Earls Court Village LTC Home

1390 Highbury Avenue North, London Ontario, N5Y 0B6

EMERGENCY RESPONSE PLAN

May 8, 2025

Overview of Emergency Planning:

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

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

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

SVCH will develop a Home-specific Emergency Management Plan which outlines identified risks, and determine the 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[1]. This is commonly referred to as the five components of emergency management:
1. **Prevention & Mitigation:** actions taken to reduce the impact or risks of hazard through proactive measures taken before an emergency or disaster occurs that can not be reasonably prevented.

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

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

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

Essential Day-to-Day Functions:
In preparing the home's emergency plan, it is important to review 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 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 - Policy # EPM-B-03-02 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 critical resources required for the Home to continue to perform each essential function and determine the accessibility in acquiring or arranging.

Human Resources:
Human Resources is a vital component of emergency planning.
SVCH expects that each Home provides an outline of its Human Resources to ensure that sufficient resources, with the correct skill set, knowledge and experience are available in the event of an emergency. This information is part of the Emergency Planning and Fire Safety Information. The Executive Director is responsible for ensuring that a Staffing Contingency Plan is developed and is made available and communicated to all staff.
Refer to Appendix B – Policy # EPM-B-03-06 Human Resource Form

Hazard Identification ((Hazard Identification and Risk Assessment) (HIRA):
Refer to Appendix C1 - EPM-B-04-01 Emergency Planning – Risk Assessment
Effective emergency preparedness starts with completing a risk assessment to understand what risks or threats to the people within the Home, public safety, property, the surrounding community or a larger geographic area and to assess the impact of that risk.

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

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

- 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 on 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, and high probability will be reviewed and appropriate actions determined

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

Refer to Appendix C2 – Policy # EPM-B-04-02 Hazard Identifications 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 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 D – Policy # EPM-B-03-01 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 on region and availability of services

A list of all Community Resources & Emergency Management Partners will be developed, updated as required and be readily accessible in the event of an emergency.
Refer to Appendix E - Policy # EPM-B-03-03 Community Resources & Partners

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

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

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

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

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

As outlined in the IM System, a designated leader directs activities within that critical area.
It may be necessary for individuals to take on more than one of these leadership roles. Each lead will report back to the Command Chief.

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

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

Executive Director:
Responsible for identifying the location of the Emergency Operations Centers and designated staff to carry out the Incident Management System Roles (IMS):
Note: The designated person can assume more than one role/function at a time based on 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 Lead/designate** –responsible for the overall management of the Home during emergency situations. 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 Lead/designate.
   - Organizes and directs the emergency response for the emergency/incident
   - Gives overall direction for the operation of the Home and if needed, authorizes evacuation. In the event of a Fire Emergency, an order to evacuate will be the decision of the Fire Chief/designate
   - The Incident Lead 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 Lead
   - Will assign IMS roles that mirror day-to-day staff routines and responsibilities as closely as possible
   - Incident Lead/ designate may delegate roles or functions to others or designate a team lead for multiple functions
   - In collaboration with SVCH CEO, will have the authority to cancel staff leaves as required based on the nature and extent of the emergency
   - Ensures the Emergency Box is maintained and ready for any emergency.
     Refer to Policy # EPM-B-12-Emergency Supply Kits
     Ensures Emergency Supply Kits are 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 location of Emergency Box(es) are readily accessible in pre-determined locations in the Home
   - An Incident Lead will be assigned for all shifts

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

4) **Liaison Lead – Is** responsible for community liaison and advising the Incident Lead about external assistance and support in collaboration with Corporate communication.

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

6) **Information Technology Lead** -Responsible for managing IT requirements or issues during an emergency incident:
   a) Liaisons with external IT support, as required
   b) Provides status report(s) to Incident Lead/designate as required

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

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

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

10. **Finance/Administration Lead (SVCH Corporate Lead)-**Responsible for the financial and administrative support and management and overall compliance with financial policies and procedures.
Refer to Appendix F – Policy # EPM-B-10-01 Incident Management System Designates-Home Specific

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

IMS Organizational Chart

Incident Manager

- Public Information
- Safety
- Liaison

OPERATIONS
- Resident Care
- Incident Response

Planning
- Short & Long Term Plan

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

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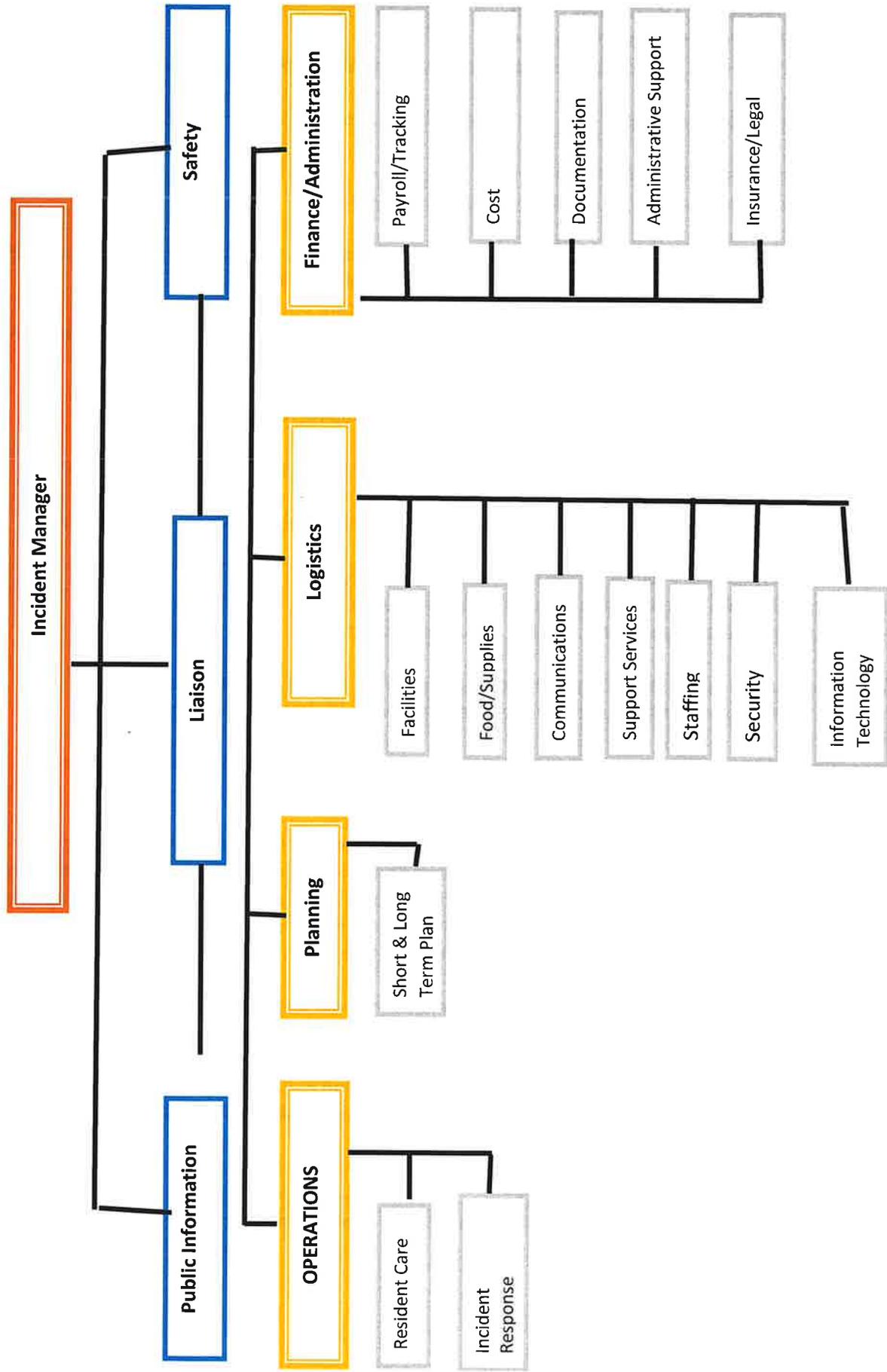
Communication Systems:

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

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 home's communication assets, including telephone system, email, voice mail, computer network and internet connection, internal two-way radios etc.
   o Is there a current emergency backup telephone system?
   o What are 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, 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 (& backup** lead) as to who will be responsible for providing information to families, and 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 response 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) The Incident Lead/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 G – Policy # EPM-B-03-05 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, and/or reputation and/or operations
o   Has potential for broader media coverage

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

The IMS Team is accountable 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 emergencies which require immediate action and are designed to guide staff in the response and management of any disaster, emergency or 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 an 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 an external Emergency Service	EPM-J-60
Code Grey –Loss of a Essential Service	Initiated when there is a loss of one or more essential services (loss of power, heat, water etc.)	Person discovering	
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	The person discovering/ identifying a situation	EPM-L-05
Code Yellow-Missing Person **Annual Testing	Initiate when a resident can not be located on Home area/within Home	Person discovering/ identifying situation	EPM-F-10
Code Silver-Intruder with a Weapon	Initiate when an unauthorized person is in the Home/ with or without a visible weapon	Person discovering/ identifying situation	EPM-K-05
Code White-Violence **Test Every 3 Years	Initiate when a threat of aggression &/or violence	Person discovering/ identifying situation	
Code Brown-Hazardous Materials/ Chemical Spill **Test Every 3 Years	Initiate upon discovery or notification of known or unknown hazardous material, agent or contamination	Person discovering/ identifying situation/ being notified	EPM-J-120

Potential Risk of the likelihood of other Emergencies that may be identified in the HIRA may include but 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 supervisors on-site at time of outage	
Loss of Natural Gas	Contact Local Gas Company to determine estimated length of outage & to identify problem	Most senior supervisor on site at time of outage	
Loss of Water Supply ****Test Annually**	Contact Public Utilities to determine estimated length of outage & to identify problem.	Most senior supervisor on site at time	
Loss of Communication System	Contact Telephone Service provider	Most senior supervisor on site at time	
Flooding (internal & external)	Initiate immediately	Person discovering/ identifying situation	
Explosion	Initiate immediately	Person discovering/ identifying situation	
Natural Gas Leak	Initiate immediately	Person discovering/ identifying situation	
Inclement Weather Conditions ○ **Tornados** ○ **Ice Storm** ○ **Severe Snowstorm** ○ **Earthquake** ○ **Extreme Heat** ○ **Extreme Cold** ○ **Floods**	Initiate immediate precautions for any alerts & secure building, supplies and staffing Floods – **Test annually** Nature disasters or extreme weather events—**Test annually**	Person discovering/ identifying situation News Alerts Community Alerts	
Infectious Outbreaks ○ **Pandemic,** ○ **Epidemic**	Initiate immediately as per directives from Public Health or other governing agencies/individuals ****Test Annually**	Most senior person on site. Contact IPAC Lead	IPAC Section "B" - Outbreak Management
Unsafe Water Advisory	Initiate Immediately	Public Health Alerts	EPM-J-150
Loss of Elevator Service	Initiate immediately	Person discovering/ identifying situation	
Other (specify)			
Computer system failure			
HVAC failure			
Communication System Failure			

SHARON VILLAGE CARE HOMES

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 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 Administrator may need to outsource products to meet the resident's needs 20. Check to ensure sufficient food supplies are available to last 3-5 days 21. In the event, that the Fridge/freezer is not on the backup generator, the FSM, in collaboration with the Administrator, may need to consider having a portable freezer vehicle brought on-site.

	22. Provide disposable plates & utensils for meals 23. If the power supply will not be restored for an extended period and the emergency power supply is insufficient to maintain adequate building heat, prepare for **CODE GREEN-Partial or Total Evacuation.**

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 of meal preparation; meal delivery; and ensuring the environment is kept in a sanitary and safe condition must be ongoing;
	   b. Consideration will be given to arranging paper plates, cups and other disposable items,
	   c. Menu planning will be completed to ensure preparation is less time-consuming but still afford residents with appropriate diet and nutritional requirements,
	   d. Proper garbage disposal
	
	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 the 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-sire, 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 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. **Minimize the use of toilets during the period of shortage.** Remember that a toilet can be flushed only once after the water supply

to the building is cut off. If the loss of water was announced ahead of time, the water stored in the tubs can be used for flushing toilets.

7. Regular Resident bathing will be discontinued immediately for the duration of the shortage.
8. If a water shortage is anticipated, all tubs should be filled with clean water. When needed for personal care or to flush toilets, this water can only be retrieved from the tub by using a clean receptacle to maintain infection control measures.
9. All staff will reduce linen usage whenever possible, e.g. routine bed changes.
10. Disposable hand wipes will be obtained from Nursing for perineal care.
11. Ensure sufficient antiseptic hand sanitizer is available in each department area
12. Linen products in the Clean Supply area(s) and or storage will be made available to care areas.
13. Facility Services is responsible for monitoring all equipment which may burn out due to lack of water.
14. If necessary, laundry may need to be done off-site.
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 Administrator/designate will:
- Notify the President of Sharon Village Care Homes,
- Consider an outside Water Supply Company with a tank to hook up to the external water supply line. This will provide for non-potable water to supply to areas within the Home.
- Arrange to have a supply of potable water delivered to the Home for cooking, provision of food, drink preparation and drinking.
- Notify other external services that may be impacted by the loss of water.
- Notify the MOH by telephone, complete and submit the Critical Incident Report.

