:

❑ To stay low to the floor (less smoke and heat).

❑ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.

❑ If it is cool enter the room slowly for rescue purposes only.

❑ If the area is full of smoke, do not enter.

❑ Always keep yourself between the exit and the fire.

Role and Responsibility of RPNs

Upon Hearing the Alarm:

❑ Return to work area immediately if on break or away from your assigned floor.   ELEVATORS ARE NOT TO BE USED DURING FIRE ALARMS OR DRILLS

❑ IF fire is in assigned home area, direct horizontal evacuation of fire zone. Assign staff to check all residents' rooms to identify fire location and the whereabouts of residents, shut doors, use flag system on door if room is vacant, monitor exits and residents' whereabouts, reassure residents and visitors.

❑ Assist with shutting doors and checking area. Shut off any oxygen equipment if fire is on assigned floor.

❑ Ensure that hallways are clear and equipment is put away.

❑ Assist in maintaining residents in place so they do not injure themselves.

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

Remember in a fire situation:

❑ To stay low to the floor (less smoke and heat).

❑ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.

❑ If it is cool enter the room slowly for rescue purposes only.

❑ If the area is full of smoke, do not enter.

❑ Always keep yourself between the exit and the fire.

Role and Responsibility of Management and Office Staff

Upon Hearing Alarm:

❑ Check your immediate area for fire, then proceed to assist in the home area where you are working or your office is located.

❑ If alarm is a planned drill, proceed to monitor the activities in your area and log on report sheet.

❑ Assist with residents and checking of area, direct staff with fire procedures as required.

❑ Assist with monitoring of the exit doors as needed.

❑ Ensure that all staff within your department are responding appropriately to the fire emergency.

Remember in a fire situation:

❑ To stay low to the floor (less smoke and heat).

❑ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.

- ❑ If it is cool enter the room slowly for rescue purposes only.
- ❑ **If the area is full of smoke, do not enter.**
- ❑ Always keep yourself between the exit and the fire.

Role and Responsibility of PSW Nursing Staff on duty

Upon Hearing the Alarm

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

Remember in a fire situation:

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

Role and Responsibility of Hairdressing Personnel in a Fire Emergency

Upon Hearing Alarm:

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

Remember in a fire situation:

- ❑ To stay low to the floor (less smoke and heat).
- ❑ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.

- ❑ If it is cool enter the room slowly for rescue purposes only.
- ❑ If the area is full of smoke, do not enter.
- ❑ Always keep yourself between the exit and the fire.

Roles and Responsibilities of Dietary Department in a fire emergency

Upon Hearing Alarm:

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

Remember in a fire situation:

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

Roles and Responsibilities of Therapeutic Program Staff

Upon Hearing the Alarm:

- ❑ CHECK YOUR IMMEDIATE AREA for signs of fire.
- ❑ If you are involved in a program on the main floor, move your residents to a safe area and remain with them until you hear the "ALL CLEAR"

  If 2 or more staff are on the main floor, once all residents are in the safe area then the other program staff may report to fire location
- ❑ If involved in a program on the floors, remain with the residents and follow instructions of RPN or Emergency Leader

Remember in a fire situation:

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

❑ Always keep yourself between the exit and the fire.

Roles and Responsibilities of Laundry Staff

Upon Hearing Alarm:

❑ *CHECK YOUR IMMEDIATE AREA FOR FIRE.*

❑ Shut off all Laundry Machines, Fans, Vents, windows, doors

❑ Leave the area via the stairs – do not use the Elevator. If your way is blocked because or fire, use alternate route.

❑ Report to fire location and follow instructions of Emergency Leader

Remember in a fire situation:

❑ To stay low to the floor (less smoke and heat).

❑ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.

❑ If it is cool enter the room slowly for rescue purposes only.

❑ If the area is full of smoke, do not enter.

❑ Always keep yourself between the exit and the fire.

Roles and Responsibilities of Housekeeping Staff

Upon Hearing the Alarm:
If working on unit:

❑ CHECK YOUR IMMEDIATE AREA FOR SIGNS OF FIRE.

❑ Ensure that your carts and supplies are removed from traffic areas and put away.

❑ Report to fire location and follow instructions of Emergency Leader

Remember in a fire situation:

❑ To stay low to the floor (less smoke and heat).

❑ Check the heat of a door lightly with the back of your hand – IF IT IS HOT –DO NOT OPEN IT.

❑ If it is cool enter the room slowly for rescue purposes only.

❑ If the area is full of smoke, do not enter.

❑ Always keep yourself between the exit and the fire.

Role and Responsibility of Service Providers AND volunteers in the home

Upon Discovering fire follow REACT formula:

- ❑ Remove Residents/ Visitors from danger – Remain CALM
- ❑ Ensure the door is closed to confine the fire and smoke
- ❑ Activate the alarm – at the nearest pull station
- ❑ Call 911 and notify the Charge RN on duty
- ❑ Try to extinguish the fire if possible, evacuate area

Upon Hearing Alarm:

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

Remember in a fire situation:

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

GENERAL INSTRUCTIONS FOR ALL STAFF:

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

❑ Do NOT evacuate the facility until authorized by the Emergency Leader.

❑ Resume normal duties, only after the "ALL CLEAR" is given by the Emergency Leader.

TIPS TO REMEMBER:

❑ Be calm, speak clearly when giving information

❑ Listen carefully to instructions

❑ Reassure residents and visitors

❑ Do NOT evacuate down stairs or off the floor without the Emergency Leader's Orders.

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

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

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

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

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

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

Procedure In the Event of an Evacuation:

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

Nursing Staff

RN in Charge (Emergency Leader)

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

All Other Staff

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

FIRE DRILLS

Regular Drills

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

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

Silent Drills

- ❑ Silent drills will be completed on night shift to avoid disruption of residents' sleep.
- ❑ The Administrator will hand out a silent drill form to the Emergency Leader

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

To Reset Fire Alarm System following a drill

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

CONTINGENCY PLANS

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

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

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

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

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

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

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

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

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

FALSE ALARMS

- ❑ Fire Alarm Monitoring of Canada 1-800-563-3840

- ❑ Call Fire Department (**519-323-1441)** to notify of false alarm giving details.