Loss of IT	**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:** ○ Use of commercially bottled water – assessing if a current supply is available in the Home or arranging for the delivery of a quantity of water through a local vendor, or ○ Boiling water which is brought to a rolling boil for 1 minute, cooling and storing in a covered sanitized container, or ○ 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 upon the type of water advisory.** It is advised that any ice stored within the ice machine is discarded as a result of the potential for contamination. The ice machine must be thoroughly cleaned and water lines decontaminated before restarting. 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:** ○ Ensure sufficient potable water is available for food preparation and cooking ○ Discard ready-to-eat food that has been prepared with potentially unsafe water before the Boiled Water Advisory came into effect. This may include coffee, juice, Jello, ice etc.) ○ For further information and/or instructions on what foods should be discarded, contact the local Public Health for advice. ○ Review the current menu and modify it to prepare food items that require little preparation and little or no water. **Dietary Equipment—Cleaning & Sanitizing:**

- Use disposable products where possible, or
- Ensure potable water is used to clean and sanitize equipment and utensils –use 3 Sink Method for cleaning
- Dishwasher use—continue to use if hot water is equal to or greater than 82*C (180*F) or above for the final rinse.
  Low-temperature dishwashers using chemical sanitizers may not be effective against water contaminated with parasites– not to be used.

  Review with Public Health for further advice and instructions.

- 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:
- Use potable water for mixing chemical disinfectants used in environmental cleaning

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

Maintenance:
- Assess areas as to whether water supply should be restricted and/or turned off during the period the Boiled Water Advisory is in effect.
- **When the Boil Water Advisory is lifted,** Maintenance will enlist the assistance of all staff within each home area and department to run all cold-water faucets for at least five (5) minutes before using the water.
- Check with Public Health to whether water heaters are to be drained and refilled

Nursing & Personal Care Services:
Personal Hygiene:
- Unless specified by Public Health, bathing can continue as long as residents do not consume the water and their skin is intact. Showers are preferable
- For residents with open skin areas, sponge bathing is to be done, with potable water or wet wipes
  Note: Homes may have a supply of non-wet towels for emergency use
- Oral care/denture care must be completed with potable water.
- Medical procedures must be completed with potable water or sterile water.

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

Enhanced Surveillance for Enteric Illness:
- Notify Public Health if an enteric illness is suspected
- The IPAC Coordinator will monitor the daily surveillance logs and collaborate with Registered Staff for any resident who may be symptomatic

	- Follow all directions provided by Public Health and communicate additional protocols to appropriate staff - Standard enteric precautions and outbreak management protocols are to be followed for residents with diarrheal illness. Public Health is to be notified. Collect specimens to be sent for testing to determine the pathogen involved. - Staff with enteric illness symptoms must report to their Department Manager and be excluded from work. The staff member must be symptom-free for at least 48 hours before returning to work. Public Health must be notified and additional instructions provided as warranted. - Staff with enteric symptoms or suspected enteric symptoms will be reported to Public Health by the IPAC Coordinator.
Loss of Communication	**Loss of Telephone**: In the event of a loss of telephone service, the person discovering 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 becoming 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 request for 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.

Home Specific Fire Plan –to be inserted

The Home will have responsibility for:
o   Fire Drill practices on every shift monthly. All drills will be documented and staff attendance recorded. Refer to Policy # EPM-C-50
    Fire Drill Form will be used to record all Fire Drills and debriefing notes and any required actions required.
o   Preparing, updating and sustaining "Employee Emergency Call-In Roster" –to be updated at least quarterly and more frequently as required, and practiced at least every 6 months. Copies must be provided to all Leads and Supervisors and kept off-site at Home for easy access after regular business hours.
o   Preventative Maintenance program for all fire equipment and logs of all checks (Policy # EPM-C-70)
o   Fire Safety -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 Supply Kits) 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 Supply Kits 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 an 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

Additional contingency plans will be outlined by each Home for:

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

**SHARON VILLAGE
CARE HOMES**

Emergency Planning – Appendix

Appendix A – EPM-B-03-02 (Essential & Emergency Functions)

Appendix B – EPM-B-03-06 (Human Resources)

Appendix C – C1: EPM-B-04-01 (SVCH HIRA)

          - C2: EPM-B-04-02 (Hazard Identification and Risk Assessment Form)

Appendix D – EPM-B-03-01(Home Profile for Emergency Preparedness Planning)

Appendix E – EPM-B-03-03 (Community Resources & Partners)

Appendix F – EPM-B-10-01 (Incident Management System Designate-Home Specific)

Appendix G – EPM-B-03-05 (Emergency Communications Teams & Responsibilities)

Appendix H – Fire Safety Plan

Appendix I – Infectious Disease Outbreak & Pandemic Plan

Appendix J – Outbreak/Pandemic Management Plan

Appendix K – Staffing Contingency Plan – Home Specific

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 appoints and need to cancel with exception of medical treatment needs (i.e. dialysis)
	Psychological & Emotional Support	o 1:1 visits more frequently o Re-arrangement of Recreational Programs to fit the incident
	Assessments/medications/medical needs	o Depending upon the emergency, it may be necessary to review medications with MD/NP to provide only most essential meds. o Ongoing assessments per individual needs o Ensuring sufficient supplies for medical needs (i.e. G-feed/tubing; Oxygen—liquid + concentrator availability; catheter care & supplies) o Wound care o **see Policy re: loss of hydro** (low air loss mattress /alternative mattresses/Oxygen liquid supply; G-feed pumps etc)
	Palliative/End-of-Life Care	o Family visits o Pastoral Visits o Set up Palliative Care Baskets & have readily accessible
	Rest area for staff who may need to remain on site (rest place, hygiene needs etc.)	o Plan out designated location on-site or off site near home if no location on site o Consider meals/ personal supplies for hygiene needs, laundry for clothing as needed

		o Other considerations based upon individualized priority needs (example: personal medication)
	Volunteers –may include family members	o List of volunteers who could assist during emergency/family o Consider any pre-training (i.e. assisting with feeding, safety rounds of residents)
Facility Operations	Cleaning & Disinfecting	o High touch cleaning frequency o Removal of garbage
	Maintenance of Emergency Equipment On-going 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 readily accessible
Other		

SHARON VILLAGE
CARE HOMES

Appendix B - EPM-B-03-06

Name of Home: Earls Court Village LTC

SVCH expects that each Home provides an outline of its Human Resources to ensure that sufficient resources, with the correct skill set, knowledge, and experience are available in the event of an emergency. This information is part of the Emergency Planning and Fire Safety Information.

HUMAN REOURCES AVAILABILITY

STAFF	DAY SHIFT (M-F)	EVENING SHIFT (M-F)	NIGHT SHIFT (M-F)	Weekend Day Shift	Weekend Evening Shift	Weekend Night Shift
Executive Director	1	0	0	0	0	0
Administrative Support	1	0	0	0	0	0
Director of Care	1	0	0	0	0	0
Assistant Director of Care	1	0	0	0	0	0
Administrative Support Clerk/ Staff Educator	1	0	0	1	0	0
Resident Services Coordinator	1	0	0	0	0	0
Registered Staff	6	6	2	6	6	2
Health Care Aides (PSW)	16	16	8	16	16	8
Recreation Manager	1	0	0	0	0	0
Recreation Staff	4	1	0	4	1	0
Dietary Services Manager	1	0	0	0	0	0
Dietician	1	0	0	0	0	0
Cook	1	1	0	1	1	0
Dietary Aide	4	3	0	4	3	0
Director of Facility Services	1	0	0	0	0	0
Maintenance Staff	0	0	0	0	0	0
Laundry Staff	1	1	0	1	1	0
Housekeeping Staff	3	1	0	3	1	0
TOTAL STAFF	45	29	10	36	29	10

Completed by: Beth Desjarlais-Tefft   **Updated:** May 8, 2025

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	2	2	2	20%
Severe Thunderstorm	2	0	1	2	2	2	2	33%
Snow Fall	3	1	1	1	1	1	2	39%
Blizzard	1	1	1	1	1	2	2	15%
Ice Storm	1	1	1	2	1	2	2	17%
Earthquake	0	0	0	0	0	0	0	0%
Extreme Cold	2	1	1	1	1	1	2	26%
Hot Temp >26°C	2	1	0	0	1	1	2	19%
Drought	1	1	1	1	2	2	3	19%
Flood, External	1	1	2	2	2	2	2	20%
Community Disaster	1	1	1	1	2	2	2	17%
Pandemic	1	2	1	2	1	1	1	15%
Epidemic	1	2	1	2	1	1	1	15%
								0%
								0%
AVERAGE SCORE	1.06	0.81	0.81	1.06	1.06	1.19	1.44	13%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.13	0.35	0.35

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	1	1	1	2	2	2	1	17%
Generator Failure	1	1	1	2	2	2	1	17%
Transportation Failure	1	0	0	0	1	1	1	6%
Fuel Shortage	1	0	1	2	2	2	2	17%
Natural Gas Failure	1	0	1	2	2	2	2	17%
Water Failure	1	1	1	2	2	2	2	19%
Sewer Failure	1	0	1	2	2	2	2	17%
								0%
Fire Alarm Failure	1	0	1	1	1	1	1	9%
Communications Failure	1	0	0	2	2	2	2	15%
Medical Gas Failure	1	1	0	1	2	2	2	15%
								0%
HVAC Failure	1	0	1	1	2	2	2	15%
Information Systems Failure	2	0	0	2	2	2	2	30%
Fire, Internal	1	2	2	2	1	1	1	17%
Flood, Internal	1	2	2	2	2	2	2	22%
Hazmat Exposure, Internal	2	1	0	1	1	1	1	19%
Supply Shortage	2	0	0	2	1	1	1	19%
Structural Damage	1	0	2	2	2	2	2	19%
AVERAGE SCORE	1.05	0.47	0.74	1.47	1.53	1.53	1.42	14%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.14	0.35	0.40

Technological Hazards , 3. HIRA Spreadsheet

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)	0	0	0	0	0	0	0	0%
Mass Casualty Incident (medical/infectious)	1	1	0	0	2	2	2	13%
Terrorism, Biological	0	0	0	0	0	0	0	0%
Missing Resident	2	1	0	0	1	1	2	19%
Hostage Situation	1	1	0	0	2	2	2	13%
Intruder with a Weapon	1	1	0	0	2	2	2	13%
Violence -Internal	1	1	0	0	2	2	2	13%
Labor Action	0	0	0	0	0	0	0	0%
Bomb Threat	1	2	2	2	2	2	2	22%
Medical Emergency	2	2	0	0	1	1	1	19%
								0%
AVERAGE	0.90	0.90	0.20	0.20	1.20	1.20	1.30	8%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.08	0.30	0.28

Human Hazards : 3. HIRA Spreadsheet

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	1	1	0	0	2	2	2	13%
Small Casualty Hazmat Incident (past history <5 victims)	1	1	0	0	2	2	2	13%
Chemical Exposure, External	1	1	0	0	2	2	2	13%
Small-Medium Sized Internal Spill	1	1	0	0	2	2	2	13%
Large Internal Spill	1	1	1	0	3	3	3	20%
Terrorism, Chemical	0	0	0	0	0	0	0	0%
Radiologic Exposure, External	0	0	0	0	0	0	0	0%
Terrorism Radiologic	0	0	0	0	0	0	0	0%
								0%
AVERAGE	0.56	0.56	0.11	0.00	1.22	1.22	1.22	4%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.04	0.19	0.24

Earls Court Village Summary of Hazards & Analysis

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.35	0.35	0.30	0.19	0.31
Severity	0.35	0.40	0.28	0.24	0.34
Hazard Specific Relative Risk	0.13	0.14	0.08	0.04	0.11

Hazard Specific Relative Risk to Earls Court Village
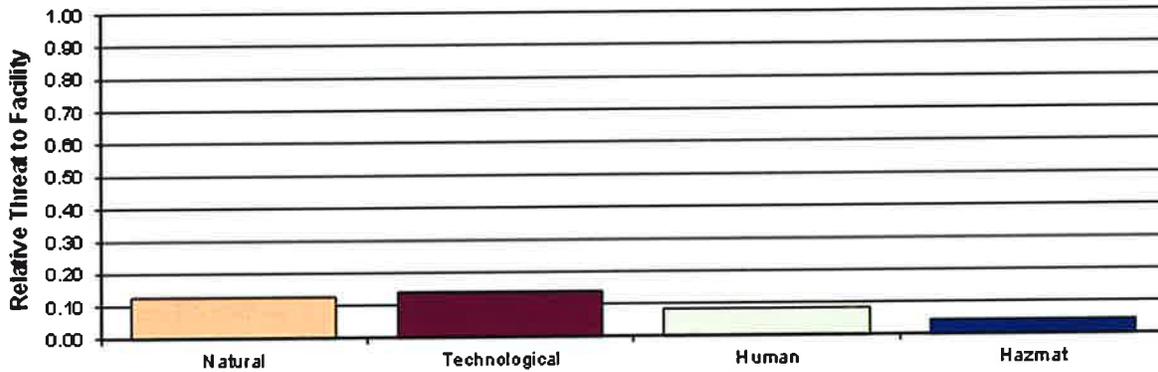
Probability and Severity of Hazards to Earls Court Village
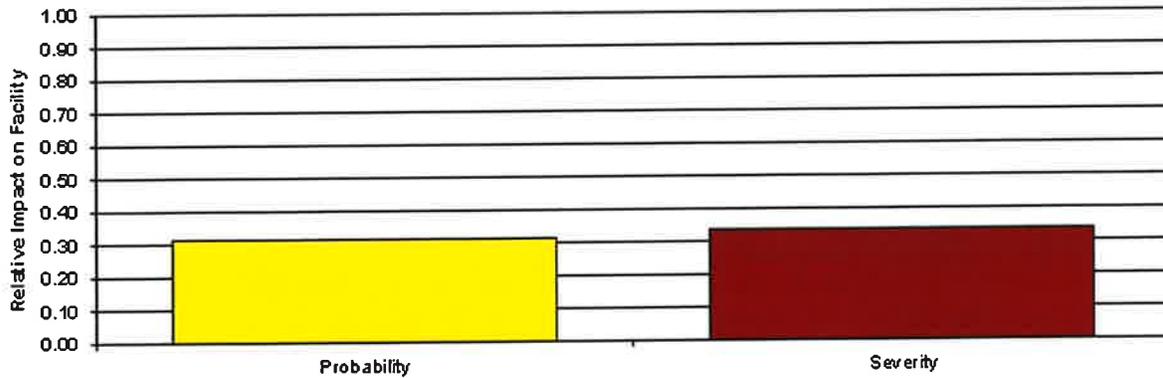
Hazard Identification and Risk Assessment (HIRA)

Home: <u>Earls Court Village LTC</u>   **Date: <u>May 8, 2025</u>**

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

Category	Risk Identified	Relative Risk	Plan
Natural Hazards	Snow Fall	39%	- Increase staffing levels in all departments as soon as snow fall weather warning has been announced. Refer to staffing contingency plan during emergency. - Extra stock is maintained in the home (nursing, environmental, and dietary supplies) to prepare for any shipping and delivery delays. - Skid of salt ordered prior to winter season. - Access to snow removal equipment stored at corporate office. - Do not use 3rd party snow removal as it could result in delays. - Allocate staff to assist with snow removal on frequently accessed pathways/sidewalks and to spread salt to minimize any risk to injury entering and exiting the building.

Executive Director Signature: _____   Date: _May 8/25_

Home Profile for Emergency Preparedness Planning

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

Name of LTC Home: Earls Court Village Long-Term Care Home

Address: 1390 Highbury Avenue North, London Ontario, N5Y 0B6

Phone #: 519-601-5088

Primary Contact Person in event of Emergency: Executive Director (ED)
Name: Beth Desjarlais-Tefft

Contact #: 519-601-5088 ex. 501   **Email: bdesjarlaistefft@svch.ca**

Secondary Contact (Back-Up designate): Director of Care (DOC)
Name: Gemma Nott

Contact #: 519-601-5088 ex. 201   **Email: gnott@svch.ca**

Sharon Village Care Homes Corporate Contact Person: CEO
Name: Shirley Thomas-Weir

Contact #: 905-975-9671   **Email: sthomasweir@svch.ca**

Resident Occupancy #: 128 beds (licensed capacity)

Special Care Needs of Resident Population:
☑ Oxygen Requirement ☑ Mobility Impairments ☑ Cognitive Impairment
☑ Feeding Tubes/formula/pumps
☐ Other: (Specify: _____)

Human Resource:

# of Staff (full time equivalents): 210 Staff Total in the Facility

Facility Particulars:
☑ Generator   Estimated length of time: Natural Gas – Continuous Supply Fuel – no time frame.
Are there only specific areas the Generator will cover: Yes ☑ **A list must be available
- Generator covers all essential services in the home – the generator only powers emergency (red) outlets and emergency lighting – nonemergency outlets will not have power and nonemergency lighting will not have power.

If the water supply to the Home is interrupted, is there capability to hook up to an external supply?
☐ Yes ☑ No

Outline any other specifics:

Vendors:
Food Supplies Vendor:
Company Name: Sysco
Emergency Contact Name: Paige Stephens   **Emergency Contact #:** 416-726-1104
Back-up Emergency Contact Name: Customer SVC   **Back-up Emergency Contact #:**
1-855-222-0617

Company Name: Fresh Start
Emergency Contact Name: Customer SVC   **Emergency Contact #:** 519-659-5757
Back-up Emergency Contact Name: N/A   **Back-up Emergency Contact #:** N/A

Company Name: Canada Bread
Emergency Contact Name: Satbir (rep)   **Emergency Contact #:** 1-438-998-0556
Back-up Emergency Contact Name: Susan Setterington (district mgr)
Back-up Emergency Contact #: 519-317-3254
Back up: Customer SVC   **Phone number:** 1-877-229-1042

Company Name: London Quality Dairy
Emergency Contact Name: Customer Svc   **Emergency Contact #:** 519-453-0414
Back-up Emergency Contact Name: N/A   **Back-up Emergency Contact #:** N/A

Pharmacy Vendor:
Company Name: CareRx
Emergency Contact Name: Samira Zaki   **Emergency Contact #:** 905-220-4497
Back-up Emergency Contact Name: Customer SVC   **Back-up Emergency Contact #:**
1-833-247-4316 ex. 834

Medical Supplies:
Company Name: Medline
Emergency Contact Name: Rudy Cantu   **Emergency Contact #: 226-971-0134**
Back-up Emergency Contact Name: Customer SVC   **Back-up Emergency Contact #:**
1-800-633-5463

Medical Advisor:
Name: Dr. Eric Wong   Contact #: 519-495-1861

Other Medical Personnel: (attending physicians, Nurse Practitioner etc)
Dr. Christina Cookson   Contact #: 519-646-6000 ex. 69031
Dr. Saadia Hameed
Dr. Susan McNair

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

Transportation: In the event of evacuation, does the Home have Facility Transportation or it is Community Acquired?
☐ Home   ☑ Community (Source: <u>LTC (London Transit Commission)</u>)   ☐ Both
How many residents can the transportation Vehicle manage: Dependent on
Is it wheelchair accessible: ☑ Yes   ☐ No
Contact Name (if applicable): _____   Contact #: <u>1 (519) 451-1347</u>

Communication Systems:

Outline the main method of communication within the Home: Telephone

Is there an emergency communication system?

☑ Yes-- If yes, explain: Whatsapp (Communication within Management), Cell phones can be activated within the homes (Located in ED Office) and Cell phone communication with staff (staff numbers stored in SSC)

☐ No

Emergency Plans in place:

Chain of Command and Roles for Emergencies: ☑ Yes ☐ No ☐ Partial

Back-up Communication System: ☑ Yes ☐ No ☐ Partial

Staffing Contingency Plan: ☑ Yes ☐ No ☐ Partial

Agreements for External Sheltering in the event of evacuation: ☑ Yes ☐ No ☐ Partial

Evacuation Plan: ☑ Yes ☐ No ☐ Partial

Fire Safety Plan: ☑ Yes ☐ No ☐ Partial

o   Date last approved by Fire Official: August 28, 2014

Outbreak Contingency Plan (including Pandemic Planning): ☑ Yes ☐ No ☐ Partial

Community Resources & Partners

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

Name of LTC Home: Earl Court Village LTC Home   **Address: 1390 Highbury Avenue North, London Ontario, N5Y 0B6**   **Phone #: 519-601-5088**
Primary Contact Person in Home: Executive Director (ED)   **Name: Beth Desjarlais-Tefft**   **Contact #: 519-601-5088 ex. 501   Email: bdesjarlaistefft@svch.ca**
Secondary Contact (Back-Up designate): Director of Care (DOC)   **Name: Gemma Nott**   **Contact #: 519-601-5088 ex. 501   Email: gnott@svch.ca**
Sharon Village Care Homes Corporate Contact Person: CEO   **Name: Shirley Thomas-Weir**   **Contact #: 905-975-9671   Email: sthomasweir@svch.ca**
Ministry of Health & Long-Term Care: **Contact #: (Day): 416-327-4327   After Hour Contact # 1-888-999-6973**
Community Emergency Preparedness (if applicable): N/A
Police Liaison: Department: _____   Non-Emergency #: 519-661-5670   **Liaison Name: N/A   Phone #: _____**
Fire Department Liaison: Department: Dispatch   Non-Emergency #: 519-661-5615   **Liaison Name: N/A   Phone #: 519-661-4565**
Public Health: Number: (519) 663-5317   After Hours Number: 519-663-5317 (option 2)   **Liaison Name: N/A   Phone #: (519) 663-5317**
Hospital(s): (identify all hospitals within proximity of the Home)   **Hospital Name:**   **St. Joseph Hospital   Contact #: (519) 646-6100**   **Victoria Hospital   Contact #: (519) 685-8500**   **University Hospital   Contact #: (519) 685-8500**
Other:

Incident Management Systems Designates

Name of Home: Earls Court Village

Location of Emergency Operations Center:

Senior Command Incident Lead: SVCH Corporate Lead: The Executive Director is responsible for the overall management and collaboration of the Home during an emergency. If not on-site, the Charge Nurse will assume this role.

IMS Role Title	Primary Designate	Contact Information	Secondary Designate	Contact Information
Incident Lead	Executive Director	519-601-5088 ex. 501	Director of Care	519-601-5088 ex. 201
Public Information Lead	Corporate: CEO	905-975-9671	President	519-870-8088
	Home: Executive Director	519-601-5088 ex. 501	Director of Care	519-601-5088 ex. 201
Liaison Lead	Director of Therapeutic Recreation	519-601-5088 ex. 101	Staff Development Coordinator	519-601-5088 ex. 305
Safety Lead/ Coordinator	Director of Environmental Services	519-601-5088 ex. 506	Director of Dietary Services	519-601-5088 ex. 505
Information Technology Lead	Executive Director	519-601-5088 ex. 501	Director of Care	519-601-5088 ex. 201
Operations Lead	Executive Director	519-601-5088 ex. 501	Director of Care	519-601-5088 ex. 201
Planning Lead	Executive Director	519-601-5088 ex. 501	Director of Care	519-601-5088 ex. 201
Logistic Lead	Executive Director	519-601-5088 ex. 501	Director of Care	519-601-5088 ex. 201
Finance Lead	Corporate: Financial Controller	226-663-1802	Executive Director	519-601-5088 ex. 501
	Home: Bookkeeper	519-601-5088 ex. 503		

Emergency Communications Team & Responsibilities

Lead	Person(s)	Responsibilities
Communication Team Lead	**Executive Director/ designate**	o Coordinates full communication response in collaboration with Corporate Office o Oversees message development o Primary spokesperson internally o Communicates with Emergency Services o Ensures Employee Fan-out list is up to date & accessible –provides direction to initiate call-ins
Corporate	**Peter Schlegel - President** **Shirley Thomas-Weir - CEO**	o Works with Team Lead to coordinate communication response o Primary spokesperson for media information o Script message(s) to be provided by staff for call-ins
	Director of Care/ designate	o In collaboration with ED, coordinates 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)

FIRE SAFETY PLAN

Earls Court Village
1390 Highbury Ave. N., London, ON

THIS OFFICIAL DOCUMENT IS TO BE KEPT

READILY AVAILABLE ON SITE BY THE BUILDING

MANAGEMENT AT ALL TIMES FOR USE BY

FIRE OFFICIALS IN THE EVENT OF AN EMERGENCY

DATE: 2018

Sprinkler • Fire Alarm • Security

Branch:
160 Adelaide Street South, London, Ontario N5Z 3L1
PHONE: 519.668.0010 FAX: 519.668.0020

POLICY AND PURPOSE

The safety of all tenants, employees, and the public are essential components of the 1390 Highbury Ave. N. Fire Safety plan. This Plan shall ensure timely and appropriate responses to emergencies and compliance with applicable legislation.

1. The Fire Safety Plan is a document that provides direction and preparedness in the event of an emergency.

2. The Fire Safety Plan has been written to include items that are repetitions of standard policies and procedures so as to ensure understanding and consistency.

3. To develop and maintain policies and practices that are preventive in nature so as to avoid or reduce the risk associated with any unsafe act or conditions.