TO SILENCE THE FIRE ALARM:

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

MAINTENANCE OF LIFE SAFETY SYSTEMS

MONTHLY INSPECTION

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

- ❑ One Pull Station will be activated during each fire drill on a rotating basis.
    - o Confirm all the bells work when the alarm is activated.
    - o Annunciator panel shall be checked to ensure that the tested devices annunciate correctly.
    - o Check that the trouble lights and buzzers are working when the fire alarm is activated.
    - o All smoke barrier doors are checked when the alarm is activated.
- ❑ Fire alarm batteries shall be checked to ensure that;
    - o Terminal clamps are clean and lubricated where necessary
    - o Terminal clamps are clean and tight where necessary, and
    - o Electrolyte level and specific gravity, where applicable, are as specified by the manufacturer.

- ❑ All emergency light batteries are checked.
- ❑ All fire extinguishers shall be checked, the pressure and the recharge date documented. The tags on the extinguishers are signed and dated.
- ❑ Hoods, filters, and ducts shall be checked and cleaned when such deposits create an undue fire hazard.

FACILITY INSPECTION

Inspection performed by the following companies:

Western Fire

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

J.J. McLellan

- o Air Conditioning and heating – semi-annually

Record of Tests

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

Fire Dampers

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

Chimney & Flue

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

Disconnect Switches on Air Conditioners & Vents

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

NFPA 96 Inspections

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

NFPA 96 Cleaning

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

Emergency Lighting Maintenance

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

NFPA 10 Maintenance Frequency

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

NFPA 10 Maintenance Stored Pressure

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

NFPA 10 Maintenance Procedures

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

- o   Mechanical parts
- o   Extinguishing agent

- o Expelling means

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

Extinguisher Tags

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

Extinguisher Records

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

Fire Alarm System

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

ULC S536 Yearly Person Conducting

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

ULC S536 Yearly Tests

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

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

h. Correct annunciation shall be ensured for each initiating device tested;
i. The Fire Alarm System control unit shall be visually checked to ensure that the control units have not been altered other than as specified by Clauses 2.3 and 2.4.

Fire Department Connections

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

Exposed Sprinkler Hangers

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

Sprinkler Heads

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

Alarm Test at Inspectors Connection

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

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

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

Main Valve for Fire Protection

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

FIRE HAZARDS

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

2. Flammable liquids not stored in one particular room designated for this purpose.	2. The home will ensure that flammable liquids are stored in a designated room.
3. Excessive quantities of flammable liquids and gases are stored in the building.	3. The home will ensure that the amount of flammable liquids and gases other than gasoline is limited to a quantity required for use over a reasonable amount of time.
4. Propane tanks inside the home.	4. The home will ensure that all propane tanks are stored outside the facility.
Welding Operations for facility Maintenance-Problem	**Welding Operations for facility Maintenance- Strathcona LTC Policy and Procedure**
1. Welding or cutting operations in vicinity of combustible material	1. Separate welding or cutting operation from any welding or cutting operating from any combustible materials using flame resistant partitions.
2. Heat transfer can cause ignition of adjacent combustible materials	2. Persons responsible for facility materials should inspect hazards in the work vicinity immediately before and after the operation whether performed by a staff or contractor
Electrical equipment and wiring-problem	**Electrical equipment and wiring- Strathcona LTC Nursing Center policy & procedure**
1. Over-fusing or by-passing of fuses	1. The home will ensure that it replaces over rated fuses or by-pass device of the designed circuit. The home recognizes that fuses are like safety valves to prevent overheating.
2. Fuses are by-passed this allows the conductors to carry more contact than they were safely designed for which could result in a fire	2. The home will ensure that will not use by-passing devices and will replace fuses with correctly sized fuse when required.
3. Disconnect switches or circuit breakers not identified	3. The home will ensure that circuit breakers will identify the circuit which each switch it protects.
Extension or Appliance Cords- problem	**Extension or Appliance Cords- Strathcona LTC Nursing Center policy & procedure**
1. splices in extension or appliance cords	1. The home will ensure that extension cords are not used in the home.
2. Damaged or deteriorated cords	2. The home will ensure that any damaged or deteriorated cords are replaced through regular inspections.

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

1. Exhaust fans and hood and duct work – filter or grease extractors in the hood contain excessive grease, An exhaust ventilation system should be provided over cooking surfaces to collect and carry grease laden vapor to the outside, Excessive accumulation of grease should be prevented by regular cleaning , as a fire on the cooking surface will soon ignite excess grease on these components.	1. The home will ensure that as part of the regular maintenance schedule that these areas will be cleaned to reduced the accumulation of excessive grease.
2. Lamps in exhaust hood are required to be vapor-proof type while prevent the possibility of ignition of the grease by the heat of the light bulb	2. The home will ensure that if lighting is required in the exhaust hood that they are of the vapor proof type and that they are installed by Ontario Hydro.
3. Exhaust ducts become clogged with grease due to improper cleaning.	3. The home will ensure that the ducts are cleaned by a specialty cleaning company for this type of work and that the record of the dates of the cleaning are kept and made available for the fire department upon their request.
4. Exhaust good and duct is less than 18 inches from combustible. There is a risk of fire spreading to combustible surfaces as a result of an exhaust hood and duct fire.	4. The home will ensure that 18 inches of clearance from exhaust hood and duct to combustible surfaces in the kitchen/ provide protection for combustible surfaces.
5. Portable fire extinguisher missing.	5. The home will ensure that a portable fire extinguisher is in the kitchen at all times with a minimum of 40 BC .
6. Nozzles of the fire extinguishing system are obstructed, causing the extinguishing liquid to be retarded or diverted.	6. The home will ensure that the nozzles of the extinguishing system are not obstructed through regular maintenance inspections.
7. Combustible refuse is allowed to accumulate in the kitchen.	7. The home will ensure that staff removes refuse from the kitchen per their job description at the end of each shift. In addition the garbage container will be kept outside the kitchen area.
Maintenance Shop-problem	**Maintenance Shop- Strathcona LTC Nursing Center Policy & Procedure**
1. Excessive amounts of paint, lacquer, solvent or thinner.	1. The home will ensure that the amounts of these materials are kept to the amount required to complete the tasks at hand.