4. In the event of an unforeseen condition that results in an emergency, this plan has been developed to respond to the emergency in a safe, pre-planned manner with specific personnel that have been trained.

Therefore, the Fire Safety Plan is designed to have personnel ready to respond to and implement assigned duties to protect lives and minimize damage.

The purpose of the Fire Safety Plan is:

A. To provide procedures for response to an emergency situation at 1390 Highbury Ave. N.

B. To establish the general concept of operation and emergency response organization required when responding to a variety of emergency situations.

C. To identify to personnel various tasks and responsibilities for emergency situations and response operations.

D. To coordinate emergency response tasks with governmental authorities.

FIRE SAFETY PLAN

for

Earls Court Village
1390 Highbury Ave N
London, Ont.
N5Y 0B6

2014

CITY OF LONDON
FIRE PREVENTION DIVISION
FIRE SAFETY PLANS
APPROVED

[signature]

DATE ___Aug 28/14___

INTRODUCTION

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

The Fire Protection and Prevention Act states that "every person who contravenes any provision of the Ontario Fire Code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offence and on conviction is liable to a fine of not more than $50, 000 or to imprisonment for a term of not more than one year, or both".

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

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

Fire Safety Plans are intended to assist the owner of a building with the basic essentials for the safety of all occupants, to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.

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

The Fire Code, Ontario Regulation 213/07 is a provincial regulation made under Section 12(1) of the Fire Protection and Prevention Act. This Code requires the owner to be responsible for carrying out the provisions of this Code, and defines "owner" as "any person, firm or corporation controlling the property under consideration". Consequently, the owner may be any one of or a combination of parties, including building management, maintenance staff and tenant groups.

It is advisable that you obtain your own copy of the Fire Code and the Fire Protection and Prevention Act. These may be purchased from the Government of Ontario Book Store at 880 Bay Street, Toronto M7A 1NB.

AN ADMINISTRATIVE STAFF MEMBER SHALL CONDUCT AN ANNUAL REVIEW OF THE FIRE SAFETY PLAN.
Ontario Fire Code 2.8.2.1(4)

INDEX

Section 1

BUILDING PROFILE

Building Information

Common Name of Bldg.: Earls Court Village	Doc. File # (Fire Department use)

Address: 1390 Highbury Ave. N.

City: London	Postal Code: N5Y 0B6	
Number of Stories: 4 W/ Basement	Number of Units: 104	

Indicate which of the following activities take place in your building:

☐ Public Assembly ☒ Institutional (Hospital, Nursing/Group Home) ☐ Residential
☐ Office (includes medical offices) ☐ Mercantile/Retail ☐ Industrial

Indicate which of the above is the major part of your building.

Describe in your own words the business operations taking place in your building:
Long Term Care Home

Building Facilities

Do you have a parking garage? Yes ☐ No ☒	Do you have an elevator? Yes ☒ No ☐	Is there a firefighter elevator? Yes ☒ No ☐
Do you have smoke control devices? Yes ☒ No ☐	Do you have pressurized stairwells? Yes ☒ No ☐	

Do all stairwells exit to the exterior?
Yes ☒ No ☐

Do you have hazardous materials stored on site?
Yes ☒ No ☐ If yes, list the materials below:
  Liquid chlorine and other laundry chemicals
Kitchen dishwashing chemicals
Cytotoxic Medications
Oxygen tanks throughout the building when in use is indicated on the doors

Building Access

☐ Lock Box	☐ Chubb	Location: Main Entrance
☐ Knox	☐ Other Type	
☒ Entry Code		

Onsite Building Information

☒ Fire Safety Plan	Revised Date: 2016	Location: In FSP Box at front entrance vestibule
☒ WHMIS Information		Location: All Nurses Stations on all floors
☐ Other		Location:

Occupants

Residents/Tenants:	Total Number: 128	

FACILITY STAFFING PATTERNS

STAFF	DAY	EVENING	NIGHT
MONDAY-FRIDAY			
Administrator	1	0	0
Director of Care	1	0	0
RAI Coordinator/Staff Educator	1	0	0
Director of Recreation	1	0	0
Directory of Dietary Services	1	0	0
Director of Facility Services	1	0	0
ADOC	1	0	0
Resident Care Co-Coordinator	1	0	0
Receptionist	1	0	0
Staff Development coordinator	1	0	0
Clinical Practice Coordinator	1	0	0
BSO Lead	1	0	0
IPAC Lead	1	0	0
DAILY			
Registered Staff	6	6	2
PSW/HCA	16	16	8
Recreation Staff	3	1	0
Dietitian	Varies	0	0
Dietary Staff	6	4	0
Maintenance Staff	0	0	0
Laundry Staff	1	1	0
Housekeeping Staff	3	1	0
Physio	Varies	0	0

Section 2

EMERGENCY LISTINGS & ONSITE INFORMATION

Ownership				
Building Owner: Sharon Village Care Homes		Phone:	After Hours: (519) 870-8088	Cell: ( )
Address: 108 Jensen Road			Bus:(519) 870-8088	Ext:
City: London	Postal Code: N5Y 0B6		Fax:(519)601-5388	Pager:( )
			Email:	
			Email:	

Key holders (In the order of priority for contacting.)				
1. Name: Rob Bissonnette		Phone:	Res: (519)851-5915	Cell: (519)851-5915
Position: Administrator			Bus:(519) 519-601-5088	Ext:501
Address:			Fax:(519)601 5388	Pager:( )
2. Name: Dave Pranger		Phone:	Res: (519)245-5223	Cell: (519)520-9793
Position:Director of Facility Services			Bus:(519) 601-5088	Ext:506
Address:			Fax:	Pager:( )
3. Name:Shirley Thomas Weir		Phone:	Res: 1(905)975-9671	Cell:
Position: Executives on Board			Bus: ( )	Ext:
Address:			Fax: ( )	Pager:( )
Name:		Phone:	Res:	Cell:
Position:			Bus:	Ext:
Address:			Fax:	Pager:( )

Contractors – Service Company				
Name:		Phone:	Res: ( )	Cell:( )
Position:			Bus:( )	Ext:

Address:		Fax:( )		Pager:( )
Name: Fire Monitoring of Canada	Phone:	Res: ( )		Cell:( )
Position: Monitoring		Bus:(800) 563-3840		Ext:
Address:		Fax:( )		Pager:( )

Section 3

ALARMS & EVACUATION SYSTEMS

Alarm Systems	
☒ Main Fire Alarm Control Panel	Location: Main Electrical Room Basement
Make: Notifer	Addressable System
☒ Remote Annunciator	Location(s): Nurses Station Main Floor at Elevators
Make: Notifer	
☒ Remote Annunciator	Location(s): Reception Main Floor at Main Entrance
Make: Notifer	
☒ Remote Annunciator	Location(s): Nurses Station Second Floor at Elevators
Make: Notifer	
☒ Remote Annunciator	Location(s): Nurses Station Third Floor at Elevators
Make: Notifer	
☒ Remote Annunciator	Location(s): Nurses Station Fourth Floor at Elevators
Make: Notifer	

Type of Alarm (Check the appropriate box below.)					
☐ Single Stage		☒ Two Stage		☐ Interconnected Smoke Alarms	
☐ Security/Intrusion		☐ Partial System		☐ Sprinkler System used as Fire Alarm	

Fire Protection Devices		
☐ Smoke Alarms (Battery or hardwire in units)	☒ Emergency Lighting (Battery powered)	
☒ Smoke Detectors (Alarm System)	☐ Carbon Monoxide Detectors	
☒ Heat Detectors	☒ Fire Extinguishers	
☒ Evacuation Communications System (PA)	☒ Voice Communication (Phones)	
☒ Electromagnetic Locking Devices	Manual Release Switch Location:	Nurses Station Main Floor at Elevators
☒ Kitchen Hood Suppression System	☐ Other	

Evacuation Information
☒ Meeting Place (Location tenants assemble after leaving building during evacuation.) Location: Rear Parking Lot

Re-Entry Procedures: ONCE THE FIRE DEPARTMENT HAS GIVEN THE ALL CLEAR TO THE BUILDING, ENTRY OF THE BUILDING WILL BEGIN THROUGH THE PRINCIPLE ENTRANCE.

Section 4

FIRE PROTECTION

Water Supply

Is there a fire hydrant within 90meters of your buildings front door? Yes ☒   No ☐

Private Hydrant located west of the front door entrance.

Sprinkler System

Do you have a sprinkler system in your building? Yes ☒   No ☐

If yes, does it cover your whole building? Yes ☒   No ☐

Location of Sprinkler Room/Shut-off Valve – Water Room

Is your sprinkler connected to the Fire Alarm? Yes ☒   No ☐

Standpipe System

Do you have a standpipe system in your building? Yes ☒   No ☐

If yes, does it cover your whole building? Yes ☒   No ☐

Location of Isolation/Shut-off Valve – Water Room

Do your fire hose cabinets have fire extinguishers? Yes ☒   No ☐

Fire Department Connection:

Is there a Fire Department Connection? Yes ☒   No ☐

Location: East of the front entrance

Fire Pump:

Is there a Fire Pump? Yes ☐   No ☒

Location:

Fixed Extinguishing Systems	Do you have one? Yes ☒	No ☐ (If no, go to Utility Provisions.)
Area Protected	Type	Model
☒ Kitchen (NFPA 96)	Ansul	R-102 Wet – Earls Court Kitchen

☒ Kitchen (NFPA 96)	Ansul	R-102 Wet – Dale Brain Kitchen
☐ Other		

Section 5

UTILITY PROVISIONS

Electrical, Utility & Fuel Supplies	(check all that apply)	
☒ Water Main Shut off	Location: Water Room Basement	
☒ Natural Gas Shut off	Location: Main Floor east end of building outside by the employee entrance.	
☒ Main Electrical Shut off	Location: Electrical Room Basement	
☒ Emergency Generator	Location: Main Floor East End (Generator Room)	
☐ Fuel Shut off	☐ Diesel	☒ Natural Gas
	Fuel Supply	Natural Gas line
	Transfer Switch	Location: Electrical Room

Equipment Powered by Generator:	
Corridor, Stair Ltg	Room B15, B07, CR2-B, ST2-B Ltg.
Corridor Ltg	Room B01, B04, B05D, CR1-B Ltg.
Exit Signs	Emergency Lights
Room 123 Fridge Rec.	Room B25 Fridge Rec
Room B15 Rec.	Room B01 Rec.
Room 147 Fridge Rec.	Elevator Light
Room 147 Rec.	Heat 1, 2
Door Power	Room B23, B35, CR4-B ST1-B Ltg.
Fire Alarm PNL and nurse station	Rm B25/26/28/30, CR5-B, ST3 Ltg.
Front Sliding Doors	BAS
Corridor Ltg.	Room B01 Rec.
Room 101, 103 Ltg.	PF-1, PF-2
Rm 124, 145, 147 148, Corridor	Motorized Louver-ST2 , ST3
Master nurse call Rec.	Fire Panel
TVOG	Power Door
AHU-101 Return Fan	Room 321, 341, 342, Corridor Ltg
Elevator 1	Room 341 Fridge, Paging Amp Rec.
Elevator 2	Corridor door Power
Fire Alarm System	Room 221, 241, 242, Corridor Ltg.
VIP	Room 241 Fridge, Paging Amp Rec.
Fire Alarm PNL South Wing	Room 239, Corridor Ltg.

Room 339, corridor Ltg.	Corridor CR4-2 Ltg.
Master Nurse Call Station	Room 404, 441 & Corridor Ltg.
Room 321 Ltg.	Room 440, 441 Fridge Rec.
Room 439 & Stairs	
Room 442 Rec.	

Section 6

Elevator:	Do you have one? Yes ☒ No ☐
☒ Firefighter (FF) Elevator (Red Helmet designation)	☐ Firefighter Service (Yellow Helmet designation)
Total Number of Elevators: 3	
Location of recall/operating key(s): At Fire Alarm Annunciator	
Operating Instructions: At Fire Alarm Annunciator	

Elevator homing activated by fire alarm:
Elevator Recalls by detectors directly located outside the elevator doors on each floor, elevator shaft & pit, and elevator machine room.

Section 7

Emergency Procedures (Two Stage Fire Alarm)

These procedures are to be posted to assist occupants at the time of a fire. These are intended to be provided in public areas and located with the evacuation diagrams.

A. **If You Discover Fire or Smoke**
Call out loudly **"Code Red"** and fire location. Follow **REACT** as stated below.

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

B. **At the Sound of the Alarm or Announcement of Code Red**

1	At the sound of the 1st Stage Alarm, (short rings – 20 per minute) STAY WHERE YOU ARE.
2	Listen for the announcement of the "Code Red" location.
3	When the location of the "Code Red" has been announced, proceed with Code Red procedures according to the specific duties for your position. Staff members who may be outside on break are to enter the building by way of the front main or employee entrance, if it is safe to do so, go to main floor nurses' station and receive direction from Control Officer.
4	If code red has been verified, immediately begin R.E.A.C.T. (resident Evacuation).
5	Once REACT has been followed, staff must report to the floor charge nurse the severity of fire and floor charge nurse must then notify the Fire Warden of the fire
6	. Upon the verification of the fire, the FIRE WARDEN will then page CODE GREEN, (three times) notifying that all available staff to go to area of evacuation(via safest

	stairwell) to help with a ZONE EVACUATION
7	Staff will complete the ZONE EVACUATION, rooms on either side and the room directly across the corridor, and continue to evacuate the whole fire zone
8	The fire department will have arrived before the need for a Code Green Total (Evacuation of the entire building) will be required. If directed by the Fire Department to have a CODE GREEN TOTAL the *Fire warden will need to engage the second stage alarm. This is done by opening any pull station and inserting the key into the key receptacle under the cover.* *Utilize the nearest pull station. There will be a noticeable change in the ring pattern from a stage one to a stage two*

NOTE_

- Code Green is, the Evacuation or removal of residents from a danger area to a place of safety, within the home, either horizontally or vertically. (This could be the result of fire, an internal emergency (ie loss of heat) and community disaster which could interfere with the safety of the residents, staff and others)

- Code Green Total is the Evacuation or removal of all residents from a threatening building to a safe location(this is the decision of the Fire Department, Police, the Administrator or outside Emergency units)

<u>REMAIN CALM</u>

General Safety Procedures During Code Red

When Faced With Fire or Heavy Smoke Conditions

a) Keep to the floor as heat and smoke rise and oxygen concentration is greater near the floor.
b) If unable to extinguish the fire readily, discontinue the attempt. Fire Department personnel, upon arrival, will assume responsibility for fire control.
c) When carrying out the above duties, always act in a calm manner, thereby minimizing panic of the residents.
d) Assess situations carefully. You are not expected to put yourself at undue risk.

Resident Bed Fire

a) Should a resident bed catch on fire, roll the resident in a blanket to smother the fire, and get the resident quickly out of bed and onto the floor.
b) It is most important for the person fighting the fire to use caution to prevent his or her own clothing from catching fire.

Initiating Search for Fire or Smoke

Initiate Room to Room Search – All rooms to be checked as follows:

- As you are travelling from room to room, move all carts, lifts or other items out of the hallways into other locations such as the hairdressing room, tub rooms. **Do not block access to and from resident rooms.**
- Close windows.
- Shut off air conditioners and fans.
- Check closets.
- Check Bathrooms.
- Close Doors – Use door tags to indicate if room is vacant or not.
- When search is complete, continue to patrol halls looking for signs of fire or smoke and reassuring residents.

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

a) Feel the door to see if it is hot
b) If it is hot to touch, DO NOT open it.
c) If the door is cool, remain low to the floor and open it slowly until you determine the extent of the fire
d) Enter the room for rescue only
e) Try to have help with as you enter
f) Be sure to close door after leaving as this is a fire barrier to the hall and other rooms
g) Move Door Tag to indicate if the room is vacant or not

All areas in the home are to resume normal duties/activities only after the "All Clear" has been announced. This will be announced 3 times over the PA system.

Fire alarm to be shut off by authorized personnel **only**.
If the event that it is a false alarm, and the reason for the alarm is not known, DO NOT SHUT OFF. Fire Department will conduct total search and determine when to shut off fire alarm.

If the reason for the alarm is known, and it is NOT CODE RED (possibly resident action, maintenance etc.) the alarm can be shut off, but only after a complete search and announcement of "All Clear" three times.

DO NOT USE ELEVATORS DURING A CODE RED

Section 8

Instructions to Visitors

Procedure:

A. If You Discover Fire or Smoke
   Call out loudly "**FIRE**" and fire location.

B. At the Sound of the Alarm or Announcement of Code Red
   a) At the sound of the 1st Stage Alarm, (short rings – 20 per minute) STAY WHERE YOU ARE.
   b) Listen for the announcement of the "Code Red" location.
   c) When the location of the "Code Red" has been announced, proceed as follows:
      1) Remain with the resident you are visiting, providing reassurance.
      2) Remain calm and listen for instructions from staff.

SECTION 9

Owner's Responsibilities

The Ontario Fire Code (O. Reg. 388/97) is a provincial regulation made under the Fire Protection and Prevention Act 1997. The Code requires the owner to be responsible for carrying out the provisions of the Code and defines "owner" as "any person, firm or corporation controlling the property under consideration".

1. Establishment of emergency procedures to be followed at the time of an emergency

2. Appointment and organization of designated supervisory staff to carry out fire safety duties

3. Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety

4. Holding of fire drills

5. Control of fire hazards in the building

6. Maintenance of building facilities provided for the safety of the occupants

7. Provisions of alternative measures for safety of occupants during shutdown of fire protection equipment

8. Assuring that checks, tests, and inspections as required by the Fire Code are completed on schedule and that records are retained and maintained

9. Posting and maintaining a copy of the Fire Safety Plan and ensuring that floor diagrams and instructions are posted on each floor area

10. Maintain list of people requiring assistance.

11. Maintain records of staff training in fire safety duties.

12. Notification of the chief fire official regarding changes to the fire safety plan

13. Ensuring that the information in the fire safety plan is current

14. Provide lift training for all supervisory staff.

SECTION 10

Instructions to Supervisory Staff

All supervisory staff is to be supplied with a copy of the fire safety plan and is required to become familiar with its contents.

Definition of Supervisory Staff

Ontario Fire Code –

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

All supervisory staff is to be shown:

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

Role and Responsibilities -

Administrator

Specific duties are:
1. Report to the Main Floor Station to assist Control Officer.
2. Maintain constant communication with Control Officer to be kept apprised of the emergency situation.
3. If Code Green Total ordered, set up a command post at the Main Floor reception area to prepare for evacuation.
4. If Code Green Total ordered, ensure that fan-out protocol has been initiated
5. Take direction from Emergency Services.
6. Ensure that fire area is sealed and that burned material is not discarded.
7. Ensure that receiving facilities are aware of the emergency.
8. Ensure that families are kept apprised of the situation.
9. Ensure that relocation of Residents is occurring as per Emergency Plan and that families are kept informed.
10. Assist staff who discovered fire, or who were in the area before or during the fire, to make written independent statements or what they observed and did.

Director of Care

Specific duties are:
1. If safe to do so go directly to the Code Red location when it is announced.
2. Assist charge nurse to direct all activities at fire scene.
3. Ensure that staff are following appropriate procedures and assist
4. Ensure that Residents are removed to safety, keeping residents calm and informed.
5. Ensure rooms are evacuated as per Code Red procedures and evacuation signs utilized to identify vacant rooms.
6. Maintain contact with Control Officer
7. Ensure acute residents are transferred to hospital
8. Supervise orderly evacuation of residents, keeping residents calm and informed.
9. Follow Code Green and Code Green Total when evacuating Residents.
10. Ensure critical Resident information is evacuated (e.g. care profiles, MAR's clinical charts)
11. Ensure that triaging is taking place as per protocol and that paramedics are kept informed of urgent cases for prompt transfer to nearby acute centers.
12. Ensure that once fire zone is evacuated all areas are sealed to prevent Residents, staff and visitors from re-entering area(s).

PSW/HCA/NA – Night Shift

Specific duties are:
1. One staff member is to remain on each floor and all other staff members are to proceed to the "Code Red" area, and all are to begin Code Green (zone evacuation).
2. Evacuate all Residents from immediate fire area to beyond fire doors (as per Code Green).

PSW/HCA/NA – Day & Evening Shift

Specific duties are:
1. One staff member is to remain on their designated floor to ensure the safety of the residents. All other nursing staff are to report to the nurses' station for further instruction
2. Contain the fire if able to do so safely – after fire area is evacuated. As rooms are being evacuated close doors and windows.
3. Turn off oxygen machines, fans and air conditioners only in the Code Red Zone.
4. Remember to mark rooms as Vacant, using the tags on the doors.
5. Removed all items from halls to allow for easy access
6. Take further instructions from Control Officer

Director of Dietary Services

Specific duties are:
1. Ensure the smooth flow of evacuation in the lower level report to the Main Floor Nurse's Station and follow instructions of Control Officer.

Cook / Dietary Aide

Specific duties are:
1. Designated Staff Member #1 is to shut off all equipment in the kitchen. When all rooms are vacant and kitchen staff members are accounted for go to the main floor nurse's station as a group for further instruction. Help each other with room checks so you can go to the nurse's station as a group.
2. Staff members 2 + 3 are to go down each corridor checking each room to make sure they are all vacant. If there is more than 3 staff members they will help with checking rooms.

Director of Facility Services

Specific duties are:
1. Report to the main entrance to meet the Fire Department
2. Disconnect any assessable electrical equipment while going to the main ext.
3. Unlock doors for emergency personnel as required

4. After the "all clear" assist with resetting the alarm and check fire panel to make sure it is functioning
5. Ensure driveways, entranceways and parking lot is free of obstacles and vehicles in the event of an emergency.

Facility Service Staff Laundry

Specific duties are:
1. Remove all laundry equipment from the corridors
2. Report to the Nurse's station of the floor you are on for instruction from the Charge Nurse, if in lower level report to main floor nurses station.
3. Shut off all equipment and fans and close doors in the laundry room
4. If fire is confirmed shut off gas valves to the dryers

Facility Service Staff House Keeping

Specific duties are:
1. Remove all housekeeping equipment from the corridors
2. Report to the Floor Nurse's station of the floor you are on for instruction from the Charge Nurse.

Facility Service Staff Maintenance

Specific duties are:
1. Remove all maintenance equipment from the corridors
2. Report to the Floor Nurse's station of the floor you are on for instruction from the Charge Nurse.

RAI Coordinator

Specific duties are:
1. Assist with maintaining head count of residents who have left the building
2. Assist with set up and operation of Triage Area at emergency re-location area(s)
3. Prepare to evacuate Med Cart from the Main Floor.

Receptionist

Specific duties are:
1. Report to the main floor Nurse's Station of the floor you are on and follow instructions of Charge Nurse.
2. If a Code Green is announced and it is safe to do, prepare the following for evacuation:
- Resident Chart Carts – moved to PSW Float Shift
- Emergency Resident Binder – Receptionist Desk

Director of Recreation Services / Staff

Specific duties are:
1. If you are with a group of residents and the location of the Code Red is announced, begin evacuation of the residents you are with only if you are in the Code Red Zone. If you are not in the Code Red zone stay with those residents providing comfort and assurance and wait for further instruction from the Control Officer or Fire Department.
2. If you are not with a group of residents go directly to the location of the Code Red and assist with the Code Green evacuation procedures.

Volunteer

Specific duties are:
1. If you are not in a program with the Residents go to the nurses' station of the floor you are on and wait for direction from staff.
2. If in a program with Residents stay with the residence, reassure Residents as needed and wait for direction from staff

Office Manager / Bookkeeper

Specific duties are:
1. Report to the main floor nurses' station and follow instructions of Control Officer
2. If a Code Green is announced continue to follow instructions of the Control Officer.

Weekly Contract Service (ie. Physio, Chaplain)

Specific duties are:
1. If you are not in a program with the Residents move to the front lobby via accessible stairwell;
2. If in a program with Residents, reassure Residents as needed, help staff in charge and follow their direction – if you prefer not to help, move to the lobby via accessible stairwells.

Dale Brain Institute

Specific duties are:
1. If you are with a group of patients and the location of the Code Red is announced, begin evacuation of the patients you are with only if you are in the Code Red Zone. One member of Dale Brain Institute will stay with the patients until all the patients are evacuated. If you are not in the Code Red zone stay with those patients providing comfort and assurance and wait for further instruction from the Control Officer or Fire Department.

Role and Responsibilities –

MAIN FLOOR – CONTROL OFFICER

CHAIN OF AUTHORITY FOR FIRE EMERGENCY

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

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

A. If You Discover Fire or Smoke
Call out loudly **"Code Red"** and fire location.
Designate staff to follow **REACT** as stated below.

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

B. At the Sound of the Alarm
1. Go to the annunciator panel located at each nurses station, and read the zone and location shown on the display.
2. Announce "Code Red" location, loudly and clearly over the P.A. System, three times. **This is to be done by whichever Charge Nurse can do it first. It is imperative that the Control Officer remain at Nursing Station designating staff to do all required duties.**
3. Confirm " Code Red" location by designating a staff member to confirm.
4. Call 911 – **Earls Court Village 1390 Highbury Ave North, London**
   Immediately begin a Code Green (Code Red Area Evacuation). If it is or becomes apparent that a Code GreenTotal will be required, you will need to engage the second stage alarm. This is done by taking the key that is located by the annunciator panel on each floor. You must open any pull station and insert the key into the key slot located under the pull station door. This can be done on any pull station, so use the nearest one

possible. There will be a noticeable change in the ring pattern from a stage one to a stage two.