2. Servicing small equipment without removing the fuel.	2. The home will ensure that all fuel is removed before servicing of small equipment by the maintenance department.
3. Storage of gasoline powered equipment such as tractors, lawn mowers and snow blowers	3. The home will ensure that these items are stored in the appropriate locations away from any combustible materials.
Other	**Strathcona LTC Policy & Procedure**
1. Smoking/Open Flames	1. Smoking is not allowed within the building or within 30 ft. of entrances Open flames (i.e. candles, chafing dishes are not permitted within the home.
2. Maintenance of Exits	2. All exit routes will be cleared of snow daily and more often if necessary.

YOU ARE HERE

EXIT

EXIT

In Case Of Fire
Use Stairs Unless
Otherwise Instructed

LL

EXIT — Exit Door

PS — Pull Station

— Exit Route

UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY AND CLOSE DOORS.

SOUND FIRE ALARM, PULL MANUAL STATION.

LEAVE THE BUILDING BY THE NEAREST EXIT.

CALL FIRE DEPARTMENT: DIAL 911
DO NOT USE ELEVATORS

IN CASE OF FIRE

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

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

DO NOT USE THE ELEVATORS

MEET AT THE GATHERING LOCATION.

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

CAUTION

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

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

www.arohinc.com
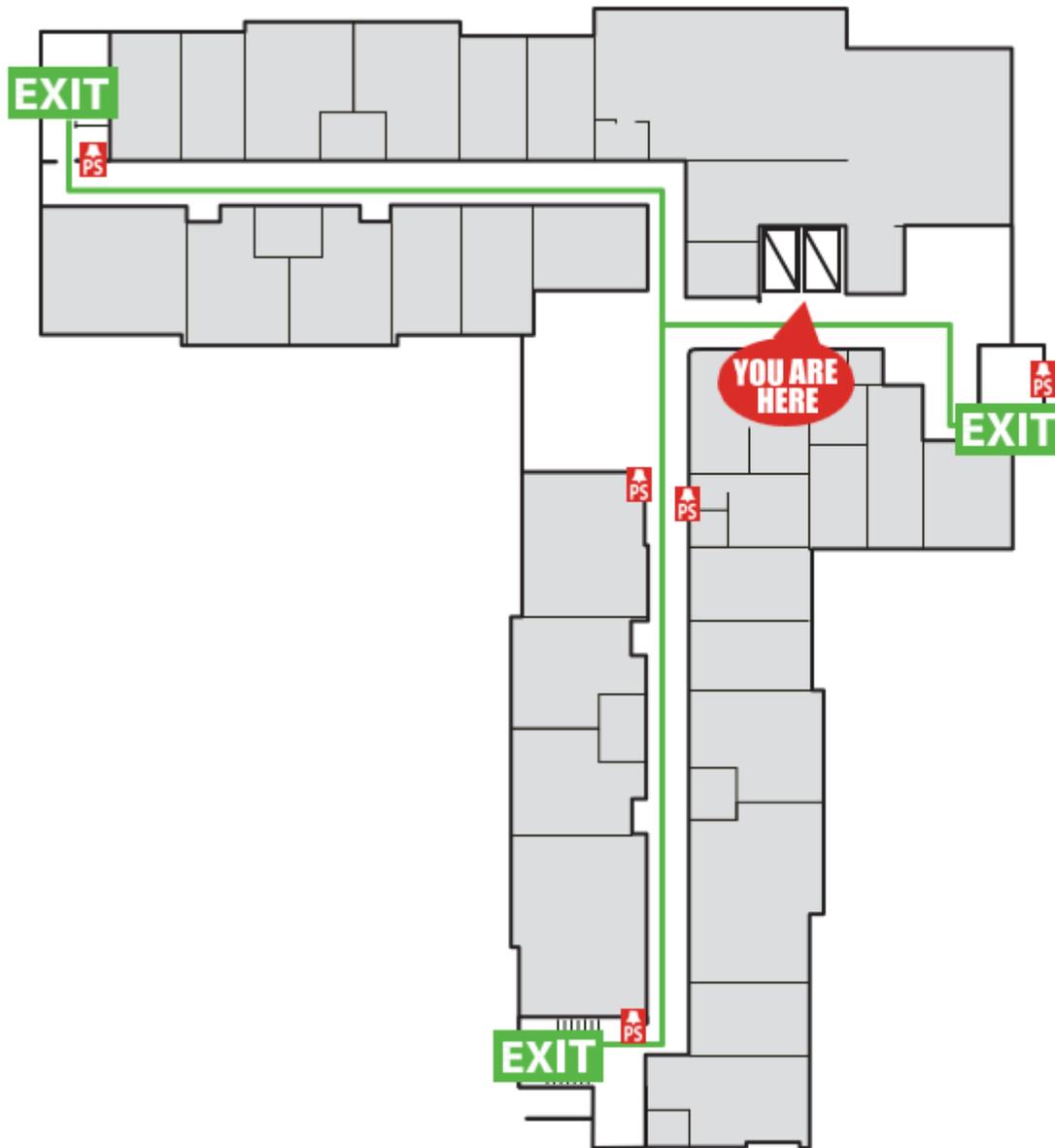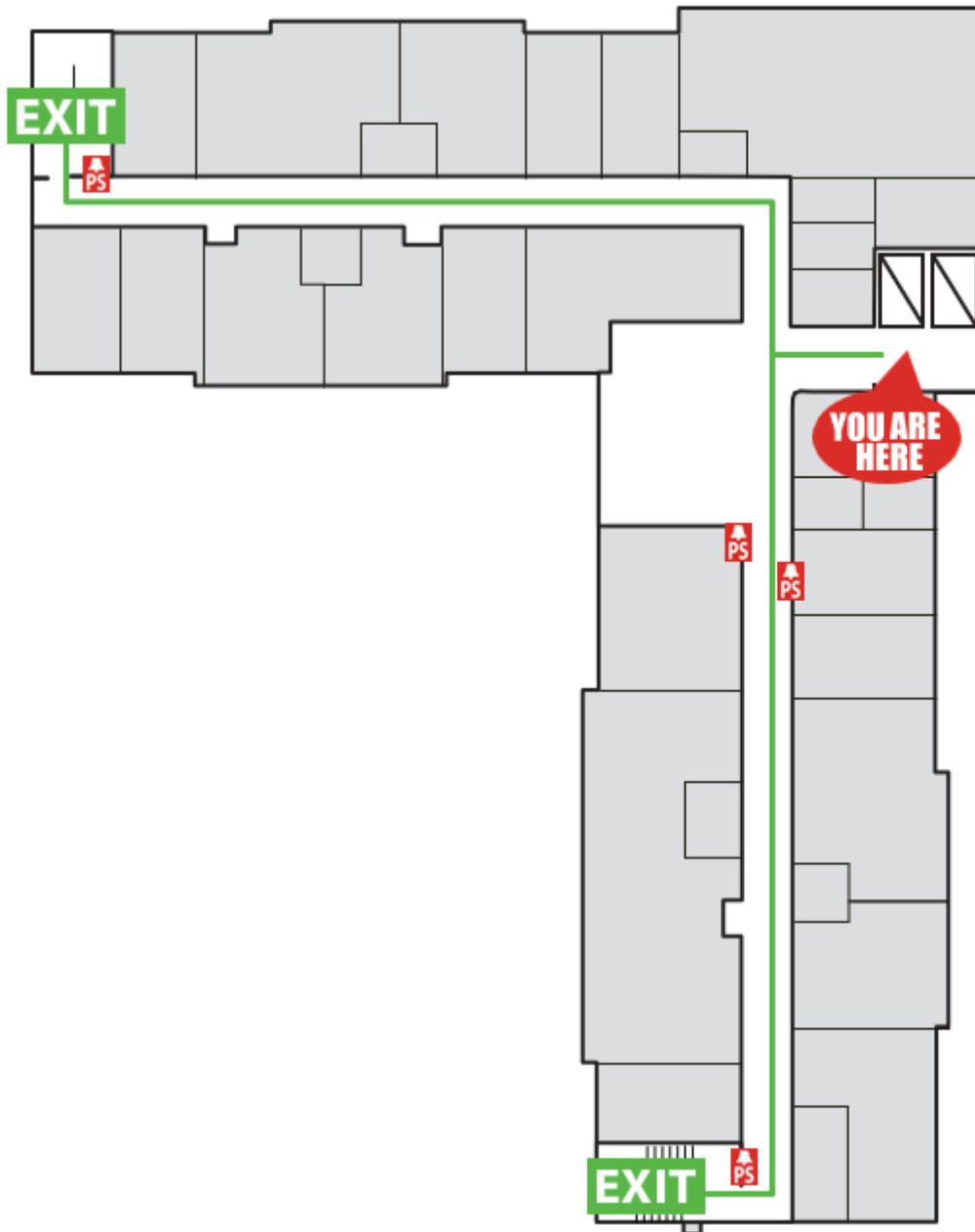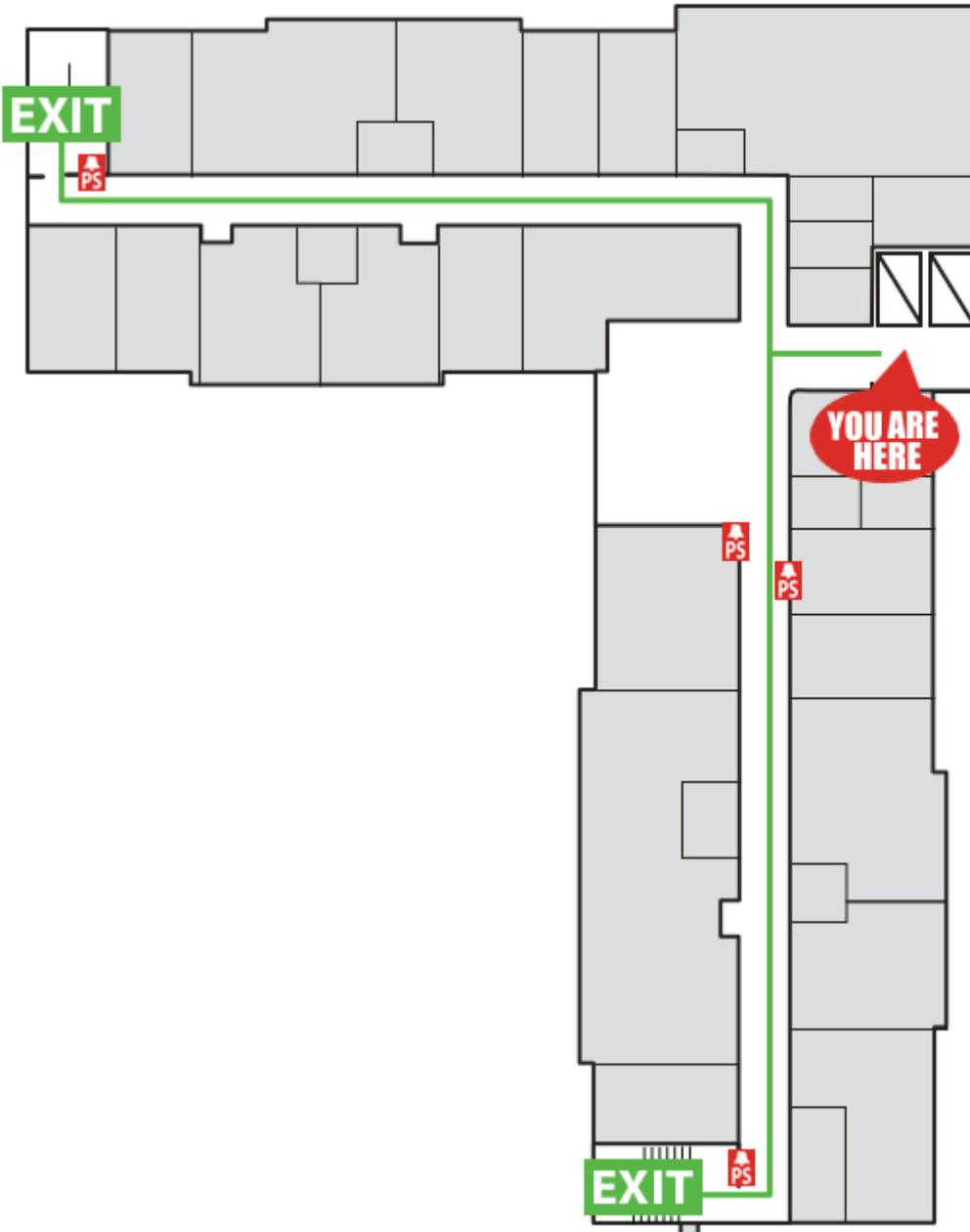
EXIT