5. Put on orange vest (located in Therapy Room) to signify to emergency personnel who is in charge.

6. Designate a Staff Member to:
a) Contact the On-Call Manager immediately and they will contact other managers. If not available on first try, contact Director of Facility Services (519-630-1485), Administrator (705-770-2789) and DOC (N/A)
b) Ensure that evacuated residents are reassured and kept safely beyond fire doors.
c) Contact the 2 people at the head of the Fan Out Call System. If none of the contacts can be reached, the designated staff member is to complete the call system. Do not use the Main Floor Nurse's Station phone for this purpose.
d) If the system is put into stage two total evacuation send a staff member to each useable exit door and record the names of residents as they are evacuated, and to prevent unauthorized entry.
e) Prepare to evacuate Chart carts, Narcotic books, Time Schedule Books, Med Cart from each floor, Emergency Plan Manual, Stock Medication Box and Emergency Resident Binder. **If the Resident Care Co-Coordinator and Assistant Director of Care are in the building, the evacuation of these items is their responsibility.**
f) Designate staff to monitor residents at the Evacuation Staging area.
7. If the Director of Facility Services is in the building it is his/her responsibility to meet and notify the emergency response personnel to the location of the fire and of any residents who have not yet been evacuated.
8. In the event of a fire alarm, and no fire is found
   a) Do not reset Fire Alarm until permission from the Fire Department has been granted
   b) When alarm has been reset, announce "Code Red – All Clear" clearly and loudly three times.
   c) Call Answering Service – to inform them that the system has been reset and that we are "All Clear"

CONTROL OFFICER

A If You Discover Fire or Smoke
Call out loudly **"Code Red"** and fire location. Follow **REACT** as stated below.

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

At the Sound of the Alarm
1. Go to the annunciator panel located at each nurses station, and read the zone and location shown on the display.
2. Announce "Code Red" location, loudly and clearly over the P.A. System, three times. **This is to be done by whoever can do it first.**
3. If the remote annunciator panel indicates the Code Red is on your floor the charge nurse is to designate someone to go to confirm that there is a fire.
4. The Code Red zone Floor Charge Nurse is then to report findings to the Main Floor Charge Nurse who will proceed accordingly.
5. Put on orange vest (located in Therapy Room) to signify to emergency personnel who is in charge.
6. Remain on your Floor to supervise evacuation procedures and maintain head count.
7. Designating any extra staff to the Code Red floor to help with evacuation but one person from each wing must stay on your floor to be with residents.
   If second stage alarm is activated:
8. Supervise evacuation of your floor via the stairwells.
9. Support staff in evacuating residents.
10. In the event of a fire alarm, and no fire is found
    a) Do not re-set Fire Alarm System until receiving permission from the Fire Department
    b) When alarm has been re-set, the control officer will announce "Code Red – All Clear" clearly ad loudly three times
    c) The Control Officer will Call Answering Service- to inform them that the system as been re-set and that we are "All Clear"

Note:
Charge Nurse is to carry the key for the second stage of the fire alarm.

In the event there is only one RN on shift. The RN will designate their front desk duties, so that they can assess the situation and give direction.

SECTON 11

Fire Control
FIRE EXTINGUISHMENT – CONTROL OR CONFINEMENT

To use an extinguisher:

Remember the acronym **PASS**, keep a clear exit behind you and stand 6-8 feet away from the fire.

➢ **P**ull the pin to activate the handle.
➢ **A**im the nozzle at the base of the fire
➢ **S**queeze the handle to expel the extinguishing agent. (When the agent first hits the fire, the fire may briefly flare up. This should be expected.)
➢ **S**weep the extinguishing agent from side to side pushing the fire away from you.

Once the fire is out, the user should carefully back away from the fire with the extinguisher ready until the user is safe. Never turn your back on fire as it could flare back.

IN THE EVENT A SMALL FIRE CANNOT BE EXTINGUISHED WITH THE USE OF A PORTABLE FIRE EXTINGUISHER OR THE SMOKE PRESENTS A HAZARD TO THE OPERATOR, THEN THE FIRE DOOR TO THE AREA SHOULD BE CLOSED TO CONFINE AND CONTAIN THE FIRE. LE AVE THE FIRE AREA, ENSURE THE FIRE DEPARTMENT HAS BEEN NOTIFIED AND WAIT FOR THEM

PRIORITY WILL BE PLACED ON ZONE EVACUATION, NOT FIGHTING FIRE

Pull the pin.

Aim the hose.

Squeeze the handle.

Sweep the extinguisher back and forth.

To operate an extinguisher:

Pull

Aim

Squeeze

Sweep

① PULL the pin

② AIM nozzle at base of fire

③ SQUEEZE the handle

④ SWEEP nozzle side to side

Fire Hazards

To avoid fire hazards in the building, occupants must:

- Never put burning materials such as cigarettes and ashes into the garbage chute.
- Never dispose of flammable liquids or aerosol cans in these chutes.
- Never force cartons, coat hangers, bundles of paper into the chute because it may become blocked.
- Avoid unsafe cooking practices; deep fat frying, too much heat, unattended stoves, loosely hanging sleeves.
- Avoid careless smoking. Never smoke in bed.
- Never leave anything that may burn or cause a trip hazard in the halls, corridors and/or stairways.
- Always clean out clothes dryer lint collector before and after use.
- Do not use unsafe electrical appliances, frayed extension cords, overloaded outlets or lamp wire for permanent wiring.
- Obstruction and/ or storage in corridors and stairwells, Fire doors are not to be obstructed or wedged open.

In general, occupants should:

- Know how to alarm occupants of building, know where exits are located.
- Call the London Fire Department immediately (9-1-1) whenever you need assistance.
- Know the correct address of the building.
- Notify the building owner/property management if special assistance if required in the event of an emergency.
- Know the fire alarm signals and the procedures established to implement safe evacuation. Read and follow the manufacturers smoke alarm (and CO detector if applicable) instructions, available from

building owner/property management.
- Know the supervisory staff in your building.
- Report any fire hazard to supervisory staff.
- Know the stairwell designation and the crossover floors (if any).

SECTON 12

Fire Drills

The purpose of a fire drill is to ensure that the occupants and staff are totally familiar with emergency evacuation procedures, resulting in orderly evacuation with efficient use of exit facilities, as required by the Ontario Fire Code.

The requirements for fire drills can be found in the Ontario Fire Code Section 2.8.

Who is responsible for coordinating fire drills?

Dave Pranger – Director of Facility Services

When are they going to be held?

How frequently -

SHALL BE HELD ONCE DURING EACH 1 MONTH PERIOD FOR THE SUPERVISORY STAFF

NOTE Earls Court Village Conducts Fire Drills 3 times a month.

Who is going to participate?

Supervisory Staff of Earls Court Village

Where is the record of fire drills going to be kept?

Fire drill records will be kept in the photocopier / office supply room located at the lower level of the building.

Prior to any drills, fire dispatch at 519-661-5615 / Alarm Company-1-800-563-3840 must be notified as well as at completion.

SECTON 13

Emergency Assistance Listing:

Unit   Name   Problem

Due to this being a Long Term Care Home, all beds are deemed to require emergency assistance, based on demographics and medication requirements

SECTON 14

Alternative Measures

SHUTDOWN OF SYSTEM -

In the event the system is shut down contact Fire Dispatch at 519-661-5615 and the monitoring company at 800-563-3840 before and after shutdown.

In the event of any shut-down of fire protection equipment systems or part thereof, in excess of 24 hours, the fire department shall be notified in writing. Occupants will be notified and instructions will be posted as to alternative provisions or actions to be taken in case of emergency. These provisions and actions must be acceptable to the Chief Fire Official.

All attempts to minimize the impact of malfunctioning equipment will be initiated. Where portions of a sprinkler or fire alarm system are placed out of service, service to remaining portions must be maintained, and where necessary, the use of watchmen, bull-horns, walkie talkies, etc. will be employed to notify concerned parties of emergencies. Assistance and direction for specific situations will be sought from the London Fire Department.

Procedures to be followed in the event of shutdown of any part of a fire protection system are as follows:

1. Notify the London Fire Department, dial (519) 661-5615 (DO NOT USE 911). Give your name, address and a description of the problem and when you expect it to be corrected. The London Fire

Department is to be notified in writing of shutdowns longer than 24 hours.

2. Post notices on all floors by elevators and in the lobby entrance, stating the problem and when it is expected to be corrected.
3. Have staff or other reliable person(s) patrol the affected area(s) at least once every ½ hour.
4. A log shall be kept.
5. Notify the London Fire Department and the building occupants when repairs have been completed and systems are operational.

Note: All shutdowns will be confined to as limited an area **and** duration as possible.

COMMERCIAL COOKING FIXED EXTINGUIHING SYSTEM SHUTDOWN-

In the event of commercial cooking fixed extinguishing system shutdown. Cooking operations shall be suspended until the commercial cooking fixed extinguishing system is restored.

POWER OUTAGE -

In the event of a power outage or at any time the fire alarm ceases to function a fire watch will be implemented. One employee per unit will be placed in charge of patrolling the building to detect any possible fire periodically.

FIRE ALARM DAMAGED IN FIRE -

Upon notification that the fire alarm has been damaged during a fire the alarm company with be contacted to repair the alarm and a fire watch shall be implemented until the alarm is operational.

FIRE ROUTE BLOCKED DUE TO CONSTRUCTION -

In the event that the fire access route is blocked due to construction inform the fire department and discuss another acceptable route.

SECTON 15

Maintenance Procedures

When conducting their inspections, Fire Prevention Officers will check to ensure that the required checks, inspections and/or tests are being done. It is stated in the Ontario Fire Code that records of all test and corrective measures are required to be retained on site for a period of two (2) years after they are made.

DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:

CHECK   Means a _visual_ observation to ensure that devices or systems are in place, and no obvious damage or obstructions to proper operation exist.

INSPECT   Means a _physical_ examination to determine that the devices or systems will apparently perform in accordance with it's intended function.

TEST   Means _operation_ of the devices or systems to ensure that it will perform in accordance with it's intended operating functions. It is generally required to have a certified system technician perform tests.

PORTABLE FIRE EXTINGUISHERS
(reference should be made to NFPA 10-1990 for exact details)

Reference Number Frequency	Action	Inspection
6.2.7.2.	- Inspect all portable extinguishers	Monthly (Staff)
6.2.7.1.	- Subject to maintenance	Annually (Contractor)
6.2.7.1.	- Hydrostatically test carbon dioxide and water extinguishers	Every five years

		(Contractor)
6.2.7.1.	- Empty stored pressure type extinguishers and subject to maintenance	Every six years (Contractor)
6.2.7.1.	- Hydrostatically test dry chemical and vaporizing liquid type extinguishers	Every twelve years (Contractor)

FIRE ALARM SYSTEMS
(reference should be made to CAN/ULC-S536-M97 for exact details)

Reference Number   **Action**   **Inspection**
Frequency

Reference Number Frequency	Action	Inspection
6.3.2.2.	- Check fire alarm AC power lamp and trouble light	Daily (Custodian)
6.3.2.2.	- Check trouble conditions	Daily (Custodian)
6.3.2.3.	- Check central alarm and control facility	Daily (Custodian)
6.3.2.2.	- Check all fire alarm components including standby power batteries	Monthly (Custodian)
6.3.2.2.	- Test fire alarm system by persons acceptable to the authority having jurisdiction for service of Fire Alarm Systems	Annually (Contractor)
6.3.2.4.	- Test voice communication systems that are integrated with a Fire Alarm System	Monthly (Staff)
6.3.2.5.	- Test voice communication systems that are not integrated with a Fire Alarm System	Monthly (Staff)

STANDPIPE AND HOSE SYSTEMS
(reference should also be made to NFPA 14-1993 for exact details)

Reference Number   **Action**   **Inspection**
Frequency

Reference Number Frequency	Action	Inspection
6.4.2.1.	Inspect all hose cabinets to ensure hose position and that equipment is in place and operable	Monthly (Staff)
6.4.2.4.	Inspect hose valves to ensure tightness and no water leaks into the hose	Annually (Staff)
6.4.2.5.	Remove and rerack hose and replace worn gaskets	Annually
6.4.1.2.	Remove plugs or caps on fire department connections and inspect for wear, rust and obstructions	Annually
6.4.3.6.	Hydrostatically test standpipe piping which normally remains dry	Every 5 years
6.4.3.1.	Hydrostatically test standpipe systems that have been modified, extended or are being restored to use after a period of disuse exceeding 1 year.	As required
6.6.1.2	Control Valves Inspection	Monthly

SPRINKLER SYSTEMS
(reference should be made to NFPA13 for exact details)