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

EXIT - Exit Door

PS - Pull Station

- Exit Route

YOU ARE HERE

EXIT

EXIT

UPON DISCOVERY OF FIRE

LEAVE FIRE AREA IMMEDIATELY AND CLOSE DOORS.

SOUND FIRE ALARM, PULL MANUAL STATION.

LEAVE THE BUILDING BY THE NEAREST EXIT.

CALL FIRE DEPARTMENT: DIAL 911
DO NOT USE ELEVATORS

IN CASE OF FIRE

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

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

DO NOT USE THE ELEVATORS

MEET AT THE GATHERING LOCATION.

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

CAUTION

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

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

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EXIT

YOU ARE HERE

EXIT

EXIT

YOU ARE HERE

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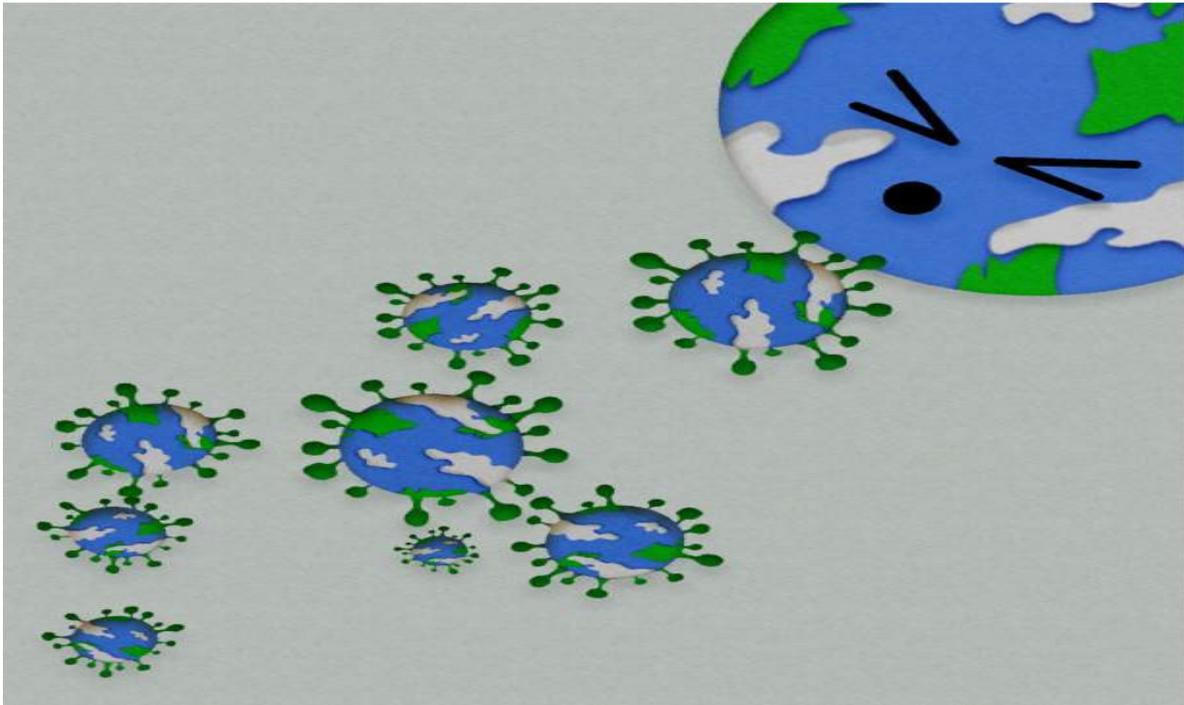
The Infectious Disease Emergency Response Plan will assist Sharon Village Care Homes to identify response needs and coordinate resources to effectively respond to and manage diseases of public health significance or any emerging infectious disease.

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

Key functions of the IPAC Lead will include, but are not limited to:
o   Ensures required surveillance and screening programs are in place for staff, residents, volunteers, visitors, essential care providers and others based upon best practice guidelines and/or specific directives from Public Health, Medical Officer of Health, Ministry of Health and other legislative bodies
o   Monitors and analyzes surveillance data within the Home and identifies trends and potential risks
o   Initiates outbreak line lists for residents and staff when indicated
o   Initiates heightened surveillance and additional precautions where indicated
o   Communicates with Public Health regularly when an outbreak is pending or an actual outbreak is declared—communicates all directives within the Home. Monitors compliance with all directives.
o   Assists in coordination, orientation for newly hired staff, annual training for all staff and specific on-site training when required
o   Assists in policy development and/or recommendations for policy revision
o   Engages in the promotion of vaccinations for residents and staff

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

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

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

To reduce the risk to the staff of acquiring an acute respiratory illness, the IPAC Lead, in collaboration and support of the Director of Care and the Leadership team, is expected to:
o   Ensure all staff have the appropriate training, education and supervision needed to protect themselves and provide effective care
o   Provide appropriate PPEs and provide training on proper donning and doffing to prevent cross-contamination
o   Implement appropriate occupational health and infection prevention and control measures.

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

Staff exhibiting any symptoms during working hours are to report to their immediate Department Lead.
Enhanced screening may be initiated for all staff at the point of entry into the Home—communication

Increase Social Distancing measures—avoid large group meetings, cancel or postpone non-essential meetings, group training/education sessions, and resident group programs.
Minimize the number of staff in lunch/break rooms.

Travelling outside of the province may need to be restricted for staff, and vacation may need to be cancelled depending upon the Pandemic and how widespread it is.

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

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

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

Finance/Administration:
Will be responsible for maintaining operational stability during a pandemic, and/or other emergency events.

The Finance Controller, in conjunction with the Executive Director and Bookkeeper, will ensure that systems and processes are in place during a pandemic for:
o   Minimizing risks to residents, staff and the organization
o   Reduce or minimize disruption of billing, payroll and accounts payable processing
o   Monitors/tracks emergency expenditures
o   Ensures appropriate coding of all expenditures relating to the Pandemic is completed accurately

Additional coding may be required for:
o   Staff absenteeism
o   WSIB claims related to Pandemic exposure or illness
o   Reduction of any program services
o   Staff training requirements
o   Hiring & orientation over and above normal processes

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

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

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

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

Incident Management System (IMS)
The roles and responsibilities of each IMS Team member are as outlined in the Emergency Plan.

Pre-Planning Assessments & Ongoing Monitoring Requirements:
Depending upon the severity of the Pandemic, an assessment of the resident population should be completed for:
o   Residents who can be discharged home to family members
o   Residents whose needs could be met at Home with additional home care support
o   Residents who must continue with care within the Home
o   Residents who are likely to require acute care
o   Resident at higher risk of complications from Respiratory illness
A list will be maintained by the IPAC Lead and kept available in each Home Area with a master copy readily accessible in the Emergency Planning binder.

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

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

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

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

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

Refer to Appendix I & J —Home-specific Outbreak Contingency Plan

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

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

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

APPENDIX I

OUTBREAK/PANDEMIC MANAGEMENT PLAN

Strathcona LTC

Initial Date: March 2, 2021

Updated: May 17, 2021

Updated: July 6, 2022

Updated: November 5, 2022

Updated: March 12, 2024

Updated: August 30, 2025

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

If a Registered staff member 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
Outbreak management team (OMT), members, roles and responsibilities	**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 Activity **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 **Duties:** Outlined below are specific to each department
Where possible, a designated self-contained area or unit of the long-term care home would be ideal for the treatment and care of patients	• Management of single cases in private rooms if available • Hepa filters will be placed in a semi-private room 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 the 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. • 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 the 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 items will be discarded, 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 the affected RHA to the east or west wing if rooms are available.
Cohorting residents	• Ensure that residents are physically separated by a distance of at least 2 meters • Use privacy curtains between the beds to minimize opportunities for close contact • Identify residents who can go home with family if applicable (Please see criteria from the Ministry of Health) • Dietary manager to review the maximum capacity of the main dining room and continue both first and second seating to accommodate all residents • Washroom access for residents in the dining room would consist of a washroom located in the hall outside of the dining room • Identify off-site facilities for the relocation of well and ambulatory residents with lower needs • If RHA is on the outbreak, meals will be served on the RHA

	• All residents will do hand hygiene before meals • All residents toileted before transfer to the dining room • No communal activity during the outbreak
Symptomatic/Exposed Residents	• 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 are 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 a 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. • NP Stat program will be utilized if required after hours.
Cohorting Staff	• Staff who are assigned to an outbreak unit will not work in non-outbreak areas on the same day • The Lounge on each RHA will be converted into a staff break area. (No staff will be permitted to move from one unit to the other.) A microwave and kettle will be provided for staff needs.