Reference Number   **Action**   **Inspection**
Frequency

Reference Number Frequency	Action	Inspection
6.5.5.2.	-Test sprinkler alarms using alarm test connection	Monthly (Contractor)
6.5.5.7.	-Test sprinkler supervisory transmitters and water flow devices	Every 2 Months (Contractor)
6.5.5.7.	-Test gate valve supervisory switches and other sprinkler and protection system supervisory devices	Every 6 Months (Contractor)
6.5.3.2.	-Check exposed sprinkler system pipe hangers	Annually (Contractor)
6.5.3.5.	-Check all sprinkler heads are free of damage, corrosion, grease, dust, paint	Annually (Contractor)
6.5.4.4.	-Remove plugs or caps on fire department connections and inspect for	Annually (Contractor)

	wear, rust or obstructions	
6.5.5.3.	-Test water flow on wet sprinkler systems using the most hydraulically remote test connection	Annually (Contractor)
6.5.5.5.	-Test flow of water supply using main drain valve	Annually (Contractor)
6.5.3.1.(2)	- Control Valve Inspection	Monthly

EMERGENCY LIGHTING SYSTEMS
(reference should also be made to CSA C282 -1977 for exact details)

Reference Number Frequency	Action	Inspection
6.7.1.1.	-Check all components of the system	Monthly (Custodian)
6.7.1.1.	-Test	Annually (Contractor)

CO_2 plug in detectors
(Reference should also be made to Reg 194/14 of the fire code)

Reference Number Frequency	Action	Inspection
	-Test	Monthly (Custodian)
6.3.4.7	-Test	Annually (Custodian))
6.3.4.7	Replace after 10yrs/ or upon manufacture replacement date	Custodian

MEANS OF EGRESS

Reference Number Frequency	Action	Inspection
2.2.3.4.	-Inspect all doors in fire separations	Monthly (Custodian)
2.2.6.5.	-Check all doors in fire separations to ensure they are closed	As required (Custodian)
2.7.3.1.	-Maintain exit signs to ensure they are clear and legible	As required (Custodian)
2.7.3.2.	-Maintain exit lights to ensure they are illuminated and in good repair	As required (Custodian)
2.7.1.7.	-Maintain corridors are free of obstructions	As required (Custodian)

FIRE DEPARTMENT ACCESS

Reference Number Frequency	Action	Inspection
2.5.1.5.	- Ensure streets, yards and private roadways provided for fire department access are kept clear	Daily (Staff)

EMERGENCY POWER SYSTEMS

Reference Number Frequency	Action	Inspection
6.7.1.1	- Check fuel tank level - Check lubricating oil level - Check engine coolant -Check heaters, lubricant, and or coolant - Examine engine, generator, fuel tanks, and cooling systems for evidence of leakage -Check operation of fuel transfer pump if applicable. Electric motor system: -Examine starting system and starter for cleanliness, mounting, and terminal security Air motor system: -Check air tanks for pressure -Check valves for leakage - Check Operation of auxiliary engine and compressor. -Bleed off any condensation -Check louver setting and control panel settings Batteries and charging equipment: -Check electrolyte level - Check specific gravity - Check electrical connections for tightness, leaks, and sulphation - Check cleanliness and dryness between terminal post - Check charger for electrical connections, cleanliness, and operation of both float and equalize modes Engine: - Check governor control linkages and oil level - Check fuel pump oil sump - Check fan belts and protective devices Control Panel -Check security of panel covers and that annunciator lamps are operational	Weekly (Staff)
6.7.1.1.	The emergency electrical power supply shall be tested in the manner outlined in the standard by: - simulating a failure of the normal supply - be arranged so that an engine-generator set operates under at least 30% of rated load for 60 minutes and all automatic transfer switches are operated under load, etc.	Monthly (Staff)
6.7.1.1.	- Check the engine room ventilation system for proper operation. Generator: - Check brush operation for sparking	Monthly (Staff)

	- Check bearing seal leakage	Every Six Months (Staff)
6.7.1.1.	Engine - Check and clean crankcase breathers - Check and clean linkages - Lubricate governor	
6.7.1.1.	Control Panel: - Check electrical connections at main circuit breaker switch and breaker operation, and clean insulators and brushings. - Check voltage regulator operation. Engine: -Change gasoline in fuel tank if gasoline is used - Change lube oil and filters - Change strength of antifreeze (if applicable) - Change fuel oil filters - Inspect and clean exhaust system Generator: - Test surge suppressor and rotating rectifier on brushless machines - Grease bearing (replace old grease with new) - Reset bushes - Clean commutator and slip rings - Clean rotor and sator windings (compressed air) - Check coupling bolts and alignment - Check conduit tightness - Tighten all electrical connections - Annual 2 hour Load test Control Panel: - Isolate the panel, open all inspection covers, and tighten all electrical connections - Operate all moving parts to ensure they move freely - Clean and dress contracts as necessary - Remove all dust - Clean and lubricate linkages	Annually (Contractor)
6.7.1.1.	Generator: - Check insulation of generator windings	Every 5 years (Contractor)

Elevators

Reference Number Frequency	Action	Inspection
7.2.1.1.	Unless otherwise specifically prescribed in this Part, tests shall be carried out at intervals or not more than 3 months. Elevators: Elevator door-opening devices operated by means of photo-electric cells shall be tested to ensure that the devices become inoperative after the door has been held open for more than 20 s with the photo-electric cell covered. Key-operated switches located outside an elevator shaft shall be tested to ensure that actuation of the switch will render the emergency stop switch in each car inoperative and bring all cars to the street floor or transfer lobby by cancelling all other calls after the car has stopped at the next floor at which it can make a normal stop. Key-operated switches in each elevator car shall be tested to ensure the actuation of the switch will:	3 Months (Contractor)

| | (a) Enable the elevator to operate independently of other elevators
(b) Allow operation of the elevator without interference from floor call buttons,
(c) Render door protective devices inoperative, and
(d) Control the opening of power-operated doors only by continuous pressure on the door opening buttons or switches, to ensure that if the "OPEN" button or switch is released while the door is opening, the doors will automatically close. | |

Emergency Phones

Reference Number Frequency	Action	Inspection
CAN/ULC-S536-04 4.2.1C	One Emergency Telephone (tested for two-way communication and correct indication at the control unit or transponder)	Monthly (on a rotational basis)
CAN/ULC-S536-04 5.7.10	Emergency Telephones (inspected and tested for clear two-way voice communication, correct audible/visual indication at the control unit or transponder, etc.)	Annually

Smoke Control

Reference Number Frequency	Action	Inspection
CAN/ULC-S536-04 5.7.4.4.	Air Duct Type Smoke Detector (inspect and test to confirm operability, test positive airflow and/or sampling tube differential pressure)	Annually
	Smoke control fan relay tested	Annually

Cooking Equipment

Reference Number Frequency	Action	Inspection
OFC-B-2.6.1.13	Fire Protection Systems for Commercial Cooking Equipment (Kitchen Hood System)	Semi-annually

SECTON 16

Building Diagrams & Evacuation Plans

EMERGENCY TEST EVALUATION

HQME: __Earls Court Village_____ DATE: _____ SHIFT (circle): N D E

Emergency Procedure tested:

Code Red - fire		**Code Black** – bomb threat	
Code Yellow – missing person		**Code White** – violent person	
Code Blue – medical emergency		**Code Green** – evacuation	
Code Orange – external disaster		**Code Purple** - Hostage	
Code Brown -chemical Spill		Code Grey - Loss of essential services	

FOR FIRE DRILLS:

			Operator #	
Alarm monitoring station called to by-pass system:	Time			
Fire Department called to by-pass system:	Time			
Time Code announced:				
Response Time:				

Which pull station was used? _____

	Yes	No
Did automatic fire separation doors close and latch?		
Did magnetic exit doors release?		
Did alarm/announcing system function properly?		
Were corridors and exits found free of obstruction?		
Was all equipment properly shut down?		

			Operator #	
Alarm monitoring station called to re-arm system:	Time			
Fire Department called to re-arm system:	Time			

FOR ALL TESTS:

	Yes	No
Did staff respond promptly and appropriately?		
Were all areas secured, equipment, doors, windows?		
Evacuation practiced?		

	Zone	Total Facility		Time taken to complete:
Horizontal?		Vertical?		

	Yes	No
Did evacuation proceed in an orderly manner?		
Debriefing – Did review of procedures take place?		
Fire Fighter phone Test phone used_____		

Comments of Person conducting test (further explanation of "No")
_____
_____
_____
_____

Signature of Person Conduction test: _____

Review & signature of Administrator _____ **Date:** _____

Comments – Identified Areas of Improvement for future tests
_____
_____

NOTE: staff members are to signify their attendance by signing the back of this sheet.

Print Name	Sign Name	TITLE psw rpn/dietary/hskping

EARLS COURT VILLAGE
FIRE PLAN - LOWER LEVEL

NORTH

0m 1m   5m   10m   25m
1 : 250

EARLS COURT VILLAGE
FIRE PLAN - MAIN FLOOR

NORTH

0m 1m   5m   10m   25m
1 : 250
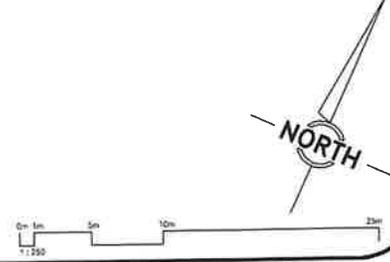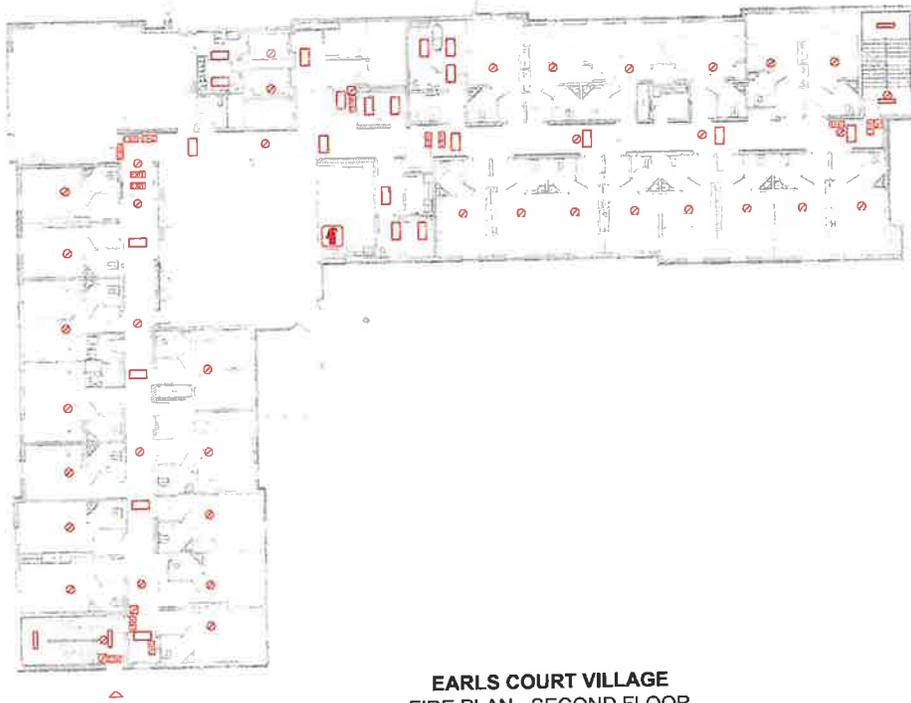
LEGEND

△	EXIT DOORS
▣	EXIT SIGNS
▭	EMERGENCY LIGHTING
▦	FIRE ALARM ANNUNCIATOR PANEL
▨	PULL STATION
⊘	HEAT DETECTOR
⊘	SMOKE DETECTOR
▥	FIRE HOSE CABINET
▦	CENTRAL ALARM CONTROL FACILITY
▮	FIRE EXTINGUISHER
●	WATER SHUT-OFF VALVE
●	GAS SHUT-OFF VALVE
●	HYDRO SHUT-OFF
⋏	SIAMESE CONNECTION