Symptomatic Staff	- Screening and testing protocols will be determined by Public Health - Tracking of symptomatic staff will be done by the IPAC Lead and submitted to PHU if requested - Follow-up calls are made to staff concerning symptoms and any lab results - The Ministry of Labour is notified if required
Environmental cleaning	- Housekeeping staff, where possible, to remain on one RHA only - Environmental manager to ensure that the PPE cart is 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) - Cleaning of high-touch surfaces 3 times daily minimum - Maintenance staff, where possible, to complete tasks on one RHA daily. If required to go to another RHA, it is required that they must go to the unaffected RHA first, then the affected RHA. PPE to be worn on the affected RHA (where applicable) - Floor scrubber is not to be used during an outbreak
Social distancing during meals	- Unvaccinated residents eat by themselves at one table. - Tray service for all residents on outbreak-affected RHA. - Tray tables are moved to the door so that residents can be observed by staff moving through the hallways.
Reduce contamination risk with the medication cart	- 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 medications as designated are available - Registered staff to disinfect medication cart during and at the end of each shift
Staffing **(Individual Department Staffing Plans below)**	- Dietary planning for additional meals for staff staying onsite - Inventory of disposable meal trays for staff - Hiring of additional screeners as needed. - 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/ADOC will direct the managers or others to assist with feeding on the unit. • Where required, DOC/ADOC 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
DOC/ ADOC specific duties for staffing	DOC/ ADOC to call all staff to determine who will: 1) Work 10 – 12-hour shifts 2) Work on assigned days off 3) Work full shifts rather than part shifts • Adjust the nursing staff schedule accordingly • Ensure staff hours are in the Rotating Schedule with changes and input into payroll • Ensure staff who are working extended shifts are offered a meal
Staffing Plan - Minimal Personal Support Workers	Refer to Home Home-specific minimal staffing contingency plan
Staffing Plan - Minimal Registered staff	Refer to Home Home-specific minimal staffing contingency plan
Staffing Plan-Minimal Dietary staff	Refer to Home Home-specific minimal staffing contingency plan
Staffing Plan-Minimal Activity Staff	Refer to Home Home-specific minimal staffing contingency plan
Staffing Plan-Minimal Housekeeping/Maintenance staff	Refer to Home Home-specific minimal staffing contingency plan
Staffing Plan-Minimal Laundry Department	Refer to Home Home-specific minimal staffing contingency plan
BSO	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	• Ongoing surveillance mechanisms in place at all times to monitor staff/residents/visitors for symptoms • 24/7 screening in place • Collaboration with local PHD, IPAC Hub and LHIN to adhere to Outbreak control measures when in an outbreak • Ongoing surveillance/testing as per current MOH/PHU directives • Ensure there is a plan for medical coverage and resident monitoring by physicians (On-call physician, NP Stat program)
Communication	• Continue 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 • DOC/ ADOC to submit weekly outbreak updates to the MOH compliance inspector as requested • Daily update to the PHU • DOC/ ADOC to submit a CIS report to the MOHLTC for the outbreak. • DOC/ ADOC to amend the report as required.
Audits	• Complete daily audits for hand hygiene, PPE, Donning and Doffing, safe breaks and physical distancing • Speedy audits online to be completed every shift by Registered Staff • MOHLTC IPAC audits are completed at least bi-weekly when not in an outbreak and weekly while in an active outbreak • Complete environmental audits • Provide coaching in the moment for non-compliance if observed
Supplies	• All department Managers to complete weekly inventory to ensure adequate supplies are available. • DOC/ ADOC to order weekly nursing supplies as per home protocols • Ensure that there is a minimum of 14 days of supplies in the home • DOC/ADOC to complete weekly PPE tracking and submit to Corporate. • Housekeeping staff to replenish PPE supplies daily on the nursing RHA.
Exposed Staff	• Follow MOHLTC and PHU protocols

Appendix J - Strathcona Long Term Care

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 the 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
	DON	1	0	0
	IPAC	1	0	0
	RSC	1	0	0
	MDS RAI	1	0	0
	BSO	1	0	0
	RN	1	1	1
	RPN	3	3	1
	PSW	12	12	5
Services	DTR	1	0	0
	DFS	1	0	0
	DES	1	0	0

Essential Care & Services:

- **Peri Care/brief changes**
- **Bathing**
- **Feeding**
- **Transfer/portering**
- **Meal preparation**

- **Medication administration**

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:

☒ 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 emergencies 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

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/HCA/RCA	Days	☒Call all available PSW/HCA/RCA ☒Bring staff in early or stay late ☒Reassign staff, review resident census ☒Call other departments to assist ☒Expand Floats/short shifts ☒Partner up with other floors to assist with showers and meals ☒Reschedule bathing/adjust to bed baths ☒Nurses to assist with care ☒Call Agency as required ☒Pull other dept staff to assist in meal service, portering etc ☒Leadership team members to assist where able (meals/portering/spotting transfers/independent residents/ monitoring)	**See Priority Tasks** o Residents dressed appropriately o Oral Care o Assisting with feeding o Documentation o Toileting
2 or less on home area PSW/HCA/RCA	Evening	☒ Call all available PSW/HCA/RCA ☒Call other departments to assist ☒ Pull 1:1 as appropriate ☒Bring staff in early or stay late ☒Reassign staff, review resident census ☒Pull float/short shift ☒Partner up with other floors to assist with showers and meals ☒Reschedule bathing/adjust to bed baths ☒ Nurses to assist with care ☒Utilize support from interdisciplinary team for meal/ assistance and portering) ☒Leadership team members to assist where able (meals/portering/spotting transfers/ monitoring) ☒Call Agency as required	**See Priority Tasks** o Residents dressed appropriately o Oral Care o Assisting with feeding o Documentation o Toileting
4 or less PSW/HCA/RCA in the Home (or assigned as PSW/HCA/RCA)	Nights	☒Call all available PSW/HCA/RCA ☒Call other departments to assist ☒Bring staff in early or stay late ☒Reassign staff, review resident census ☒Registered staff to assist, as able	**This would be an extreme emergence because we only have 3 PSW on a night night. The manager on duty needs to be called and the leadership team would be called in.**

		☒Call in an additional RPN/RN ☒Manager on call, Leadership team to come in for support as needed ☒Call Agency as required	○

RN/RPN Work Short Protocol

Nurse *Critical Staff Level*	*Vacant Shift*	*Plan/Strategy*	**Duties That Must be Done**
1 or less RN	**Days/ Evenings**	☒Call all available RNs ☒Ask RN to stay later ☒Ask RN to come in early ☒Replace Nurse Leader as needed ▉ Replace with RPN (as long as ADON or DON is in building or on call) ▉ Re-assignment of Registered Staff onsite to cover all home areas ☒Replace with Agency (as last resort)	☒In-Charge duties as assigned ☒Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ☒Medications ☒Time Sensitive Treatments – skin & wound dressings, dialysis ☒All possible tasks that can be delegated are to be delegated **See Priority Tasks**
Less than 1 RN	**Nights**	☒Call all available RNs ☒Ask RN to stay later ☒ Ask RN to come in early ☒Replace with RPN ☒Ensure RN/Nurse Leader on-site/on call ☒Re-assignment of Registered Staff onsite to cover all home areas ☒Replace with Agency (as last resort) ☐ Call Manager on call request for nursing leadership to come in	☒In-Charge duties as assigned ☒Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ☒Medications ☒Time Sensitive Treatments – skin & wound dressings, dialysis ☒All possible tasks that can be delegated are to be delegated **See Priority Tasks**
2 or less RPN	**Days/ Evenings**	☒Call all available RPNs/RNs ☒Ask RPN/RN to stay later ☒Ask RPN/RN to come in early ☒Consider 12-hour shift(s) ☒Have RPN/RN cover additional 0.5 home area ☒Replace with Agency (as last resort) ☒Re-assignment of Registered Staff onsite to cover all home areas (RNs, BSO, RAI-MDS, S&W, IPAC))	☒Resident assessment and documentation of high-risk issues (i.e. Falls, injuries, change in conditions) ☒Medications ☒Time-Sensitive Treatments **See priority Tasks**
<2 Registered Staff	**Nights**	☒Call all available RPNs/RNs ☒Ask RPN/RN to stay later ☒Ask RPN/RN to come in early ☒Have RPN/RN cover additional 0.5 home area ☒Replace with Agency as last resort ☐ Re-assignment of Registered Staff onsite to cover all home areas (RNs, BSO, RAI-MDS, S&W, IPAC)	☒Resident assessment and documentation of high-risk issues (i.e. Falls, injuries, change in conditions) ☒Medications ☒Time-Sensitive Treatments **See priority Tasks**

		☐ **Call Mnager on calla dn request nursing leadership, this would mean there are no registered staff in the building at all as we run with two registered staff at night.**	

Housekeeping & Laundry Work Short Protocol

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	☒Call all available environmental staff ☒Ask EVS to stay later ☒Ask EVS to come in early ☒Environmental Service manager may need to provide assistance ☒Re-assignment of staff onsite to cover all home areas ☒Reassignment of staff to cover laundry	**#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:** ☒Garbage Removal ☒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

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**.**
- 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)	☒Call all available recreation team members in for extra shifts ☒Review programs & adjust accordingly ☒Ask staff to stay later ☒Ask staff to come in early ☒Replace with volunteers if able ☒Recreation Manager as necessary ☐Re-assignment of staff onsite to cover all home areas	☒Initiate programs as per calendar ☒Documentation ☒1:1 support for residents with responsive behaviours ☒1:1 support for palliative/EOL residents ☒Connect Residents with family ☒Assist other departments as directed ☒Assist with portering ☒Assist with meals & tray service ☒Assist with snack delivery ☒Assist with monitoring of residents if PSW short staff

Position	Alternate Position to assume Responsibility	Plan/Strategy	Duties that must be done
Executive Director	• **DON** • **DOC** • **Corporate Director**	The ED is the lead communicator for the home, in the event they are incapacitated, the DON will be immediately taking over this role and pass off the nursing task to the DOC.	☐ Communications (MOHLTC, PH, MOL, Union, Corporate office) ☐ Emergency lead ☐ Oversee home operations
Office Manager	• **Executive Director** • **Ward Clerk** • **Corporate Office**	All accounting will stop in the case of an emergency, if there is a longer-term reason all accounting will be done by ED with support from the corporate office.	☐Accounts payable ☐ Accounts Receivable
Ward Clerk	• **IPAC Coordinator** • **DON**	In the event that the clerk is incapacitated, the IPAC Coordinator will assume the scheduling and ordering and the DON will assume payroll.	☐ Supplies ordering ☐ Scheduling ☐ Payroll
Director of Care	• **DON** • **IPAC Coordinator** • **Senior RN**	DON will take on the DOC if needed, In the case there is a RN shortage DOC will work the floor as a RN.	☐ Oversee care operations ☐ Ensure staff are proving appropriate care
Director of Nursing	• **DOC** • **Senior RN**	In the case DON is unable to complete their duties, DOC will manager the nursing department.	☐ Payroll ☐ Oversee nursing staff
Dietary Service Manager	• **Recreation Manager**	Dietary manager continue will essential duties and step in as	☐Food ordering ☐ Menu management ☐ Payroll

	• **Executive Director**	cook or dietary aid if necessary.	☐ Scheduling
Environmental Service Manager	• **Executive Director** • **Dietary Manager**	ESM will continue all necessary duties and work in housekeeping or laundry if necessary.	☐ Payroll ☐ Scheduling ☐ Supplies ordering ☐ Overseeing environmental staff
Recreation Manager	• **Resident Service Coordinator**	In the event of an emergency the recreation manager will discontinue formal program planning and will assist with essential care needs. In the event that recreation programming is still feasible the recreation aides will focus on 1:1 visits.	☐ Program planning where applicable.
RAI-MDS Coordinator	• **Resident Service Coordinator**	Resident service coordinator will be the back up for MDS, outside of coding the RAI coordinator will be deployed to the floor to work as an RPN in case of shortages.	☐ Coding
BSO Lead	• **Resident Service Coordinator**	Regular BSO duties will be discontinued in the event of an emergency and they will be redistributed as PSW and RSC will do all mandatory BSO work.	☐ Emotional support ☐ Behavioral interventions
Resident Service Coordinator	• **RAI coordinator** • **Recreation Manager**	In the case of an emergency the resident service coordinator will be re deployed to work as an RPN, where there are staffing shortages.	☐ Admissions (unless on hold)
IPAC Coordinator	• **DON** • **DOC**	IPAC coordinator will be deployed to work as a RPN in the case the emergency is not a virus outbreak.	☐ PH communication ☐ Monitoring for symptoms

Additional Information/Strategies:

Participants of Review : Irene Brogee, Rachael McRobb

Annual Review: 2025-08-30

ED Signature: Click or tap here to enter text.   **Other Signature**: Click or tap here to enter text.