NORTH

EARLS COURT VILLAGE
FIRE PLAN - SECOND FLOOR

1 : 250

EARLS COURT VILLAGE
FIRE PLAN - THIRD FLOOR

NORTH

0m 1m   3m   10m   25m
1 : 250

EARLS COURT VILLAGE
FIRE PLAN - FOURTH FLOOR

NORTH

0m 1m   5m   10m   25m
1 : 200

APPENDIX I

Infectious Disease Outbreak
&
Pandemic Plan
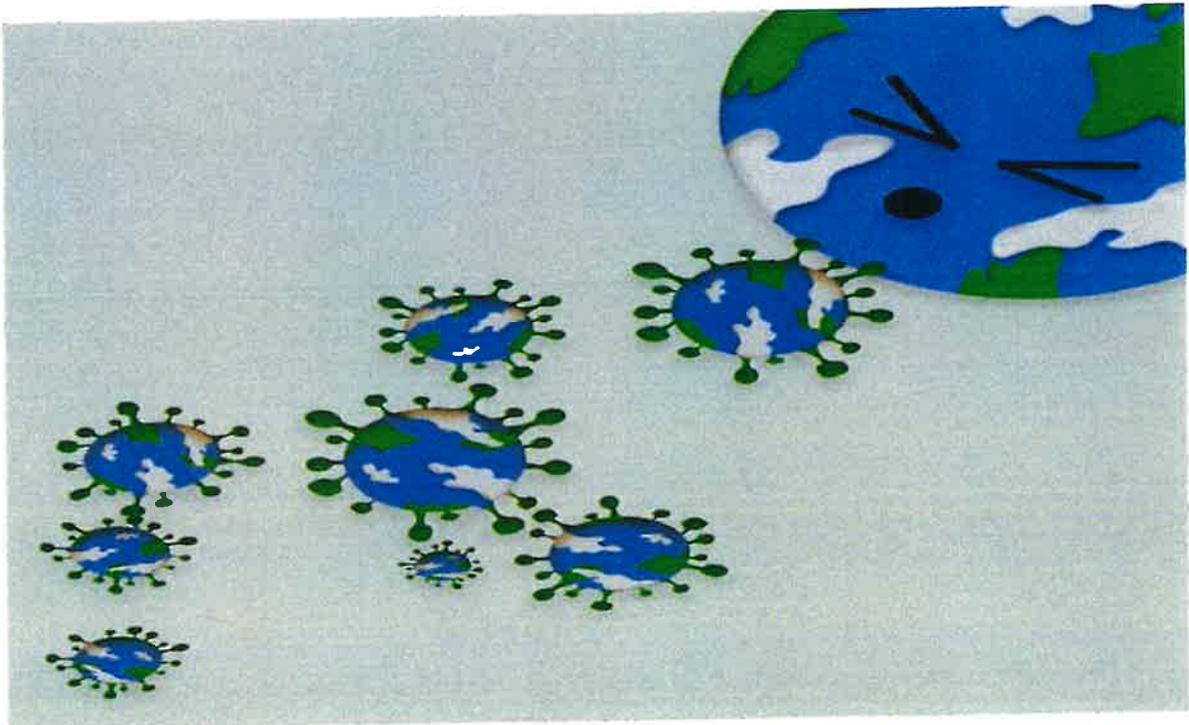
SHARON VILLAGE CARE HOME INFECTIOUS DISEASE & PANDEMIC PLAN

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

Sharon Village Care Home expects each Home will have a proactive Infection Prevention and Control program which is 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 were 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 recommendation 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 be availability reduced.
Homes will need to rely on good IPAC procedures, i.e. hand hygiene, appropriate personal protective equipment, isolation and cohorting staff and residents to minimize exposure and transmission.

To reduce the risk to the staff of acquiring an acute respiratory illness, the IPAC Lead in collaboration and support of the Directo of Care and the Leadership team is expected to:
o   Ensure all staff have 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 i 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 Respons Plan.

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 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 be part of the Emergency Planning binder.

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

Services that MUST be maintained to provide care and protect resident's health and wellness	o Medications and treatments (it may be possible to have some medications reviewed by the MD/NP and non-essential meds may be discontinued) o Basic hygiene care (bathing, cleansing after toileting, oral care) o Linen changes only as needed o Basic laundry services (towels, face clothes, linens) o Dietary Services for food and fluids o Enhanced housekeeping services and enhanced disinfection
Services which could be reduced or limited	o Outside appointments (depending on specialist & reason) o Foot Care Services o Hair Dressing services o Recreation programs may need to be limited to smaller groups, 1:1 etc
External services **Each Home may have other services which 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 alterations in the delivery of services is required.

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

Refer to Appendix J & K —Home specific Outbreak Contingency Plan

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

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

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

SVCH

**SHARON VILLAGE
CARE HOMES**

APPENDIX J
OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Earls Court Village

Initial Date: March 2, 2021

Updated: May 17, 2021

Updated: July 6, 2022

Updated: November 5, 2022

Updated: March 12, 2024

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

If a Registered staff suspects an Outbreak, they are to immediately notify the IPAC Lead or Co-Lead who will notify the Director of Care and the Executive Director.

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

STRATEGIES	DETAILS
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 shared by an affected and an unaffected resident (if available) • If limited cases on one resident home area (RHA): Cohort positive cases together into semi-private rooms in the same wing if available. • Re-locate well residents on affected RHA who reside in semi-private rooms with ill residents to a private room if available • Alter dining practices as needed to avoid contamination. • If limited positive cases in multiple resident home areas ill residents can be relocated to one wing in one resident home area if able • Ensure privacy curtain is used for residents with shared accommodation • Treatment will be completed in a resident room using a separate treatment basket with the required treatment only. Any remaining item will be discarded after and the care basket will be disinfected. • If limited cases on one RHA: Cohort positive cases together into semi-private rooms in the same wing. • Re-locate well residents on affected RHA to the east or west wing if rooms are available.
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 not to interact with residents outside of their assignment - Organize supplies and activities in the area for each extra area being utilized. E.g.: dining room - Staff will provide care to residents who are not affected first followed by the affected residents. (The Home will decide specific PSW for the affected room depending on the number of residents affected.) - residents will have one-on-one visits by recreation, physio and other therapists in their rooms as appropriate - PPE supplies will be organized on carts that are available on each wing of the units. - Each resident's room is equipped with a (sometimes shared) washroom - Oxygen concentrators will be requested from the oxygen supplier depending on the number of residents affected. - Staff will perform a Point of Care Risk Assessment before any resident interaction - Hypodermoclysis poles will be rented from the pharmacy (if needed) depending on the number of residents affected. - 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 created into a staff break area. (No staff will be permitted to move from one unit to the other). Microwave and kettle will be provided for staff needs.
Symptomatic Staff	- 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 with regard to 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 stock 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 will go to the unaffected RHA first then the affected. 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 medication 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 hours shifts 2) Work on assigned days off 3) Work full shifts rather than part shifts • Adjust the nursing staff schedule accordingly • Ensure staff hours are in the Rotating Schedule with changes and input into Staff Schedule Care • Ensure staff who are working extended shifts are offered a meal
Staffing Plan - Minimal Personal Support Workers	Refer to Home specific minimal staffing contingency plan
Staffing Plan - Minimal Registered staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Dietary staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Activity Staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Housekeeping/Maintenance staff	Refer to Home specific minimal staffing contingency plan
Staffing Plan-Minimal Laundry Department	Refer to Home specific minimal staffing contingency plan
BSO	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 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 completed at least bi-weekly when not in an outbreak and weekly while in 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 K - Earls Court Village

Staffing Contingency Plan

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

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

Staffing complement on a normal day-to-day basis

Department	Position	# of staff per shift (there may be a variety of start times but include where majority of hours fall within)		
		Day	Evening	Nights
Administration	Executive Director	1	0	0
	Bookkeeper	1	0	0
	Receptionist	1	0	0
Nursing	DOC	1	0	0
	ADOC	1	0	0
	RN	2	2	1
	RPN	4	4	1
	PSW	16	16	8

Essential Care & Services:

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

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

Staffing complement –65% of normal staffing: (65% of 100 staff= > of)

☒ 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: No bathing would be completed at this staffing ratio – only toileting.

WORK SHORT PROTOCOLS

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

When Work Short Protocols are initiated, possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care are:
- Initiate Call in Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments, where able
- Utilize an Employment Agency for staffing (as a last resort)

NURSING DEPARTMENT WORK SHORT PROTOCOLS

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during vacancies
- Identify routines/tasks that must be completed despite the staffing complement for that shift.
- During outbreaks, cohorting of staff is to be maintained as much as possible.
- Consider and list all duties **that must be done (Priority Tasks)** regardless if working with full complement. For example:
  - Residents dressed appropriately
  - Oral Care
  - Continence Care
  - Repositioning
  - Medications
  - Time Sensitive Treatments/Wound Care
  - Nutrition/Hydration
  - Restriction of large activities
  - Program team to assist with meals/nourishments
  - Providing additional fluids and nutrients
  - Assisting with feeding
  - Documentation

PSW/HCA/RCA Work Short Protocol

PSW/HCA/RCA Critical Staff Level	Vacant Shift	Plan/Strategy	Duties That Must be Done
2 or less on home area PSW/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 (meals) ☐Expand Floats/short shifts ☒Partner up with other floors to assist with 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)	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming, **See Priority Tasks**
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	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming **See Priority Tasks**
4 or less PSW/HCA/RCA in the Home (or assigned as PSW/HCA/RCA)	Nights	☒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 ☒Call in an additional RPN/RN ☒Manager on call, Leadership team to come in for support as needed ☒Call Agency as required	Provide supervision and/or assistance to the residents in the activities of daily living including transferring, toileting, hygiene, grooming and repositioning **See Priority Tasks**

RN/RPN Work Short Protocol

Nurse Critical Staff Level	Vacant Shift	Plan/Strategy	Duties That Must be Done
1 or less RN	**Days/ Evenings**	☒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)	☒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**

Food and Nutrition Work Short Staff Protocol

Working short-staff protocols for Cooks and Food Service Workers

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

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

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

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

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

Workers Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
2 or > Vacant	Days or evenings	☒Call all available food service workers and cooks ☒Ask food service workers and cooks to stay later ☒ Ask afternoon staff to come in early ☒ Dietary Manager may need to assist with food prep &/or cook ☒Adjust menu & snacks ☒Re-assignment of food services workers, cooks, recreation team, PSW's, housekeeping staff	☒Food Prep & Production ☒Food Delivery ☒Serving and distribution ☒Trays to isolation ☒Removing dishes – cleaning tables – (could be delegated if needed) ☒Washing dishes and tidying servery (could be delegated if needed) ☒Use disposable items as a last resort ☒Providing addition fluids and nutrients – cart ☒Disinfection of returned carts and all high touch in the kitchen/service areas

Housekeeping & Laundry Work Short Protocol

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

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:
- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments

List all duties that *must be done* regardless if working with full complement. For example:
HOUSEKEEPING
#1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, Clean non-affected rooms first (non-ill residents), dirty/affected rooms last.
Other Priority Areas: (rank in order of priority)
- Garbage Removal
- Common/communal areas
- Resident room and bathroom cleaning
(Clean non-affected rooms first (non-ill residents), dirty/affected rooms last).
Least priority areas/tasks:
- dusting, vacuuming, cleaning floors and carpets

LAUNDRY
Some laundry can be done on each home area if there are washers and dryers on home areas i.e. towels, facecloths, gowns
- Disposable gowns high priority – disposable gowns preferred and always have stock on hand
- Personal laundry low priority – residents would not be dressed every day necessarily
- Peri-cloths – disposable wipes to be used to decrease amount of laundry
- Consider if other staff can be trained to operate laundry machine

Housekeeping/ Laundry Vacant Positions	Vacant Shift	Plan/Strategy	Duties that must be done
	Days/ Evenings	☒ 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.

Working Short Protocol

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

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

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

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

- When not in an outbreak, provide Programs as per monthly Program Calendar/1:1 Programs
- 1:1 interventions to support residents with responsive behaviours
- Support virtual visits, window visits, phone visits with residents and family members
- 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

Other Staff Shortages (covers Leadership & Management Team):

Create a list of other positions (Executive Director, Bookkeeper, Nursing Leadership Team, BSO Lead, RAI-MDS Coordinator, IPAC Coordinator and other home specific positions)
Identify essential tasks for each position & alternate plan/strategies in event individuals are affected by the emergency and unable to attend on site. What position(s) could work remotely and what positions could be assigned to assist in other departments.

Position	Alternate Position to assume Responsibility	Plan/Strategy	Duties that must be done
Executive Director	• DOC • Corporate Director		☒ Communicates with Corporate ☒ Supports Management Team
Bookkeeper	• ED • Corporate Office		☒ Payroll Functions ☒ Account Payable
Director of Care	• ADOC • Senior RN		☒ Supply Ordering ☒ Oversees all Nursing Department Needs
Asst DOC	• DOC • Senior RN		☒ Manage nurse staffing and levels of care
Dietary Service Manager	• Cook		☒ Food ordering ☒ Oversees Dietary Staff
Environmental Manager	• Executive Director • Maintenance Helper		☒ Supply Ordering ☒ Communicate with Emergency Contractors
Recreation Manager	• Senior Rec Staff		☒ Communicate with Resident Families
RAI-MDS Coordinator	• Senior RN or RPN		☒ Mandatory RAI Assessments
BSO Lead	• Senior RN or RPN		☒ Behavioural Support to Residents
Resident Service Coordinator	• Senior RN or RPN		☒ Admissions (unless on hold)
IPAC Lead	• Senior RN or RPN		☒ Outbreak Tracking
Nursing Admin	• Reception		☒ Staffing & Scheduling
Staff Development Coordinator	• ED		☒ Hiring, HR, Communicating with Staff
Clinical Practice Coordinator	• Senior RN or RPN		☒ Weekly Briefs Order
Manager of Clinical Programs	• Senior RN or RPN		☒ Standard of Care Practices – basic care being met

Additional Information/Strategies:

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Annual Review: 2025-05-08

ED Signature: Other Signature: