



## Tyndall Seniors Village

7940 McLaughlin Road South  
Brampton, ON L6Y 5A7  
905-499-2893

# EMERGENCY PLANNING



Updated: January 2026

### **Overview of Emergency Planning:**

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

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

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

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

### **Emergency Management Process:**

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

1. **Prevention & Mitigation:** actions taken to reduce the impact or risks of a hazard through proactive measures taken before an emergency or disaster occurs that can not be reasonably prevented.
2. **Preparedness:** to make ready to respond to a disaster and manage its consequences through measures taken before an event, for example, emergency response plans, mutual assistance agreements (i.e. shelter agreements), resource inventories and training, equipment, and exercise programs.

3. **Response:** to act during or immediately after a disaster to manage its consequences through, for example, emergency public communication, search and rescue, emergency medical assistance and evacuation to minimize suffering and losses associated with disasters.
4. **Recovery:** to repair or restore conditions to an acceptable level through measures taken after a disaster, for example, return of evacuees, trauma counselling, reconstruction, economic impact studies, and financial assistance. There is a strong relationship between long-term recovery and the prevention and mitigation of future disasters

**Legislative & Regulatory Framework:**

In reviewing and revising the Home's specific Emergency plan, the following legislation will be referred to, where applicable:

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

**Essential Day-to-Day Functions:**

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

Identifying essential functions 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-1 to establish a baseline for essential day-to-day functions and pre-determine functions which can be adjusted or eliminated during an emergency.

### ESSENTIAL & EMERGENCY FUNCTIONS

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

|                                  |                                                                                                |                                                                                                                                                                                                                   |
|----------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | Volunteers –may include family members                                                         | <ul style="list-style-type: none"> <li>○ List of volunteers who could assist during an emergency/family</li> <li>○ Consider any pre-training (i.e. assisting with feeding, safety rounds of residents)</li> </ul> |
| <b>Facility Operations</b>       | Cleaning & Disinfecting                                                                        | <ul style="list-style-type: none"> <li>○ High touch cleaning frequency</li> <li>○ Removal of garbage</li> </ul>                                                                                                   |
|                                  | Maintenance of Emergency Equipment<br>Ongoing top-up for diesel<br><br>Coolant for compressors | <ul style="list-style-type: none"> <li>○ Additional diesel for generator (as applicable)</li> <li>○ Generators requiring natural gas (back-up)</li> </ul>                                                         |
|                                  | Emergency/Disaster Boxes                                                                       | <ul style="list-style-type: none"> <li>○ Restock &amp; maintain inventory control</li> <li>○ Additional supplies as applicable</li> </ul>                                                                         |
|                                  |                                                                                                |                                                                                                                                                                                                                   |
| <b>Administrative Operations</b> | Purchasing Essential Supplies & Equipment                                                      | <ul style="list-style-type: none"> <li>○ Inventory Control &amp; monitoring expiry</li> </ul>                                                                                                                     |
|                                  | HR Management                                                                                  | <ul style="list-style-type: none"> <li>○ Staff Contingency Plan</li> <li>○ Payroll Management</li> </ul>                                                                                                          |
| <b>Emergency Communication</b>   | Internal Communication-staff                                                                   | <ul style="list-style-type: none"> <li>○ 2-way radios/receivers</li> </ul>                                                                                                                                        |
|                                  | External Communication: family/external stakeholders                                           | <ul style="list-style-type: none"> <li>○ Social media – update website</li> <li>○ Radio announcement (if loss of major communication systems internally &amp; externally)</li> </ul>                              |
|                                  | Media Communication                                                                            | <ul style="list-style-type: none"> <li>○ Corporate/Executive Director or designate</li> <li>○ Available scripts for various emergency types are readily accessible</li> </ul>                                     |
| <b>Other</b>                     |                                                                                                |                                                                                                                                                                                                                   |

**Critical Resources:**

Critical Resources are identified in terms of the Home's needs 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 of acquiring or arranging.

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

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

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

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

In creating and maintaining a HIRA, the Executive Director, in collaboration with the Emergency Management Team, will complete using the attached template (**Appendix B-1**)

- **Hazard Identification** – there are standard categories of hazards: Natural, Technological, Human-caused and System Hazards  
  - \*\*Note** – Ontario Fire Marshall & Emergency Management, Ministry of Community Safety & Correctional Services. (Provincial HIRA Workbook 2012) can be used as reference guides
- **Risk Assessment**—frequency and consequences

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

#### **PREVENTION & MITIGATION:**

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

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

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

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

| EVENT                | PROBABILITY                                    | SEVERITY = (MAGNITUDE - MITIGATION)            |                                                |                                                |                                                        |                                                        |                                                        | RISK                    |
|----------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|-------------------------|
|                      |                                                | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS                                          | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                         |
|                      | <i>Likelihood this will occur</i>              | <i>Possibility of death or injury</i>          | <i>Physical losses and damages</i>             | <i>Interruption of services</i>                | <i>Preplanning</i>                                     | <i>Time, effectiveness, resources</i>                  | <i>Community/ Mutual Aid staff and supplies</i>        | <i>Relative threat*</i> |
| SCORE                | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 - 100%                |
| Hurricane            | 0                                              | 0                                              | 0                                              | 0                                              | 3                                                      | 2                                                      | 2                                                      | 0%                      |
| Tornado              | 1                                              | 1                                              | 3                                              | 3                                              | 1                                                      | 2                                                      | 2                                                      | 22%                     |
| Severe Thunderstorm  | 2                                              | 0                                              | 1                                              | 2                                              | 1                                                      | 1                                                      | 1                                                      | 22%                     |
| Snow Fall            | 3                                              | 1                                              | 1                                              | 1                                              | 1                                                      | 1                                                      | 1                                                      | 33%                     |
| Blizzard             | 3                                              | 1                                              | 1                                              | 2                                              | 1                                                      | 1                                                      | 1                                                      | 39%                     |
| Ice Storm            | 2                                              | 1                                              | 1                                              | 3                                              | 1                                                      | 1                                                      | 1                                                      | 30%                     |
| Earthquake           | 1                                              | 1                                              | 3                                              | 3                                              | 2                                                      | 2                                                      | 2                                                      | 24%                     |
| Extreme Cold         | 2                                              | 0                                              | 1                                              | 1                                              | 1                                                      | 1                                                      | 1                                                      | 19%                     |
| Hot Temp >26°C       | 2                                              | 0                                              | 1                                              | 1                                              | 1                                                      | 1                                                      | 1                                                      | 19%                     |
| Drought              | 0                                              | 0                                              | 0                                              | 0                                              | 0                                                      | 0                                                      | 0                                                      | 0%                      |
| Flood, External      | 1                                              | 1                                              | 2                                              | 2                                              | 1                                                      | 2                                                      | 2                                                      | 19%                     |
| Community Disaster   | 1                                              | 1                                              | 1                                              | 1                                              | 2                                                      | 2                                                      | 2                                                      | 17%                     |
| Pandemic             | 3                                              | 2                                              | 0                                              | 2                                              | 1                                                      | 1                                                      | 2                                                      | 44%                     |
| Epidemic             | 3                                              | 2                                              | 0                                              | 0                                              | 1                                                      | 1                                                      | 2                                                      | 33%                     |
|                      |                                                |                                                |                                                |                                                |                                                        |                                                        |                                                        | 0%                      |
|                      |                                                |                                                |                                                |                                                |                                                        |                                                        |                                                        | 0%                      |
| <b>AVERAGE SCORE</b> | <b>1.50</b>                                    | <b>0.69</b>                                    | <b>0.94</b>                                    | <b>1.31</b>                                    | <b>1.06</b>                                            | <b>1.13</b>                                            | <b>1.25</b>                                            | <b>18%</b>              |

\*Threat increases with percentage.

|                                      |
|--------------------------------------|
| <b>RISK = PROBABILITY * SEVERITY</b> |
| <b>0.18      0.50      0.35</b>      |

**HAZARD AND VULNERABILITY ASSESSMENT TOOL  
TECHNOLOGIC EVENTS**

| EVENT                       | PROBABILITY<br><i>Likelihood this will occur</i> | SEVERITY = (MAGNITUDE - MITIGATION)                   |                                                       |                                                   |                                                        |                                                           |                                                                      | RISK<br><i>Relative threat*</i> |
|-----------------------------|--------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
|                             |                                                  | HUMAN IMPACT<br><i>Possibility of death or injury</i> | PROPERTY IMPACT<br><i>Physical losses and damages</i> | BUSINESS IMPACT<br><i>Interuption of services</i> | PREPARED-NESS<br><i>Preplanning</i>                    | INTERNAL RESPONSE<br><i>Time, effectiveness, resouces</i> | EXTERNAL RESPONSE<br><i>Community/ Mutual Aid staff and supplies</i> |                                 |
| SCORE                       | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High   | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High        | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High        | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High    | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none    | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none               | 0 - 100%                        |
| Electrical Failure          | 2                                                | 0                                                     | 0                                                     | 3                                                 | 2                                                      | 1                                                         | 2                                                                    | 30%                             |
| Generator Failure           | 2                                                | 0                                                     | 0                                                     | 2                                                 | 2                                                      | 1                                                         | 2                                                                    | 26%                             |
| Transportation Failure      | 0                                                | 0                                                     | 0                                                     | 0                                                 | 0                                                      | 0                                                         | 2                                                                    | 0%                              |
| Fuel Shortage               | 1                                                | 0                                                     | 0                                                     | 1                                                 | 3                                                      | 1                                                         | 2                                                                    | 13%                             |
| Natural Gas Failure         | 1                                                | 0                                                     | 0                                                     | 2                                                 | 2                                                      | 1                                                         | 2                                                                    | 13%                             |
| Water Failure               | 1                                                | 0                                                     | 0                                                     | 3                                                 | 1                                                      | 1                                                         | 2                                                                    | 13%                             |
| Sewer Failure               | 1                                                | 0                                                     | 0                                                     | 3                                                 | 2                                                      | 2                                                         | 2                                                                    | 17%                             |
| Fire Alarm Failure          | 1                                                | 3                                                     | 3                                                     | 2                                                 | 1                                                      | 1                                                         | 1                                                                    | 20%                             |
| Communications Failure      | 2                                                | 0                                                     | 0                                                     | 1                                                 | 2                                                      | 2                                                         | 3                                                                    | 30%                             |
| Medical Gas Failure         | 1                                                | 2                                                     | 2                                                     | 2                                                 | 1                                                      | 1                                                         | 1                                                                    | 17%                             |
| HVAC Failure                | 2                                                | 1                                                     | 1                                                     | 1                                                 | 1                                                      | 1                                                         | 1                                                                    | 22%                             |
| Information Systems Failure | 2                                                | 0                                                     | 0                                                     | 2                                                 | 2                                                      | 1                                                         | 3                                                                    | 30%                             |
| Fire, Internal              | 2                                                | 3                                                     | 3                                                     | 3                                                 | 1                                                      | 1                                                         | 1                                                                    | 44%                             |
| Flood, Internal             | 3                                                | 1                                                     | 2                                                     | 2                                                 | 1                                                      | 1                                                         | 1                                                                    | 44%                             |
| Hazmat Exposure, Internal   | 1                                                | 2                                                     | 2                                                     | 2                                                 | 3                                                      | 2                                                         | 3                                                                    | 26%                             |
| Supply Shortage             | 3                                                | 0                                                     | 0                                                     | 2                                                 | 2                                                      | 1                                                         | 1                                                                    | 33%                             |
| Structural Damage           | 2                                                | 3                                                     | 2                                                     | 3                                                 | 2                                                      | 1                                                         | 1                                                                    | 44%                             |
| <b>AVERAGE SCORE</b>        | <b>1.42</b>                                      | <b>0.79</b>                                           | <b>0.79</b>                                           | <b>1.79</b>                                       | <b>1.47</b>                                            | <b>1.00</b>                                               | <b>1.58</b>                                                          | <b>20%</b>                      |

\*Threat increases with percentage.

|                                      |
|--------------------------------------|
| <b>RISK = PROBABILITY * SEVERITY</b> |
| <b>0.20      0.47      0.41</b>      |

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

| EVENT                                                          | PROBABILITY<br><i>Likelihood this will occur</i> | SEVERITY = (MAGNITUDE - MITIGATION)                   |                                                       |                                                    |                                                        |                                                            |                                                                      | RISK<br><i>Relative threat*</i> |
|----------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
|                                                                |                                                  | HUMAN IMPACT<br><i>Possibility of death or injury</i> | PROPERTY IMPACT<br><i>Physical losses and damages</i> | BUSINESS IMPACT<br><i>Interruption of services</i> | PREPARED-NESS<br><i>Preplanning</i>                    | INTERNAL RESPONSE<br><i>Time, effectiveness, resources</i> | EXTERNAL RESPONSE<br><i>Community/ Mutual Aid staff and supplies</i> |                                 |
| SCORE                                                          | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High   | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High        | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High        | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High     | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none     | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none               | 0 - 100%                        |
| Mass Casualty Hazmat Incident - (historical events >5 victims) | 1                                                | 3                                                     | 1                                                     | 2                                                  | 3                                                      | 2                                                          | 1                                                                    | <b>22%</b>                      |
| Small Casualty Hazmat Incident (past history <5 victims)       | 1                                                | 2                                                     | 1                                                     | 1                                                  | 3                                                      | 2                                                          | 1                                                                    | <b>19%</b>                      |
| Chemical Exposure, External                                    | 1                                                | 2                                                     | 1                                                     | 1                                                  | 3                                                      | 2                                                          | 2                                                                    | <b>20%</b>                      |
| Small-Medium Sized Internal Spill                              | 2                                                | 1                                                     | 1                                                     | 1                                                  | 1                                                      | 1                                                          | 1                                                                    | <b>22%</b>                      |
| Large Internal Spill                                           | 1                                                | 2                                                     | 1                                                     | 3                                                  | 2                                                      | 2                                                          | 2                                                                    | <b>22%</b>                      |
| Terrorism, Chemical                                            | 1                                                | 1                                                     | 1                                                     | 2                                                  | 3                                                      | 2                                                          | 2                                                                    | <b>20%</b>                      |
| Radiologic Exposure, External                                  | 1                                                | 1                                                     | 1                                                     | 1                                                  | 3                                                      | 2                                                          | 2                                                                    | <b>19%</b>                      |
| Terrorism, Radiologic                                          | 1                                                | 1                                                     | 1                                                     | 2                                                  | 3                                                      | 2                                                          | 2                                                                    | <b>20%</b>                      |
| <b>AVERAGE</b>                                                 | <b>1.00</b>                                      | <b>1.44</b>                                           | <b>0.89</b>                                           | <b>1.44</b>                                        | <b>2.33</b>                                            | <b>1.67</b>                                                | <b>1.44</b>                                                          | <b>17%</b>                      |

*\*Threat increases with percentage.*

**RISK = PROBABILITY \* SEVERITY**

**0.17      0.33      0.51**

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

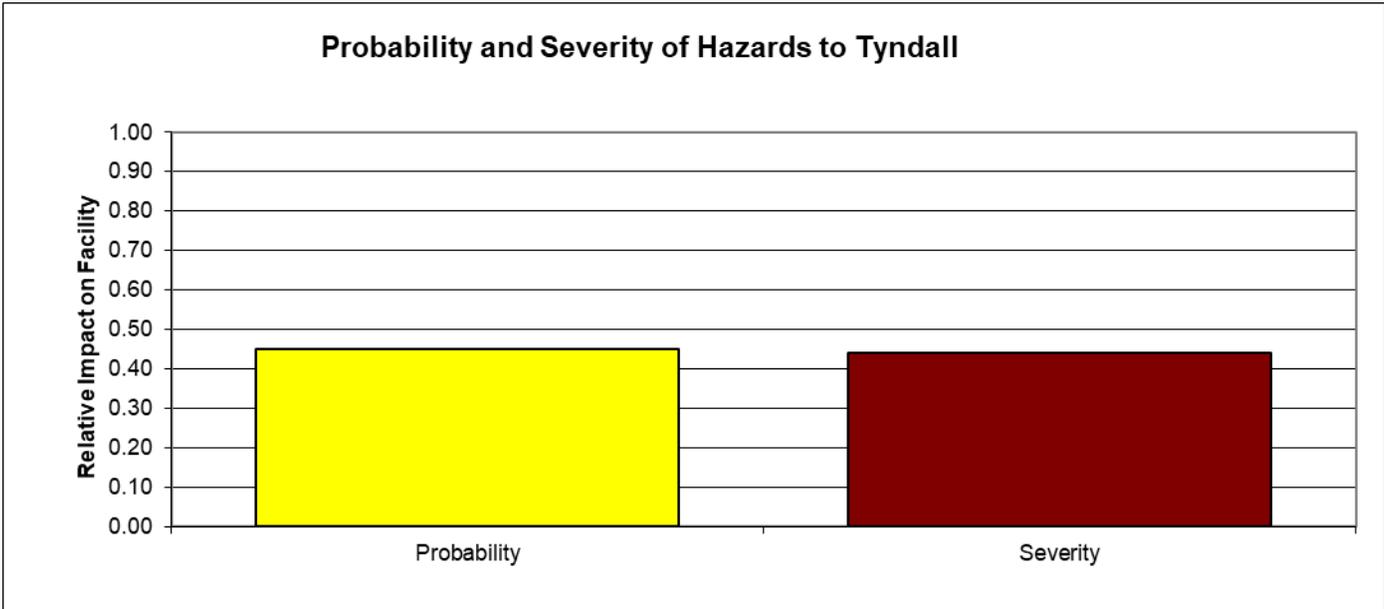
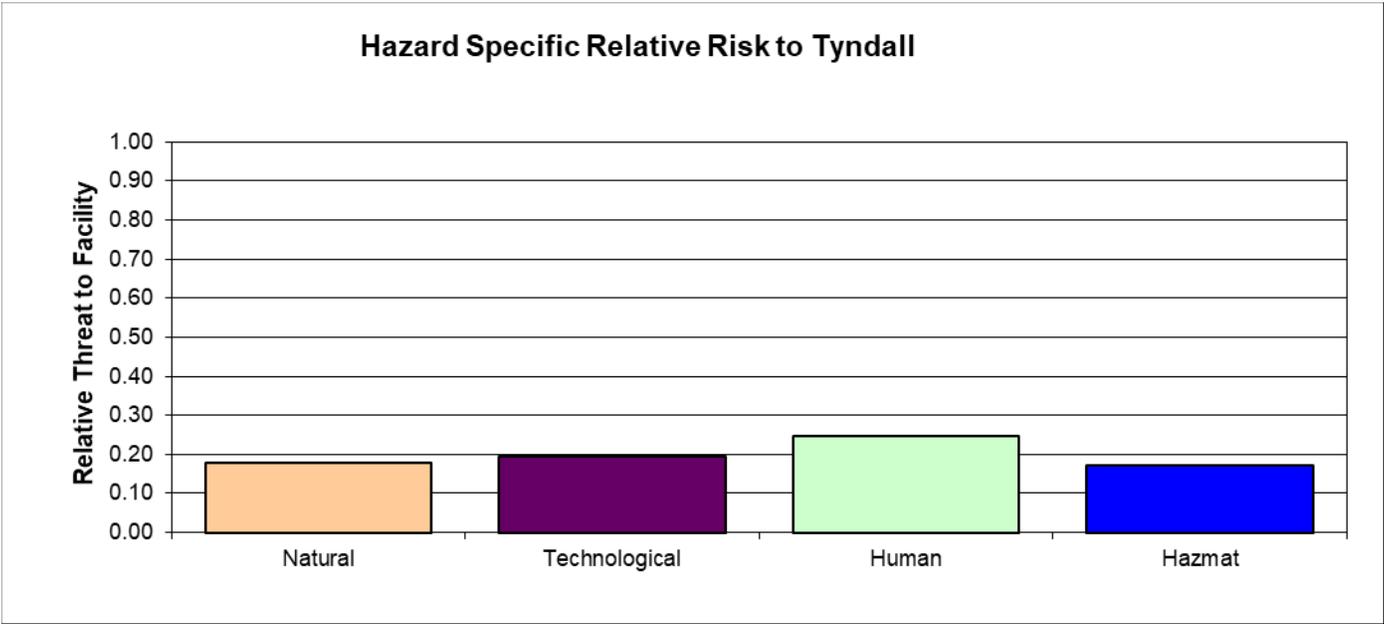
| EVENT                                       | PROBABILITY                                    | SEVERITY = (MAGNITUDE - MITIGATION)            |                                                |                                                |                                                        |                                                        |                                                        | RISK                    |
|---------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|-------------------------|
|                                             |                                                | HUMAN IMPACT                                   | PROPERTY IMPACT                                | BUSINESS IMPACT                                | PREPARED-NESS                                          | INTERNAL RESPONSE                                      | EXTERNAL RESPONSE                                      |                         |
|                                             | <i>Likelihood this will occur</i>              | <i>Possibility of death or injury</i>          | <i>Physical losses and damages</i>             | <i>Interruption of services</i>                | <i>Preplanning</i>                                     | <i>Time, effectiveness, resources</i>                  | <i>Community/ Mutual Aid staff and supplies</i>        | <i>Relative threat*</i> |
| SCORE                                       | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low or none | 0 - 100%                |
| Mass Casualty Incident (trauma)             | 1                                              | 2                                              | 1                                              | 3                                              | 2                                                      | 2                                                      | 2                                                      | 22%                     |
| Mass Casualty Incident (medical/infectious) | 1                                              | 2                                              | 1                                              | 3                                              | 1                                                      | 2                                                      | 2                                                      | 20%                     |
| Terrorism, Biological                       | 1                                              | 3                                              | 1                                              | 2                                              | 3                                                      | 3                                                      | 2                                                      | 26%                     |
| Missing Resident                            | 2                                              | 3                                              | 1                                              | 1                                              | 1                                                      | 1                                                      | 1                                                      | 30%                     |
| Hostage Situation                           | 1                                              | 2                                              | 1                                              | 3                                              | 1                                                      | 2                                                      | 1                                                      | 19%                     |
| Intruder with a Weapon                      | 2                                              | 2                                              | 1                                              | 2                                              | 2                                                      | 2                                                      | 1                                                      | 37%                     |
| Violence -Internal                          | 1                                              | 2                                              | 2                                              | 2                                              | 1                                                      | 2                                                      | 1                                                      | 19%                     |
| Labor Action                                | 1                                              | 1                                              | 2                                              | 3                                              | 2                                                      | 2                                                      | 2                                                      | 22%                     |
| Bomb Threat                                 | 1                                              | 1                                              | 2                                              | 2                                              | 1                                                      | 2                                                      | 1                                                      | 17%                     |
| Medical Emergency                           | 2                                              | 2                                              | 1                                              | 1                                              | 1                                                      | 1                                                      | 1                                                      | 26%                     |
|                                             |                                                |                                                |                                                |                                                |                                                        |                                                        |                                                        | 0%                      |
| <b>AVERAGE</b>                              | <b>1.30</b>                                    | <b>2.00</b>                                    | <b>1.30</b>                                    | <b>2.20</b>                                    | <b>1.50</b>                                            | <b>1.90</b>                                            | <b>1.40</b>                                            | <b>25%</b>              |

\*Threat increases with percentage.

**RISK = PROBABILITY \* SEVERITY**

**0.25      0.43      0.57**

| Tyndall Seniors Village Summary of Hazards & Analysis |             |               |             |             |                    |
|-------------------------------------------------------|-------------|---------------|-------------|-------------|--------------------|
|                                                       | Natural     | Technological | Human       | Hazmat      | Total for Facility |
| Probability                                           | 0.50        | 0.47          | 0.43        | 0.33        | 0.45               |
| Severity                                              | 0.35        | 0.41          | 0.57        | 0.51        | 0.44               |
| <b>Hazard Specific Relative Risk:</b>                 | <b>0.18</b> | <b>0.20</b>   | <b>0.25</b> | <b>0.17</b> | <b>0.20</b>        |



## Hazard Identification and Risk Assessment (HIRA)

The leadership team completed the HIRA tool above 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 | Pandemic        | 44%           | Please see the attached Pandemic plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                 | Blizzard        | 39%           | <p>Implement the Staffing Contingency plan if necessary.</p> <p>We have a 1+ week supply of food and resident care supplies on hand for residents at all times.<br/>Food would need to be prepared/arranged for staff if necessary. Temporary shelter arrangements could be made for staff who might need to stay overnight.</p> <p>Gas &amp; electrical are available in the kitchen, so if at least one is working, food production can continue.</p> <p>Heating is provided through electric heaters in each room. Electrical contractor information on the emergency call-out list.</p> <p>Extra blankets are available in the laundry for residents if needed.</p> <p>Home is on a major intersection with consistent snow removal. Home has contracted snow removal for the parking lot.</p> |
| Technological   | Fire            | 44%           | Please see the attached Fire Safety Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                 | Flood           | 44%           | <p>Residents are to be moved to another room if necessary.</p> <p>Extra linens are available in the storage room for flood clean-up.</p> <p>Additional housekeeping hours to be implemented.</p> <p>If kitchen/laundry services were affected, external contractors may need to be engaged to support operations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|       |                        |     |                                                                                                                                                                                                                                   |
|-------|------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |                        |     | <p>If elevator service were affected, it would be a priority to be fixed immediately. The home has a contingency plan to ensure services are uninterrupted for a 3–4-day period.<br/>Code green to be activated if necessary.</p> |
|       | Structural Damage      | 44% | <p>External contractors to be contacted for repairs. Refer to the emergency contractor list.</p> <p>The President/CEO is to be informed and consulted for additional support.</p> <p>Code green to be activated if necessary.</p> |
| Human | Intruder with a Weapon | 37% | Code Silver procedures to be followed. Code Silver exercise/policy reviewed annually with staff.                                                                                                                                  |
|       | Missing Resident       | 30% | Code Yellow procedures to be followed. Code Yellow exercise/policy reviewed annually with staff.                                                                                                                                  |

## Home Profile

A Home Profile will be prepared, which provides a brief description of the organization, an overview of the resident population, vulnerabilities and contact information in order to facilitate rapid communication between Community agencies, as well as providing information as to the impact events may have on the Home.

## Tyndall 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 will be readily accessible to the Emergency Team in the event of an emergency.

|                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of LTC Home: Tyndall Seniors Village</b><br><br><b>Address:</b> 7940 McLaughlin Road South<br>Brampton, ON L6Y 5A7<br><br><b>Phone: 905-499-2893</b>                                                                                                                                                                          |
| <b>Primary Contact Person in the event of an Emergency:</b><br><b>Name: Shirley Thomas-Weir (Interim ED)</b><br><br><b>Contact #: 1-905-975-9671</b> <b>Email: sthomasweir@svch.ca</b>                                                                                                                                                |
| <b>Secondary Contact (Back-Up designate):</b><br><b>Name: Beatrice Dixon</b><br><br><b>Cell: 647-262-4186</b> <b>Email: bdixon@svch.ca</b>                                                                                                                                                                                            |
| <b>Sharon Village Care Homes Corporate Contact Person:</b><br><b>Name: Shirley Thomas-Weir (CEO)</b><br><br><b>Contact #: 905-975-9671</b> <b>Email: sthomasweir@svch.ca</b>                                                                                                                                                          |
| <b>Resident Occupancy #: 117 (reduced licensed capacity)</b><br><br><b>Special Care Needs of the Resident population:</b><br>Yes -Oxygen Requirement, Yes -Mobility Impairments, Yes- Cognitive Impairment, Yes<br>Feeding Tubes/formula/pumps: yes<br><input type="checkbox"/> Other: (Specify: _____)                               |
| <b>Human Resource:</b><br><br><b># of Staff (full-time equivalents): approximately 85</b>                                                                                                                                                                                                                                             |
| <b>Facility Particulars:</b><br>X Generator Estimated length of time: 72Hours<br>Are there only specific areas the Generator will cover? Yes, **A list must be available<br><br>If the water supply to the Home is interrupted, is there the capability to hook up to an external supply?<br>X No<br><br>Outline any other specifics: |

**Vendors:**

**Food Supplies Vendor:**

Company Name: Sysco Foods

Emergency Contact Name: Khristopher White                      Emergency Contact #: (647) 295-7218

Back-up Emergency Contact Name: Customer Service      Back-up Emergency Contact #: 1 (855) 222-0617

**Pharmacy Vendor:**

Company Name: Care RX

Emergency Contact Name: Hema Shah/Calea

Emergency Contact #: 1 (877) 336-8672/ (905) 407-8189/ (905) 624-1234

Back-up Emergency Contact Name: Satellite Pharmacy

Back-up Emergency Contact #: (905) 896-2500/ (905) 615-8140

Back-up Emergency Contact Name: On Call Pharmacy

Back-up Emergency Contact #: (905) 928-6672/ (905) 407-9027

**Medical Supplies:**

Company Name: Medical Mart-Medline

Emergency Contact Name: Donna Pellecchia

Emergency Contact #: (905) 518-8902/ 1 (800) 268-2828 Ex. 1135

**Medical Director:**

Dr. Albert Wong: Contact #: (416) 420-7087

**Attending Physicians:**

Dr. Errol Sequeira (2<sup>nd</sup> Floor): Contact #: (905) 826-1166/ (416) 567-1026

Dr. Vashti Persad (3<sup>rd</sup> Floor): Contact #: (416) 902- 9093

**External Nurse Practitioner(s):**

Name: NPstat (Group Home #7): Contact #: (905) 330-3500

**Dental Service:**

Company Name: Golden Dental Care: Contact #: (416) 484-6228/ 1 (866) 301-5262

**Diagnostic Service:**

Company Name: STL Mobile X-ray

Emergency Contact Name: Melissa Rudat

Contact #: (416) 603-1991

Back-up Emergency Contact Name: STL Mobile Ultrasound

Contact #: (905) 637- 6608/ 1- (800) 236-4274

**Oxygen Company:**

Company Name: Medigas

Emergency Contact Name: Larisa Nekrasova

Contact #: 1 (866) 446-6302

**Transportation: In the event of evacuation, does the Home have Facility Transportation or is it Community Acquired?**

Home  Community  Both

How many residents can the Vehicle manage: 10 -15

Is it wheelchair accessible:  Yes  No

**Contact Name (if applicable):**

Total Care Transportation (Private Ambulance): Contact: (905) 878-117

Black Cab Taxi Contact: (905) 822-4000

Blue and White Taxi Contact: (905) 274-4444

Mississauga Wheelchair Taxi Contact: (905) 277-7777

ALL Star Taxi (Wheelchair) Contact: (905) 271-1111

**Communication Systems:**

**Outline the main method of communication within the Home:**

Internal phone lines, PA system and Fire alarm panel

**Is there an emergency communication system?**

Personal Cell phones would be used until mobile radios could be implemented.

**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 event of evacuation:  Yes  No  Partial

Evacuation Plan:  Yes  No  Partial

Fire Safety Plan:  Yes  No  Partial

o Date last approved by Fire Official: January 2026

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

**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:

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

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

|                                                                                                   |                                      |
|---------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Name of LTC Home: Tyndall Seniors Village</b>                                                  |                                      |
| <b>Address:</b> 7940 McLaughlin Road South<br>Brampton, ON L6Y 5A7                                |                                      |
| <b>Phone # :</b> 905-499-2893                                                                     |                                      |
| <b>Primary Contact Person in Home:</b><br><b>Name:</b> Shirley Thomas-Weir (Interim ED)           |                                      |
| <b>Contact #:</b> 1-905-975-9671                                                                  | <b>Email:</b> sthomasweir@svch.ca    |
| <b>Secondary Contact (Back-Up designate):</b><br><b>Name:</b> Beatrice Dixon                      |                                      |
| <b>Contact #:</b> 647-262-4186                                                                    | <b>Email:</b> bdixon@svch.ca         |
| <b>Sharon Village Care Homes Corporate Contact Person:</b><br><b>Name:</b> Shirley Thomas-Weir    |                                      |
| <b>Contact #:</b> 905-975-9671                                                                    | <b>Email:</b> sthomasweir@svch.ca    |
| <b>Ministry of Health &amp; Long-Term Care:</b><br><br><b>After-Hour Contact #</b> 1-888-999-6973 |                                      |
| <b>Community Emergency Preparedness (if applicable):</b><br><br><b>Red Cross:</b> 1-800-850-5090  |                                      |
| <b>Peel Regional Police</b>                                                                       | <b>Non-Emergency #:</b> 905-453-3311 |
| <b>City of Brampton Fire Dept</b><br><b>Liaison Name:</b> Mary Knoke                              | <b>Non-Emergency #:</b> 905-458-5580 |
| <b>Public Health:</b><br><br><b>Phone #:</b> 905-791-7800                                         |                                      |
| <b>Hospital(s): (identify all hospitals within proximity of the Home)</b>                         |                                      |

**Hospital Name:**

Credit Valley Hospital,  
Brampton Civic Hospital,  
Trillium Health Reactivation Care Centre

**Critical Emergency Planning:**

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

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

**Incident Management System (IMS):**

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

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

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

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

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

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

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

Alternative leads will be assigned in the event that 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 are 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, recorded, and a 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 upon the staffing complement of the Home and availability during an emergency

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

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

**Location of Emergency Operations Center:** Main Lounge if accessible

| IMS Role Title                     | Primary Designate                     | Contact Information | Secondary Designate | Contact Information |
|------------------------------------|---------------------------------------|---------------------|---------------------|---------------------|
| <b>Incident Manager</b>            | Christine Baigrie                     | 289-772-5232        | Beatrice Dixon      | 647-262-4186        |
| <b>Public Information Manager</b>  | <b>Corporate: Shirley Thomas-Weir</b> | 905-975-9671        | Peter Schlegel      | 519-870-8088        |
|                                    | <b>Home: Shannon Sprung</b>           | 905-598-2140        |                     |                     |
| <b>Liaison Officer</b>             | Shannon Sprung                        | 905-598-2140        | Beatrice Dixon      | 905-840-4186        |
| <b>Safety Officer/Coordinator</b>  | Shannon Sprung                        | 905-598-2140        | Noel Novabos        | 416-419-0604        |
| <b>Information Technology Lead</b> | Shannon Sprung                        | 905-598-2140        | Nav Dhillon         | 647-740-0024        |
| <b>Operations Manager</b>          | Beatrice Dixon                        | 647-262-4186        | Mary Jean Moso      | 416-312-9798        |
| <b>Planning Manager</b>            | Nav Dhillon                           | 647-740-0024        | Mary Jean Moso      | 416-312-9798        |
| <b>Logistic Manager</b>            | Noel Novabos                          | 416-419-0604        | Nav Dhillon         | 647-740-0024        |
| <b>Finance Manager</b>             | <b>Corporate: Huibin Pan</b>          | 226-663-1802        | Peter Schlegel      | 519-870-8088        |
|                                    |                                       |                     |                     |                     |
|                                    |                                       |                     |                     |                     |

**Emergency Management Team:**

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

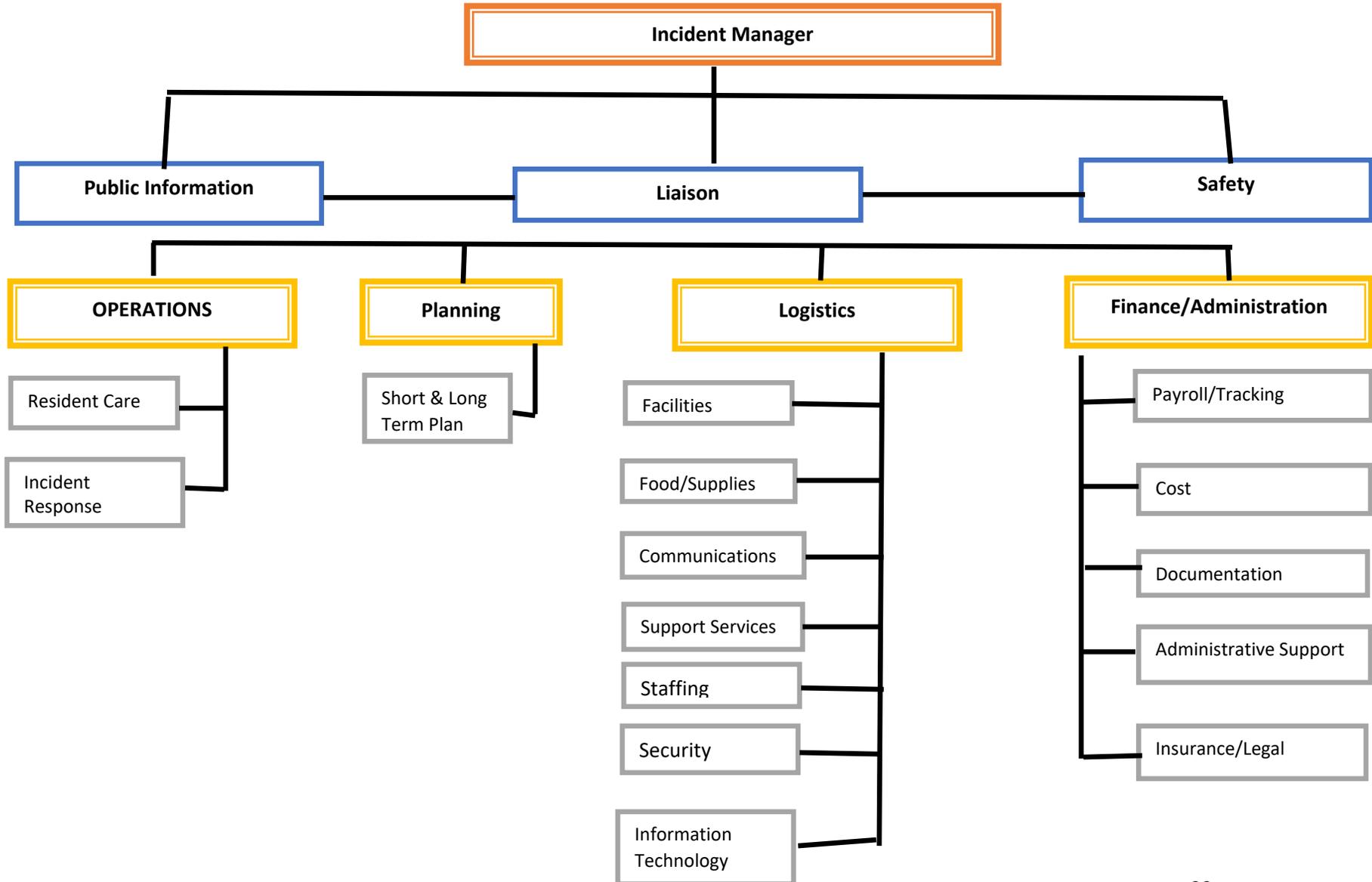
The Emergency Management Team will meet at least quarterly. There will be a pre-established agenda and minutes, and attendance will be recorded.

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

**Incident Management System Organizational Chart:**

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

## IMS Organizational Chart



### 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

- 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.
- Is there a current emergency back-up telephone system?
- What are the strengths and limitations of the technology in communicating during an emergency?
- Is there access to radios and TVs for receiving emergency alerts, updates, any evacuation orders and news?

#### 2. Building and sustaining Emergency contacts – consider alternate means of contacting emergency partners in the event of communication equipment breakdown.

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

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

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

### Communication Protocols:

| Lead                    | Person(s)                                            | Responsibilities                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communication Team Lead | Executive Director/ designate                        | <ul style="list-style-type: none"><li>○ Coordinates full communication response in collaboration with Corporate Office</li><li>○ Oversees message development</li><li>○ Primary spokesperson internally</li><li>○ Communicates with Emergency Services</li><li>○ Ensures Employee Fan-out list is up to date &amp; accessible –provides direction to initiate call-ins</li></ul> |
| Corporate               | Peter Schlegel-President<br>Shirley Thomas-Weir -CEO | <ul style="list-style-type: none"><li>○ Works with the Team Lead to coordinate communication response</li><li>○ Primary spokesperson for media information</li><li>○ Script message(s) to be provided by staff for call-ins</li></ul>                                                                                                                                            |
|                         | Director of Care/ designate                          | <ul style="list-style-type: none"><li>○ In collaboration with ED, coordinates messages to residents, families, and other stakeholders</li></ul>                                                                                                                                                                                                                                  |

|  |  |                                                                                                                                                                                                                                |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <ul style="list-style-type: none"> <li>○ Coordinates additional help that residents/families may need</li> <li>○ Coordinates with MOH/LHIN</li> <li>○ Connects with Advisory Physician &amp; Attending Physician(s)</li> </ul> |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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).

**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:

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

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

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

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

- May harm or has the potential to harm residents or staff
- Will affect the home’s reputation or SVCH's reputation and/or operations
- 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:

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

**The IMS Team** is accountable for reviewing each emergency and making decisions at every risk level of the emergency. Sharon Village Care Home’s Corporate Office will be involved in the decision-making and management of any potential or actual risk, regardless of the risk level.

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

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

**EMERGENCY RESPONSE PLANS:**

**Universal Emergency Codes:**

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

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

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

## **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.

### **The Home will have responsibility for:**

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

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

The Emergency/Disaster Box must be labelled in large print, stored in 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:

- Communication equipment (internal communication & external communication system)
- Batteries – various sizes
- Additional flashlights & other lantern-type equipment
- Blankets
- Roll of Caution tape – to block off access to an area or to designate specific areas, i.e. triage
- Disposable gloves, masks, hand sanitizer, small first aid kit
- Bottled water
- Safety vest
- Markers, scissors, cardboard
- Emergency Response binder (which includes, but is not limited to
  - Staff Call-in Roster; telephone contact lists, floor plans, ID bracelets/ white tags or adhesive labels; markers, pens, etc.; clipboards; notepads; Resident List & contact information, etc.
  - External Shelter Agreement Contact Information
  - Transportation Resources that can be accessed in the event of emergency evacuation (may include Community Public Transit, taxi companies—wheelchair accessible and non-wheelchair accessible,
  - List of volunteers and family who may be accessible to assist during an emergency

An additional contingency plan will be outlined by each Home for:

- Emergency supplies, i.e. medical equipment (i.e. oxygen cylinders) and other general supplies) (Director of Care/designate)

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

**Other Requirements:**

**Training & Orientation:**

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

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

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

**RESOURCES:**

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

**Fire Safety Plan**  
**For**  
**Holland Christian Homes &**  
**Tyndall - Brampton**

**7930 McLaughlin Rd. South**  
**(Covenant Tower)**

**&**

**7940 McLaughlin Rd. South**  
**(Tyndall – Brampton)**

**Last Updated August 2025**

|                                                                                                                                                                                          |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Brampton Fire and<br/>Emergency Services<br/>Fire Safety Plan Approval</b>                                                                                                            |                    |
| Reviewed by (FPO)                                                                                                                                                                        | <u>M. KNOKE</u>    |
| Approved by (CFO)                                                                                                                                                                        | <u>[Signature]</u> |
| Notes:                                                                                                                                                                                   | <u>[Signature]</u> |
| Date:                                                                                                                                                                                    | <u>7/20/2025</u>   |
| The approval of this Fire Safety Plan by the Brampton Fire and Emergency Services does not in any way relieve the owner of their responsibility of complying with the Ontario Fire Code. |                    |

Fire Safety Plan For  
Holland Christian Homes & Tyndall - Brampton

**7930 McLaughlin Rd. South  
(Covenant Tower)**

**&**

**7940 McLaughlin Rd. South  
(Tyndall – Brampton)**

**Last Updated August 2025**

# Table of Contents

## Section One – Human and Building Resources

|                                          |    |
|------------------------------------------|----|
| INTRODUCTION .....                       | 1  |
| DISTRIBUTION .....                       | 2  |
| AUDIT OF HUMAN RESOURCES .....           | 3  |
| AUDIT OF BUILDING RESOURCES .....        | 6  |
| BUILDING DESCRIPTION .....               | 7  |
| FIRE DEPARTMENT ACCESS .....             | 7  |
| FIRE ALARM SYSTEM .....                  | 7  |
| RESETTING THE FIRE ALARM .....           | 9  |
| FIRE FIGHTER HANDSETS .....              | 10 |
| VOICE COMMUNICATION SYSTEM .....         | 10 |
| ANNOUNCEMENTS .....                      | 11 |
| EXITS .....                              | 11 |
| MAG. LOCKS .....                         | 11 |
| DOOR HOLD OPENS .....                    | 12 |
| SMOKE CONTROL .....                      | 12 |
| ELEVATORS .....                          | 14 |
| FIRE FIGHTER ELEVATOR OPERATION .....    | 14 |
| SPRINKLER SYSTEM & SHUTOFF .....         | 14 |
| STANDPIPE & PORTABLE EXTINGUISHERS ..... | 15 |
| FIRE PUMP .....                          | 15 |
| SIAMESE CONNECTIONS .....                | 15 |
| FIRE HYDRANTS .....                      | 15 |
| EMERGENCY GENERATOR .....                | 15 |
| NATURAL GAS SHUTOFF .....                | 16 |
| FUEL BURNING APPLIANCES .....            | 16 |
| ROOF ACCESS .....                        | 16 |

## Section Two – Occupant Instructions

|                                                                |    |
|----------------------------------------------------------------|----|
| INSTRUCTIONS TO RESIDENTIAL OCCUPANTS ON FIRE PROCEDURES ..... | 17 |
| INSTRUCTIOS TO SUPERVISORY STAFF .....                         | 18 |
| FIRE PANEL RESET .....                                         | 20 |

|                                                                       |           |
|-----------------------------------------------------------------------|-----------|
| INSTRUCTIONS TO KITCHEN STAFF .....                                   | 21        |
| INSTRUCTIONS TO DINING ROOM STAFF .....                               | 22        |
| INSTRUCTIONS TO CLEANING STAFF .....                                  | 23        |
| INSTRUCTIONS TO ADMINISTRATION STAFF.....                             | 24        |
| INSTRUCTIONS TO AUDITORIUM STAFF .....                                | 25        |
| FIRE EXTINGUISHER CONTROL AND CONFINEMENT.....                        | 26        |
| EMERGENCY PROCEDURES.....                                             | 26        |
| CONTROL OF FIRE HAZARDS.....                                          | 27        |
| <br>                                                                  |           |
| <b>Section Three – Emergency Procedures</b>                           |           |
| APPOINTMENT & ORGANIZATION OF SUPERVISORY STAFF.....                  | 29        |
| SUPERVISORY STAFF EMERGENCY PROCEDURES.....                           | 30        |
| ALTERNATIVE MEASURES FOR THE SHUTDOWN FIRE PROTECTION EQUIPMENT ..... | 32        |
| FIRE DRILLS.....                                                      | 35        |
| <br>                                                                  |           |
| <b>Section Four – Nursing Home</b>                                    |           |
| BUILDING RESOURCES .....                                              | 33        |
| EMERGENCY PROCEDURES.....                                             | 33        |
| <br>                                                                  |           |
| <b>Section Five – Maintenance Requirements</b>                        |           |
| FIRE SAFETY MAINTENANCE REQUIREMENTS .....                            | 38        |
| ELECTROMAGNETIC LOCKING SYSTEM MAINTENANCE REQUIREMENTS.....          | 44        |
| <br>                                                                  |           |
| SECTION SIX – OTHER REQUIREMENTS                                      |           |
| PERSONS REQUIRING ASSISTANCE .....                                    | 45        |
| EVACUATION TECHNIQUES.....                                            | 45        |
| SPILL CONTROL.....                                                    | 48        |
| QUALIFICATIONS CERTIFICATES.....                                      | 51        |
| <br>                                                                  |           |
| <b>Spill Control Procedure .....</b>                                  | <b>48</b> |
| <b>Shutdown of Fire System .....</b>                                  | <b>48</b> |

**Appendix A – Diagrams**

*SCHEMATIC DIAGRAMS AND RECORDS*      43

**Appendix B – Smoke Control System**

**Appendix C – Fire Safety Handbook for Tenants Appendix D –**

**Forms**

## Introduction

***This Fire Safety Plan applies to Covenant Tower; a 116 unit, 13 storey senior's apartment building and to Tyndall - Brampton; an attached two storey Long Term Care Facility, classified as institutional. The building is constructed of non-combustible construction.***

***This plan has been developed in accordance with section 2.8 of the Ontario Fire Prevention and Protection Act. [Ont. Reg. 388/97]***

***A Fire Safety Plan is designed to provide measures which will safeguard occupants in the event of a fire, provide effective utilization of the fire safety features of the building, and to minimize the possibility of a fire occurring.***

***The Ontario Fire Protection and Prevention Act (OFPPA) requires the owner to take responsibility for the execution of the provisions of the Fire Safety Plan. An Owner is defined as a person, firm or corporation controlling the property under consideration. Consequently, the owner may be any one or combination of the following parties, including building management, maintenance staff, security staff and occupancy groups.***

***The acceptance of this Fire Safety Plan by Brampton Fire and Emergency Services does not in any way relieve the owner, the lessee, or the management of their responsibilities under this plan or the Act. The OFPPA states that every person who contravenes any provision of the act, every director or officer of the corporation who knowingly concurs with a contravention of the Act is guilty of an offence, and upon conviction is liable to a fine of not more than \$50,000.00 for an individual or \$100,000.00 for a corporation, or to imprisonment for a term of not more than one year, or to both.***

***This plan will be revised and resubmitted to the Brampton Fire and Emergency Services if any change occurs with respect to occupancy or use, a change in standards or if the Chief Fire Official judges the current Fire Plan as no longer acceptable.***

***The Chief Fire Official will be notified regarding any subsequent changes in the approved Fire Safety Plan.***

## **Distribution of the Fire Safety Plan**

- 2 Copies to the Brampton Fire and Emergency Services
- 1 Copy to the Executive Director of Holland Christian Homes
- 1 Copy to the Manager of Maintenance Services
- 1 Copy to be kept at the central alarm and control facility
- 1 copy to be kept at each nursing station in Tyndall Brampton
- 1 Copy to be kept in the Towers Nursing Office
- 1 Copy to be kept at the Front Reception

*The following information will also be distributed:*

- Residential Occupants will receive the Tenants Fire Handbook (Appendix A)
  - Containing at minimum pages 18-19, 26-28 and the Stay or Go policy
- Employees of HCH will reference the red binder in the emergency board
- Employees of Tyndall will reference the handout in the orientation package and posted procedures at the nursing station.
- Commercial Tenants will receive a copy of the fire safety plan.

***Prepared By:***

***Robert Marcinkiewicz 7900  
McLaughlin Rd South  
Brampton, ON  
L6Y 5A7  
905-459-3333 Ext. 5242***

***Shannon Sprung  
7940 McLaughlin Rd. South  
Brampton, ON  
L6Y 5A7  
904-499-2893 Ext. 104***

**Please direct all inquiries and correspondence to the writer.**

## Human Resources

Owner/Manager

***Holland Christian Homes Inc.  
7900 McLaughlin Road South  
Brampton, ON L6Y 5A7  
Tel: 905-463-7002 ext. 5256  
Fax: 905-459-8667***

***Contact Persons: Shirley Thomas Weir CEO Tyndall -  
Brampton  
Tracy Kamino CEO Holland Christian  
Homes***

Supervisory Staff

***Supervisory staff consists of maintenance staff, managers, nurses and PSWs. The above will carry a two-way radio and a wireless phone equipped for emergency broadcasting.***

Monday to Friday in Towers Nursing Office

| <b>0700H to 1500H</b>                                                                                | <b>1500H to 2300H</b>                                                        | <b>2300H to 0700H</b>                             |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------|
| <b><i>1 Maintenance Manager<br/>6 Maintenance Staff<br/>1 Director of Tenant Care<br/>6 PSWs</i></b> | <b><i>1 Registered Practical Nurse<br/>4 PSWs<br/>1 Janitor/Security</i></b> | <b><i>2 PSWs<br/>1 Janitor<br/>1 Security</i></b> |

Weekends/Holidays in Towers Nursing Office

| <b>0700H to 2300H</b>                                                          | <b>2300H to 0700H</b>                                                               |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b><i>1 Registered Practical Nurses<br/>4 PSWs<br/>1 Maintenance Staff</i></b> | <b><i>1 Registered Practical Nurses<br/>4 PSWs<br/>1 Janitor<br/>1 Security</i></b> |

Monday to Friday in Tyndall-Brampton

**0700H to 1500H**

*1 Maintenance Manager  
6 Maintenance Staff  
1 Executive Director  
2 Nursing Managers  
2 Registered Nurse  
2 Registered Practical Nurses  
14 Personal Support Workers*

1500H to 2300H

*2 Registered Nurse  
2 Registered Practical Nurses 10  
Personal Support Workers 1  
Janitor/Security*

2300H to 0700H

*1 Registered Nurse  
1 Registered Practical  
Nurses  
5 Personal Support Workers 1  
Janitor/Security*

Weekends/Holidays in Tyndall-Brampton

**0700H to 1500H**

*1 Maintenance Staff  
2 Registered Nurses  
2 Registered Practical Nurses  
14 Personal Support Workers*

1500H to 2300H

*2 Registered Nurse  
2 Registered Practical Nurses 10  
Personal Support Workers 1  
Janitor/Security*

2300H to 0700H

*1 Registered Nurse  
1 Registered Practical Nurses 5  
Personal Support Workers 1  
Janitor/Security*

Monitoring Company

***Fire Alarm Monitoring: 647-847-3248***

**Elevator Service Firm Quality**

Allied: 1-844-357-9762 Building

ID: FTM-306753

Fire Alarm Service Firm

***Custom Fire 905-666-5558***

## Number of Occupants

***Covenant Tower is comprised of 32 two-bedroom apartments and 84 one-bedroom apartments. A current list of occupants, including those requiring assistance, is located in the Fire Box in the front vestibule of Covenant Tower.***

***Faith Manor is comprised of 41 rooms on each of the two floors, representing 120 long-term care residents. A current list of residents is located in the Fire Box in the front vestibule of Covenant Tower.***

## Staff Responsibility for the Fire Safety Plan

***The Chief Executive Officer of HCH and the Executive Director of Tyndall - Brampton will implement the Fire Safety Plan. This includes appointing and training sufficient subordinate staff to successfully implement the plan.***

***The Maintenance Manager, maintenance staff and nursing staff are deemed supervisors under this plan, and will be responsible for the emergency procedures of the Fire Safety Plan. Supervisory staff will receive adequate training to implement the Fire Plan.***

## Staff Training

***Staff will be trained on the following procedures the Ontario Fire Marshall's Office and the Brampton Fire and Emergency Services.***

- Emergency procedures in the Fire Safety Plan.
- Operation of the Fire Alarm Panel, including making announcements, resetting alarms, and responding to trouble and ground fault alarms.
- Location and operation of sprinkler and standpipe shutoffs
- Operation of the elevator and the firefighter feature
- Operation of the emergency generator
- Operation of the smoke control equipment
- After-hours numbers for service and management.

***The supervisory staff shall be instructed in the above emergency procedures and training before being given responsibility for fire safety.***

***All staff are required to participate in a minimum of one fire drill per month and one mock evacuation every three years for Tyndall - Brampton (O Reg 246/22 268. (10) c.).***

***All training records, along with proof of monthly participation in a fire drill will be kept on file in the Maintenance office for a period of not less than three years.***

## Building Resources

### Site Plan

***The site consists of six high-rise senior's apartment buildings, four North of King Knoll Drive and 2 South of King Knoll Drive; 3 Long Term Care facilities, two North of Kingknoll Drive and one South of Kingknoll Drive; as well as a community center North of Kingknoll Drive. All of the buildings are linked by underground tunnels and share staff.***

### Building Description (Covenant Tower)

***This is a 13 storey residential apartment building, with one below-grade basement level.***

***The Basement level contains storage rooms, workshops, a mechanical room, staff lounge, medical offices, garbage room, washrooms, offices, walk-in freezer, and a pump room with the sprinkler and standpipe shutoff.***

***The ground floor contains a dining room, kitchen, offices, lounge, greenhouse, auditorium/chapel and front lobby vestibule with the Fire Alarm Control Panel.***

***The ground floor corridor leads South to Tyndall - Brampton and North to the Ebenezer Centre (community center)***

***The Second Floor contains the upper part of the dining room and auditorium, lounge, kitchen area and a whirlpool room.***

***The second-floor corridor leads South to Tyndall - Brampton***

***Floors three to nine contain single bedroom apartments, disposal room, electrical closets, janitor closet, linen closet and a laundry room.***

***Floor ten to thirteen contain two-bedroom apartments, disposal room, storage room, electrical closets, janitor closet, linen closet and a laundry room.***

***The Roof contains a mechanical room, fan room, emergency generator room, and the elevator machine room.***

### Building Description (Tyndall - Brampton)

***This is a two storey long term care facility.***

***Both floors consist of two wings containing a total of 41 resident rooms, a nursing station, shower and tub room, linen room, activity room and a dining room.***

#### Fire Services Access

***Access to the buildings are from private fire route driveways off of McLaughlin Road South and King Knoll Drive.***

#### Key Access

***There is a locked fire box located in the front vestibule of Covenant Tower, next to the annunciator panel. This box contains keys and a key fob for the front door, service rooms and the fire fighter key for the elevators.***

#### Fire Alarm System

***The building is equipped with a class B multiple zone, two-stage Mircom FX2000 Monitored Fire Alarm System, with an integrated all call voice communication system. The fire alarm system receives emergency power from its own battery back-up located at the Fire Alarm Control Panel, and from a designated 110-volt emergency circuit.***

***Pull stations, smoke detectors, heat detectors and sprinkler flow switches are located throughout the building, and when activated an electronic tone is heard. Upon hearing the tone, the Brampton Fire and Emergency Services must be called at 9-1-1.***

***Signal devices (mini-horns) are located in each suite, corridor and common room. There are smoke alarms in each suite and nursing home room.***

#### Fire Alarm Control Panel

***Located in the front lobby of Faith Manor.***

#### Central Alarm and Control Facility

***Combined with the fire alarm control panel.***

Activation of the first stage alarm will also:

- Turn-off fresh air roof top units on Tyndall - Brampton and CT roof tops.
- Release door hold opens on all levels of Covenant Tower
- Release door hold opens in Tyndall - Brampton
- Activate "Do Not Enter" signs in pedestrian corridor, Ebenezer Centre
- Release mag. locks in Tyndall - Brampton
- Send a signal to the alarm monitoring company that the fire alarm has been activated.

#### Second Stage Alarm (Evacuation tone)

***The second stage will ground the Covenant Tower Elevators and activate the elevator and stairwell pressurization fans. The Fire Alarm Control Panel Will automatically go into second stage after 5 minutes, unless the “Acknowledge” button is depressed.***

***The second stage alarm can be initiated throughout the building by controls at the FACP, at each pull station by the use of a key (carried by the supervisory staff), fryer, grill and stove top.***

#### Kitchen Fire Extinguishing System

***Located above the range hood is a wet chemical extinguishing system. It provides coverage to the following kitchen equipment: Badger model RG6G.***

#### Kitchen Fire Extinguishing System Automatic Sequence

***There are heat links located in the range hood, if activated by heat the following will occur:***

- Extinguishing agent is released
- Gas Supply is turned off
- Electricity to the equipment is turned off
- Building fire alarm system is activated.

#### Manual Operation

***A Quick release pull-down handle is located to one side of the range hood. When activated the automatic sequence described above occurs.***

***There is a manual gas shutoff valve located to one side of the range hood.***

#### Maintenance of the Equipment

***It is the owner’s responsibility to ensure that the equipment is maintained in accordance with NFPA standards 96 & 17A.***

## Fire Alarm System Components

### **Important Note**

**Do not reset or silence the fire alarm system until given authorization from the Brampton Fire and Emergency Services.**

### **Components in the Detection Circuit and How to Reset them**

#### **Pull Station**

*Partially close the pull station, and using a screwdriver depress the metal catch and reclose so that the internal trip switch is free to be reactivated.*

#### Corridor Smoke Alarm

*The activated detector will display a solid red light (not blinking). The detector will generally reset itself. If damaged, the fire alarm cannot be reset, use the signal silence button on the alarm panel to silence the audible tone.*

#### Heat Detector

*The activated heat detector cannot be reset if the centre disc has melted, in this case use the signal silence button on the alarm panel to silence the audible tone.*

### **Fire Alarm Panel Reset and Features**

#### Full Reset

*Reset the activated detection component, and depress the reset button on the fire alarm panel.*

#### Silence the Alarm Signal

*This feature should be used when the detection component cannot be reset. Depressing this button will silence the alarm. The Fire Alarm System will reset once the affected circuit is bypassed. It is imperative that a service firm be called and that alternative arrangements be followed as described on page 26 for the affected area.*

#### Trouble Indicators

*Depress the trouble silence button to silence the trouble tone. Call for service.*

## Firefighter Handsets

***There are firefighter handsets located on all floors and the basement level. They are located next to the exit stairwells. These handsets provide two-way communication between the floor and the central alarm facility on the ground floor.***

***When the handset is picked-up, a tone and the floor location light will be activated at the fire alarm control facility.***

***The operator at the fire alarm control facility should depress the lit floor indicator button to establish communication.***

## Communication Paging Zones

***All Call – Page to All Zones***

## Instructions for Use of the Voice Communication System

***The building staff must be able to assist the firefighters with the use of the voice communication system. If requested, the building staff may make announcements based on information received from the fire captain.***

## All Call

1. Depress the “all call” button followed by the microphone key. The all call button must be turned off when you finish announcing the all clear.
2. Speak 2” away from the microphone.

## Announcements

Before Fire Department Arrival

***Code Red, \_\_\_floor, Wing, Zone. [Repeat 3 times]***

Upon Arrival of Fire Department

***Attention, Attention...The Fire Department has arrived [Repeat 3 times]***

Evacuation

***Attention, Attention.***

***We have received an order to evacuate \_\_\_floor(s) [or entire building] ...please walk calmly to the nearest exit. Do not use the elevators [Repeat 3 times]***

All Clear

***The Code Red is all clear...please return to your normal activities. [Repeat 3 times]***

Exits (Covenant Tower)

***There are two exit stairwells located at the North and South ends of the building. Both stairwells provide access to all levels of the building and exit to grade on the ground floor. The dining room and auditorium have additional exits to grade.***

Exits (Tyndall - Brampton)

***The ground floor has five exits to grade, as well as an exit corridor to the ground floor of Covenant Tower.***

***The second floor has three exit stairwells located at the East, West and center of the building, as well as one corridor exit to Covenant Tower. The stairwells provide access to both levels and exit to grade on the ground floor***

Mag Locks

***Mag locks are located at all exit stairwells and the corridor exit to Covenant Tower. The mag locks will disengage when the fire alarm is activated or if there is a power failure.***

***The manual mag lock release is located next to the CACF Panel.***

Door Hold Opens (Covenant Tower)

***Door hold opens are located on floors Basement-13 of Covenant Tower***

Door Hold Opens (Tyndall - Brampton)

***The A wing has two sets of Door Hold Opens. The B wing has three sets of Door Hold Opens***

Smoke Control

***The smoke control fans are set to automatically activate with the activation of the fire alarm. The switch should be set to the auto position on the CACF Panel***

***The building is equipped with pressurization fans that will provide fresh air in the following areas: MUA 1, MUA 2, SF 1 stair press fan, Elevator shaft pressurization fan, North tower stair pressurization fan, FM block A press fan, Auditorium press fan, 6th tower stairs press roof 3 A, SP 4 basement. north pressurization fan, Basement south pressurization fan 3, SP 4 VP#1 press fan, FM do not enter signs, Door by snack bar, HV – 4, HV – 1, KE, TE – 3, TE – 2, Covenant Door, Kitchen/ dish laundry exhaust, Faith HV/3rd mech TE-4/FM supply dietary elevator recall.***

***All fresh air fans will turn off when the fire alarm is activated.***

***The building's smoke control system appears to be designed in accordance with Measure "G", "Pressurized Stair Shafts and Elevator Shafts" and Measure "N", Connected Buildings, of Ontario Building Code Supplementary Standard SB-4 "Measures for Fire Safety in High Buildings".***

***The general intent of Measure "G" is to inject sufficient outdoor air to pressurize the stair shafts and elevator shaft during a fire event, and to stop air moving fans. Measure "G" does not restrict smoke movement from floor to floor in that it does not pressurize vertical shafts except the stair and elevator shafts. All stair shafts leading into the building and the firefighters' elevator shaft need to be equipped with fans to pressurize the shafts. All above grade stair shafts require an opening to the outdoors to the bottom of the stair shaft.***

***The building has fans which pressurize the below grade stair shafts, fans which pressurize the above grade stair shafts and a fan which pressurizes the elevator shaft when the fire alarm system is activated. The building is equipped with automatic openers serving the exit doors from the above and below grade stair shafts. The fire alarm panel has relays intended to disable operation of the make-up air units, which supply conditioned outdoor air to the building's common corridors during normal operation, during a fire event.***

**SMOKE CONTROL EQUIPMENT LIST**

**Building:** Covenant Tower - 7930 Mclaughlin Rd S, Brampton, Ontario

| <b>Device Name</b>                             | <b>Tag</b> | <b>Location</b>           | <b>Panel Switch?</b> | <b>Device Type</b> | <b>Maintenance Frequency</b> | <b>Testing Freq</b> |
|------------------------------------------------|------------|---------------------------|----------------------|--------------------|------------------------------|---------------------|
| <b>Elevator Shaft Press Fan (EPF)</b>          | N/A        | Roof                      | Yes                  | Fan                | Quarterly                    | Quarterly           |
| <b>STH TWR STAIRS PRESS FAN (BGSPF-5)</b>      | N/A        | Basement                  | Yes                  | Fan                | Quarterly                    | Quarterly           |
| <b>BSMTSTHPRESSFAN3 (BGSPF-3)</b>              | N/A        | Basement                  | Yes                  | Fan                | Quarterly                    | Quarterly           |
| <b>SP-4 BSMT NORTH PRES FAN (BGSPF-4)</b>      | N/A        | Basement                  | Yes                  | Fan                | Quarterly                    | Quarterly           |
| <b>N TWR STAIR PRESS FAN (AGSPF-4)</b>         | N/A        | Roof                      | Yes                  | Fan                | Quarterly                    | Quarterly           |
| <b>ABOVE GRADE STAIR 3 PRESS FAN (AGSPF-3)</b> | N/A        | Roof                      | No                   | Fan                | Quarterly                    | Quarterly           |
| <b>AUDITORIUM PRESS FAN (VPF-3)</b>            | N/A        | 2ND Floor Vestibule 2C-16 | Yes                  | Fan                | Quarterly                    | Quarterly           |
| <b>SP-4 VP#1 PRESS FAN (VPF-1)</b>             | N/A        | 2ND Floor Vestibule 2C-07 | Yes                  | Relay              | Quarterly                    | Quarterly           |
| <b>HV-4</b>                                    | N/A        | Mechanical Room           | Yes                  | Relay              | N/A                          | Quarterly           |
| <b>KE</b>                                      | N/A        | Roof                      | Yes                  | Relay              | N/A                          | Quarterly           |
| <b>KITCHEN/ DISH LAUNDRY EXHAUST</b>           | N/A        | Roof                      | Yes                  | Relay              | N/A                          | Quarterly           |
| <b>VPF-3 Inlet Damper</b>                      | N/A        | 2ND Floor Vestibule 2C-07 | No                   | Damper             | Quarterly                    | Quarterly           |
| <b>VPF-1 Inlet Damper</b>                      | N/A        | 2ND Floor Upper Kitchen   | No                   | Damper             | Quarterly                    | Quarterly           |
| <b>Stairwell 3 Exit Corridor Door Opener</b>   | N/A        | Ground Stairwell          | No                   | Door Opener        | Quarterly                    | Quarterly           |
| <b>Stairwell 4 Exit Corridor Door Opener</b>   | N/A        | Ground Stairwell          | No                   | Door Opener        | Quarterly                    | Quarterly           |

## **Reset instructions for Elevator #2**

### **Tyndall - Brampton Food elevator**

1. Take the " elevator reset key" from the black fire plan box and go to the Food elevator # 2 elevator. (It is a round key with FEOK1 engraved on it. Security has a key, and a key is also in the Fireman's key box)
2. Check to make sure that switch inside the fireman's elevator control panel is in the off position
3. Closed the access panel, and lock the panel using the round key.
4. Go the outside of the elevator, insert the round key into the top red "Fire recall switch"
5. Turn the key to the "Reset" position, hold for a second
6. Turn the key back to the "off" position and remove key
7. Elevator doors will now close and return to normal operation.
8. Return the key back to the " Fire plan box"

### Firefighter's Feature

1. Turn the key activated switch in the firefighter's elevator to the "on" position
2. Depress the desired floor button, then depress and hold the "door close" button until the cab doors are fully closed and the elevator is in motion.
3. When the elevator reaches the desired floor the "door open" button must be depressed to open the door. If the door is to remain open, the key switch must be put in the "hold" position.
4. To go to another floor, follow steps 2-4
5. If the key switch is turned to the "off" position the cab will return to the ground floor.

### Sprinklers

***There is a wet sprinkler system which provides coverage to the following areas:***

- Basement level
- Ground floor level
- Second floor level Covenant Tower and Tyndall - Brampton
- All laundry rooms
- All linen rooms
- All storage rooms
- Garbage chute

*The main sprinkler shutoff is located in the basement pump room. Supervised valves are located on the top of each zone, on the 9th and 13th<sup>h</sup> floors.*

#### Standpipe and Portable Extinguishers

***The fire hose cabinets on all floors contain 100' of unlined hose with a combination fog nozzle. In addition, the cabinets contain a 5lb multi-purpose fire extinguisher.***

***There are 5lb or 10lb multi-purpose extinguishers in the mechanical and electrical rooms.***

***The main standpipe shutoff is located in the basement pump room.***

#### Fire Pump

***The fire pump is located in the basement pump room***

#### Siamese Connections

***Siamese connections are located at the front of the building.***

#### Fire Hydrants

***There are private fire hydrants at the front Covenant Tower, to the left of the front entrance.***

#### Emergency Power

***The building is equipped with a standby diesel generator, located in the roof top generator room. Fuel is stored in a day tank in the generator room and a storage tank in the basement mechanical room, near the receiving door. In the event of a power failure the generator will supply power to:***

- Elevators
- Designated lighting in corridors and stairwells
- Exit signs
- Fire pump
- Fire alarm system
- Diesel transfer pumps
- Elevator pressurization fan
- Stairwell pressurization fans.
- Emergency (Red) Outlets in various locations.

#### Emergency lighting

***There is an independent battery pack with lighting heads that will provide emergency illumination in the generator room and Covenant Tower Dining Room.***

#### Natural Gas Emergency Shutoff

***The main gas shutoff valve is located at the West end of Tyndall - Brampton. An emergency gas shutoff valve for the boiler room is located in the stairwell entrance to the boiler room.***

#### Fuel Burning Appliances

***Fuel burning appliances are located:***

- Roof boiler room (Gas fire water heaters)
- Roof generator room (diesel fueled generator)
- Ground floor kitchen (gas range)
- Roof top gas fire heating units

#### Roof Access (Not an exit)

***Access to the Covenant Tower roof is obtained from the center stairwell on the 13th floor, next to the laundry room.***

Access to the Tyndall-Brampton roof is obtained from the 3<sup>rd</sup> floor mechanical room which is accessible from the stairwell B.

## Instructions to Occupants of Covenant Tower

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### If You Discover Fire

1. Alert any other people in the area, and Leave the area immediately.
2. Close all doors behind you.
3. Activate the Fire Alarm by using the red pull stations.
4. Use exit stairwells to go down and out of the building.
5. Telephone the Brampton Fire Dept. from a safe place by dialing 9-1-1 (never assume this has been done.) Know the correct address of the building.
6. Do Not use elevators.
7. Do Not return until it is declared safe to do so by the Chief Fire Official.

### If You Hear the Alert Tone

1. Stay in your room and listen for announcements over the PA system.
2. Prepare to evacuate if requested

### If You Hear the Evacuation Tone

1. Unplug or shut-off appliances which are being used for cooking
2. Before opening the door to the hallway check to see if the doorknob is hot
3. If the doorknob is cool, brace yourself against the door and open it slightly, check for a hot draft or heavy smoke.
4. If you find no fire or smoke in the corridor, take your apartment key, close the door behind you and leave by the nearest exit.
5. If you encounter smoke in the corridor or stairwell, consider taking an alternative exit where it may be clear, or return to your apartment.

If you require assistance to evacuate or have returned because of fire or heavy smoke, remain in your apartment:

1. Close the door.
2. Leave the door unlocked so firefighters can enter.
3. Phone 9-1-1 and notify Emergency Services that you are unable to leave your apartment; provide your address and apartment number
4. Seal all cracks where smoke may get in by using wet towels or sheets or duct tape.
5. Listen for instructions given over the PA system.
6. Crouch low to the floor if smoke comes into the room.
7. If smoke becomes heavy in your apartment proceed to the balcony, closing the balcony door behind you.
8. Stay low and wait to be rescued. Remain calm. Do not jump.

### Instructions to Supervisory Staff

1. Use the two-way radio and use channel 1. Announce three times “Code Red” and the location displayed on the LED screen behind the nursing station.
2. Make sure that you receive a response back.
3. Make sure that TNO responding to King Tower.
4. Make sure that 9-1-1 is called.
5. Put on a fire safety vest and take the wireless phone and keys to the fire panel.
6. Proceed to Fire Panel Room in Grace Manor Entrance, the next person that arrives with communication device is the Liaison person.

### Fire Panel Instructions

1. Push the “Acknowledge Button” (this prevents the alarm from going into second stage)
2. Make sure that someone has called 911
3. Determine fire location by looking at the digital screen
4. Inform the Towers staff, Tyndall staff, Faith Manor staff, maintenance, or security of the fire location via the two-way radio on channel #1. Note: steps 2 & 3 should have been done before you have gotten to this fire panel
5. Remove the black microphone at the bottom left on the fire panel
6. Ensure that the “All Call “button to the left of the black Microphone has the green light on
7. Push and hold the button on the microphone to activate it.

8. Wait until the “Beep, beep, beep” ... sound stops and until all the green lights are on for the zone locations, located directly below the PA system (Bottom three sections)
9. Continue to hold the button down and speak slowly and clearly 6 inches from the mic and announce the location from the green digital screen.
10. Release the button
11. Inform Towers Nurses at King Tower via the two-way radio on channel #1, as to the location of the Code Red so that they can make the announcement in King Tower.
12. If at any time a Code Red is confirmed and any type of evacuation is done. Push the “General alarm Button”, located directly above the “Acknowledge button” this will activate the 2nd stage, “Code Green” NOW make the announcement “Code Green for \_\_\_zone floor, move all staff and residents to the next safe zone” repeat three times.
13. Ask if additional help is required at the code red scene then Send help if needed using the appropriate staircase(s)
14. Ensure that a staff person is outside Grace Manor to meet the fire Department and escort the firefighters to the fire location indicated. This would be your assistant with the orange vest and communication devices. Ensure that smoke control equipment has automatically activated and inform the fire department. If the LED light is not illuminated, push the switch to "on".
15. Make sure that you ask and give regular updates to everyone over the PA system and two-way radio on channel#1
16. Assist the Fire department with, information, and assistance they might require.
17. When the code red is over **and only with the fire departments permission**, begin to reset the fire panel

***WHMIS/GHS box (SDS Sheets) and fireman’s key box are all located near the Fire Panel Room. The fire key box contains all keys required for Fire Department to access all locked areas in Grace Manor and Peace Tower.***

***Note: On evening & night shift, the Charge Nurse on GM 1st Floor may delegate the responsibility to remain at the entrance if she is more urgently required in the 1st Floor Resident Home Area. However, there must always be a person at the entrance with a two-way radio to meet the Fire Department and able to operate the Fire Panel.***

## Resetting the Fire Panel

*When the all clear has been given by the Fire Department or (in the case of a drill) by the person that planned the drill,*

- announce the all clear,
- turn off the mic
- reset the fire panel
- reset the mag locks
- lock the panel
- reset the GM elevator and return key to the fire plan box along with the Fire Plan and Resident List (if they were removed) and re-lock it

### TO RESET FIRE PANEL

1. Reset Fire Panel only with the permission of the Fire department.
2. Ensure that the red Pull station has been reset or the smoke has been cleared from the detector
3. Wait 20 – 30 seconds for Tower stair exit door to FM 1 to close, if possible confirm with person who has a 2-way radio or cell phone.
4. Push grey – coloured “System reset” button on the right Fire Panel.
5. If the alarm does not reset call maintenance for assistance.
6. Turn key on top right of Mag locks to “Reset” than back to the “On” position
7. Push microphone button and say “Fire Alarm – All clear, please resume to your normal activities” pause and then repeat.
8. Hang up the black phone and press the “All Call” button to turn off the mic.
9. Announce the same message on Channel 1 of the two-way radio.

- The 2 elevators in Covenant Tower (elevators # 3 & # 4) will reset automatically when the Fire Panel is reset and so will the small Tyndall - Brampton Elevator (elevator # 1).
- The food elevator (#2) in Tyndall - Brampton will need to be reset manually.

## Instructions to Kitchen Staff

The manager or supervisor on duty is responsible for evacuating the kitchen.

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### If You Discover Fire

1. Activate the fire alarm at the nearest pull station
2. **IF the fire occurs in the commercial cooking equipment:** Activate the automatic extinguishing system over the range using the manual release (if the system has not automatically activated).
3. Ensure that the gas supply has been turned off. If necessary use the manual gas shutoff valve located next to the range.
4. Call the Fire department at 9-1-1 from a safe place
5. Leave the area immediately using the nearest exit
6. Close all doors behind you
7. After all staff and tenants have been evacuated, inform the nurse at the fire panel using the two-way radio or channel 25 on the wireless phone of the conditions and the evacuation.
8. Ensure that no-one re-enters the building until authorized to do so by the Fire Department.

### If You Hear the Alert Tone

1. Turn-off all equipment
2. If in the basement or ground level: report to the building entrance, if on the second floor: report to the nursing station
3. Listen to the instructions over the PA system.

### If You Hear the Evacuation Tone

1. Use the nearest exit to leave the affected area, closing all doors behind you

- 
2. If you encounter smoke at an exit, take an alternate exit.

## Instructions to Dining Room Staff

The manager or supervisor on duty is responsible for evacuating the dining area.

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### If You Discover Fire

1. Activate the fire alarm at the nearest pull station
2. Supervise the evacuation of residents and staff from your area, and use the nearest exit to leave the affected area.
3. Close all doors behind you
4. Call the Fire department at 9-1-1 from a safe place
5. After all staff and tenants have been evacuated, inform the nurse at the fire panel using the two-way radio on channel 1 of the conditions and the evacuation
6. Ensure that no-one re-enters the building until authorized to do so by the Fire Department.

### If You Hear the Alert Tone

1. If on the ground level: report to the building entrance, if on the second floor: report to the nursing station
2. Listen to the instructions over the PA system.

### If You Hear the Evacuation Tone

1. Supervise the evacuation of occupants from the dining room
2. Assist with the evacuation of the tower/manor where needed
3. Await the arrival of the fire department
4. Ensure that occupants do not re-enter the building until authorized by the Fire Department.

## Instructions to Cleaning Staff

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### If You Discover Fire

1. Leave the cleaning cart/vacuum cleaner against a wall or in a room where it will not impede egress
2. Activate the fire alarm at the nearest pull station, and announce the fire location on the two-way radio on channel 1.
3. Call the Fire department at 9-1-1 from a safe place
4. Assist with the evacuation of residents/tenants as needed
5. Use the nearest exit to leave the affected area, closing all doors behind you
6. After all staff and tenants have been evacuated, inform the nurse at the fire panel using the two-way radio on channel 1 of the conditions and the evacuation.
7. Ensure that no-one re-enters the building until authorized to do so by the Fire Department.

### If You Hear the Alert Tone While Working in the Manor

1. Leave the cleaning cart/vacuum cleaner against a wall or in a room where it will not impede egress
2. Respond to the floor nursing station and offer assistance.
3. Listen to the instructions over the PA system.

### If You Hear the Evacuation Tone

1. Leave the cleaning cart/vacuum cleaner against a wall or in a room where it will not impede egress
2. Proceed to the floor nursing station and offer assistance
3. Assist with the evacuation of the tower/manor where needed
4. If at any point you encounter smoke, use alternate exit or egress route.
5. Listen for instructions over the PA system.

## Instructions to Administration Staff

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### If You Discover Fire

1. Leave the fire area, assisting residents/tenants to evacuate.
2. Close all doors behind you.
3. Activate the fire alarm at the nearest pull station, and instruct Main Reception to announce the fire location on the two-way radio on channel 1.
4. Call the Fire department at 9-1-1 from a safe place
5. After all staff and tenants have been evacuated, proceed to the main entrance and inform the nurse at the fire panel of the conditions and the evacuation.
6. Ensure that no-one re-enters the building until authorized to do so by the Fire Department.

### If You Hear the Alert Tone

1. Respond to the front entrance and offer assistance
2. Listen to the instructions over the PA system.

### If You Hear the Evacuation Tone

1. Proceed to the front entrance and offer assistance, closing all doors behind you.
2. Assist with the evacuation of the tower/manor where needed
3. Listen for instructions over the PA system.
4. Ensure no one re-enters the building unless authorized by the fire department.

## Instructions to Auditorium Staff

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### If You Discover Fire

1. Leave the fire area, advising other occupants to evacuate.
2. Close all doors behind you.
3. Activate the fire alarm at the nearest pull station, and call the Fire department at 9-1-1 from a safe place
4. After all persons have been evacuated, inform the nurse at the fire panel of the conditions and the evacuation.
5. Ensure that no-one re-enters the building until authorized to do so by the Fire Department.

### If You Hear the Alert Tone

1. Use the auditorium PA system to inform all occupants to prepare to leave the building in an orderly manner, if instructed to do so.
2. Turn on the house lights
3. Listen to the instructions over the PA system.

### If You Hear the Evacuation Tone

1. Use the auditorium PA system to inform all occupants to leave the building in an orderly manner.
2. Report to the designated safe area, closing all doors behind you.
3. When evacuation is complete, proceed to the fire panel and notify the nurse of the conditions and the evacuation.
4. Ensure no one re-enters the building unless authorized by the fire department.

## Fire Extinguishment, Control or Confinement

***This is primarily the responsibility of Brampton Fire and Emergency Services. The production of toxic fumes in buildings makes firefighting potentially dangerous, particularly if a large amount of smoke is being generated.***

***Only after ensuring that the alarm has been activated and the Fire Service notified should an experienced person, familiar with extinguisher operation, attempt to extinguish a small fire. This is a voluntary act. If the fire cannot be easily extinguished with the use of a portable fire extinguisher, leave the area and confine the fire by closing the door.***

### **The P-A-S-S technique for fire extinguisher use:**

***P - Pull the pin. It is there to prevent accidental discharge.***

***A - Aim low at the base of the fire. This is where the fuel source is.***

***S - Squeeze the lever above the handle. Release to stop the flow. (Some extinguishers have a button instead of a lever)***

***S - Sweep from side to side. Move toward the fire, aiming low at its base.***

***Sweep until all flames are extinguished. Watch for re-igniting. Repeat as necessary. Have site inspected by fire department.***

***Place any fire extinguisher that has been used on its side on the floor. It will be collected and recharged after the fire scene is secure.***

## Emergency Procedures

***The actions to be taken by occupants in emergency situations are posted on each floor next to the pull stations.***

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>IN CASE OF FIRE</b></p> <p style="text-align: center;"><b>Upon discovery of fire</b></p> <p style="text-align: center;">Leave the fire area immediately and close doors Sound the<br/>Fire Alarm</p> <p style="text-align: center;">Call the Fire Department by dialing 9-1-1 Leave<br/>the building via the nearest exit.</p> <p style="text-align: center;"><u>Do not use elevators</u></p> <p style="text-align: center;"><b>Upon Hearing the Fire Alarm</b></p> <p style="text-align: center;">If intermittent signal – standby and prepare to leave the building. If<br/>continuous signal – leave the building via the nearest exit</p> <p style="text-align: center;"><b>Caution</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## A. Combustible Materials

***A high standard of housekeeping and building maintenance is the single most important factor in the prevention of fire.***

1. Combustible waste materials in buildings shall not be permitted to accumulate in quantities or locations which will constitute a fire hazard, such as elevator shafts, ventilation shafts, stairwells or any means of egress.
2. Combustible materials shall not be used to absorb flammable or combustible liquid spills within the building.
3. Greasy or oily rags or materials subject to spontaneous heating will be deposited in a proper safety container or be removed from the premises.
4. Lint traps in laundry equipment shall be cleaned to prevent accumulation of lint
5. All ashes shall be stored in proper safety containers and combustible materials shall not be stored with ashes.
6. Flammable liquids shall not be used for cleaning purposes
7. Combustible materials shall not be stored on a roof or adjacent to any building so as to create a fire hazard to the building or the occupants.

## B. Fire Hazards

***In order to prevent fire hazards in the building, occupants are advised of the following:***

1. Do not put burning material such as cigarettes and ashes into garbage chutes.
2. Do not dispose of flammable liquids or aerosol cans in garbage chutes.
3. Never force cartons, coat hangers or bundles of paper into the chute because it may become blocked.
4. Avoid unsafe cooking practices, (deep fat frying - too much heat, unattended stoves.)
5. Do not use unsafe electrical appliances, frayed extension cords, over load outlets or use lamp wire for permanent wiring.
6. Never leave shoes, mats, scooters, walkers, wheelchairs or any other obstruction outside your door.
7. Avoid careless smoking; use ash trays, and never smoke in bed.
8. Propane tanks may not be stored or used anywhere in the apartments, storage areas or underground parking garages.

**C.** In General: Additional Safety Practices

1. Know the location of pull stations and exits.
2. Call 9-1-1 immediately whenever you need assistance.
3. Know the Correct building address
4. No person shall intentionally disable a smoke alarm so as to make it inoperable [6.3.3.4 Ontario Fire Code]
5. Do not tamper, disconnect or cover the in-suite audible device or heat detector.
6. Know the audible signals and the procedures established to implement a safe evacuation
7. Report any fire hazard to staff.

## Appointment and Organization of Supervisory Staff

### A. Responsibility of the Owner

1. Establish emergency procedures to be followed at the time of an emergency
2. Appoint and organize supervisory staff to carry out fire safety duties
3. Instruct supervisory staff and occupants regarding their responsibility for fire safety.
4. Provide maintenance of building facilities for the safety of the occupants
5. Provide alternative measures for occupant safety during shut down of fire protection equipment
6. Assure that checks, tests and inspections, as required by the fire code are completed on schedule and that records are made and retained
7. Have a copy of the Fire Protection and Prevention Act on site.

### B. Responsibilities of the Director of Facilities

1. Be in charge of the approved fire safety plan and the specific responsibilities of personnel.
2. Designate and train sufficient assistants to act in this position during any absence from the building
3. Educate and train all building staff and advise occupants in the use of fire safety equipment and their duties under the Fire Safety Plan
4. Post emergency procedures and ensure that all provisions are carried out
5. Holding fire drills
6. Notify the Chief Fire Official regarding changes to the Fire Safety Plan
7. Ensure that the list of persons requiring assistance is up to date and available in a fire emergency.

**C.** Responsibilities of the Maintenance Manager

1. Keep the doorways to stairwells closed at all times
2. Keep stairways, landings, hallways and routes of egress clear of obstruction at all times
3. Do not permit combustible materials to accumulate in any means of egress, elevator or ventilation shaft, or in quantities or locations which will constitute a fire hazard
4. Promptly remove all combustible waste from all areas where it is placed for disposal
5. Have a working knowledge of the fire alarm system and the various resets.
6. Maintain the fire alarm system and other fire protection equipment in good operation at all times
7. In the event of any shutdown of the fire protection equipment notify the fire department at 905-456-5788, the fire alarm monitoring company at ***647-847-3248 and patrol the hallways once every hour, and keep a log of the fire watch.***
8. Arrange for a substitute in your absence.

**D.** Responsibilities of Supervisory Staff During an Emergency

***If the alarm is activated, one supervisory staff member must remain in the lobby at all times to assist the Fire Department.***

1. Ensure that the Fire Alarm has been activated
2. Notify Brampton Fire and Emergency Services from a safe place at 9-1-1
3. Ensure that the elevators have automatically returned to the ground floor
4. Make sure that the pre-announcement has been made over the voice communication system.
5. Ensure that smoke control equipment has automatically activated
6. Supervise the evacuation of the occupants
7. Inform the Fire Officer regarding the situation in the building, and coordinate the efforts of staff with those of the Fire Services.

8. Provide any and vital information to the firefighters, as well as the list of Non-ambulatory residents.
9. See that the fire alarm system is not silenced until the Fire Services has responded, the cause of the alarm has been investigated and the Fire Department has determined that it is safe to silence the fire alarm system.
10. Ensure that occupants do not re-enter the building until authorized by the Fire Department.

If Investigating the Activated Floor or Zone

*The utmost caution is to be used when investigating the alarm condition.*

1. You must have a two-way radio to maintain contact with the supervisory staff at the Central Alarm and Control Facility. (Primary source of communication should be Channel 1 on the two-way radio.
2. Do not use the elevator. Use the stairwells to access the activated zone
3. If you encounter heavy smoke while proceeding to the affected floor activate the evacuation alarm.
4. If you encounter Supervisory Staff who advise you of an emergency condition, activate the evacuation alarm.

If You Find a False Alarm on The Activated Zone

***The building is equipped with pull stations, smoke and heat detectors and sprinkler flow switches. Do not assume because you cannot see the cause of the alarm that it is false.***

***If you discover an obvious false alarm, such as a frozen or burst sprinkler line, radio back to the supervisory staff on the two-way radio on channel 1 that you believe the alarm is false.***

*The fire alarm system cannot be silenced until the fire department has responded and the cause of the alarm has been investigated. Only the Fire Department can give the order to silence the fire alarm system.*

## **Alternative Measures for the Shutdown of Fire Protection Equipment**

### Temporary Shutdown of Fire Protection Equipment or Systems

*Alternative measures must be included in the Fire Safety Plan. The following information outlines some examples of alternative measures for the temporary shutdown of fire protection equipment or systems. Temporary shutdown of fire protection equipment or systems shall be the shutdown of fire protection equipment or systems that extend for periods of not more than 24 hours in duration.*

*All staff shall be made aware of the temporary shutdown of fire protection equipment or systems. The*

*following practices and procedures are provided as a guide only:*

#### **Temporary Shutdown of Fire Alarm System (example only)**

- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the fire alarm system is temporarily shut down.
- A fire watch shall be appointed to conduct a sequential tour of the building in areas normally served by fire detection devices (i.e., rooms or spaces protected by sprinklers, heat detectors, smoke detectors or some other form of fire detection devices). Persons conducting the fire watch would record their patrols and be provided some means of communication to notify the fire department in the event of a fire. In the event of fire, efforts must be taken to notify persons in the building that a fire emergency exists.

#### **Temporary Shutdown of Standpipe System (example only)**

- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the standpipe system is temporarily shut down.

#### **Temporary Shutdown of Sprinkler System (example only)**

- Notify Brampton Fire and Emergency Services (phone # 905.456.5788) and all staff that the sprinkler system is temporarily shut down.
- A fire watch shall be appointed to conduct a sequential tour of the building in areas normally served by fire detection devices (i.e., rooms or spaces protected by sprinklers, heat detectors, smoke detectors or some other form of fire detection devices). Persons conducting the fire watch would record their patrols and be provided some means of communication to notify the fire department in the event of a fire. In the event of fire, efforts must be taken to notify persons in the building that a fire emergency exists.

- work conducted on the sprinkler system shall be scheduled by the contractor to enable the system to be operational as quickly as is possible in the circumstances. Full sprinkler protection shall be restored when work on the system is discontinued. Closed sprinkler valves shall be tagged or marked in an approved manner. (Refer to Ontario Fire Code Subsection 6.5.2.)
- "Hot works" such as welding or cutting should be prohibited in the area where the sprinkler protection is impaired or be limited to areas where precautions have been put into place.

#### **Temporary Shutdown of Special Extinguishing Systems (example only)**

- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that a special extinguishing system is shut down.
- The use of the equipment that is protected by Special Extinguishing Systems shall cease.

#### Firefighter Elevator Not Operational less than 24 hours in duration

- Supervision staff shall be notified.

#### **Long Term Shutdown of Fire Protection Equipment or Systems**

*Alternative measures shall be approved by the Chief Fire Officials and included in the Fire Safety Plan. Alternate measures proposals for approval by the Chief Fire Official may be emailed to; [fire.prevention@brampton.ca](mailto:fire.prevention@brampton.ca)*

*The Long-Term shutdown of fire protection equipment or systems shall be the shutdown of fire protection equipment or systems that extend for periods of more than 24 hours in duration. All staff and occupants shall be made aware of the Long-Term shutdown of fire protection equipment or systems.*

#### Long Term Shutdown of Fire Alarm System

- Alternative measures shall be **approved by the Chief Fire Officials** and included in the Fire Safety Plan. Alternate measures proposals for approval by the Chief Fire Official may be emailed to; [fire.prevention@brampton.ca](mailto:fire.prevention@brampton.ca)
- 
- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the fire alarm system is shut down for a Long Term.
- Notify all occupants that the fire alarm system is shut down for a Long Term by posting a notice on all entrances to the facility.

- Designate staff to conduct the fire watch a sequential tour of the building in areas normally served by fire detection devices (i.e., rooms or spaces protected by sprinklers, heat detectors, smoke detectors or some other form of fire detection devices). Persons conducting the fire watch must record their patrols and be provided with two-way radio to communicate with other staff and a cell phone to notify the fire department in the event of a fire. In the event of fire, efforts must be taken to notify persons in the building that a fire emergency exists.
- The use of the equipment that is protected by Special Extinguishing Systems shall cease.
- "Hot works" such as welding, cutting or soldering shall be prohibited in the building.

#### Long Term Shutdown of Standpipe System

- Alternative measures shall be **approved by the Chief Fire Officials** and included in the Fire Safety Plan. Alternate measures proposals for approval by the Chief Fire Official may be emailed to; [fire.prevention@brampton.ca](mailto:fire.prevention@brampton.ca)
- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the standpipe system is shut down for a Long Term.

#### Long Term Shutdown of Sprinkler System (example only)

- Alternative measures shall be **approved by the Chief Fire Officials** and included in the Fire Safety Plan. Alternate measures proposals for approval by the Chief Fire Official may be emailed to; [fire.prevention@brampton.ca](mailto:fire.prevention@brampton.ca)
- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the sprinkler system is shut down for a Long Term.
- Notify all occupants that the sprinkler system is shut down for a Long Term by posting a notice on all entrances to the facility.
- Designate staff to conduct the fire watch a sequential tour of the building in areas normally served by fire detection devices (i.e., rooms or spaces protected by sprinklers, heat detectors, smoke detectors or some other form of fire detection devices). Persons conducting the fire watch must record their patrols and be provided with two-way radio to communicate with other staff and a cell phone to notify the fire department in the event of a fire. In the event of fire, efforts must be taken to notify persons in the building that a fire emergency exists.
- The work conducted on the sprinkler system shall be scheduled by the contractor to enable the system to be operational as quickly as is possible in the circumstances.

- Full sprinkler protection shall be restored when work on the system is discontinued. Closed sprinkler valves shall be tagged or marked in an approved manner. (Refer to Ontario Fire Code Division B, Subsection 6.5.2.)
- The use of the equipment that is protected by Special Extinguishing Systems shall cease.
- "Hot works" such as welding, cutting or soldering must be prohibited in the building.

#### Long Term Shutdown of Special Extinguishing Systems

- Alternative measures shall be **approved by the Chief Fire Officials** and included in the Fire Safety Plan. Alternate measures proposals for approval by the Chief Fire Official may be emailed to; [fire.prevention@brampton.ca](mailto:fire.prevention@brampton.ca)
- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the fire fighter elevator is not operational.
- Notify all occupants that a Special Extinguishing System is shut down for a Long Term. This can be accomplished by posting a notice on all entrances to the facility.

#### Firefighter Elevator Not Operational more than 24 hours in Duration

- Notify all staff and Brampton Fire and Emergency Services (phone # 905.456.5788) that the fire fighter elevator is not operational.
- Notify all occupants that the elevator is not operational by posting a notice on all entrances to the facility.

## Fire Drills

*The purpose of fire drills is to ensure that the occupants and staff are familiar with the emergency evacuation procedures, and are able to execute an orderly evacuation with efficient use of the exit facilities.*

*As required, fire drills are held every 3 months for Covenant Tower and one drill monthly Tyndall - Brampton. Staff will notify the Brampton Fire Department and the fire monitoring company prior to starting the test, and when the test is completed.*

*At the advised time, the predetermined pull station will be activated.*

*After the drill has taken place and the alarm has been reset, building staff, the Executive Director and Supervisory Staff will meet to discuss any deficiencies. Tenants will be requested to advise the building staff if they experience any difficulty hearing the alarm.*

*At this time a “record of Fire Alarm Drill” will be completed which will include the following information:*

- Date of fire alarm drill
- Time of fire alarm drill
- Was the alarm activated properly?
- Reports of occupants experiencing difficulty hearing the alarm
- Names of all supervisory staff present
- Deficiencies noted
- General Comments

## Instructions to Tyndall - Brampton Facilities Staff

***This procedure has been prepared using the Ontario Fire Marshall's guideline on residential care facilities and their staffing requirements.***

***In most emergency situations a horizontal evacuation to a protected wing or section of the floor will be acceptable. In the event that the area becomes contaminated or a second stage alarm is activated further evacuation procedures must be implemented.***

***In the event of a total evacuation, the entire facility must be evacuated within 1 hour and 20 minutes. Sufficient staff must be available at all times to evacuate the facility.***

***The building is equipped with a two-stage fire alarm system, this means that there are two distinct alarm tones which you will hear through the speakers.***

***Stage One: An Alert Tone (Slow pulsing electronic tone)***

***Stage Two: An Evacuation Tone (Rapid pulsing electronic tone)***

***The following instructions will assist you in the event of an emergency. Take the time to familiarize yourself with the instructions, as well as the location of the exit stairwells and pull stations.***

### Fire Doors

***The East wing has two sets of fire doors that separate the wing into two fire compartments; they are designated green and blue.***

***The West wing has three sets of fire doors that separate the wing into three fire compartments; they are designated green, yellow and blue.***

### Evacuation Door Signs

***Each residential room is equipped with a fixed red & white plastic marker. When the room is evacuated staff will close the door leaving the white marker in the up position, covering the red portion of the marker. If the door is reopened the marker will fall back into the resting position.***

***If a resident remains in the room, the white marker should be left face down, revealing the red marker.***

***A list of the occupants in Tyndall - Brampton will be maintained according to ambulatory classification and will be kept at the Nursing Station on the Fire Clipboard, as well as in the Fire Plan Box. The list will be reviewed weekly, or more frequently if changes occur.***

## Supervisory Staff

***The head nurse, or designate on each floor will be responsible for beginning evacuation procedures upon hearing the second stage tone or if the alarm is activated on the floor. It is the responsibility of the head nurse, or designate, to communicate with the supervisory staff at the Central Alarm and Control facility, using the two-way radio on channel 1, the conditions on their floor and to request additional staff if needed to assist with the evacuation.***

If You Discover Fire (to be posted at pull stations)

- R. Remove Occupants***
- E. Enclose Area***
- A. Activate Alarm***
- C. Call 9-1-1**
  
- T. Try to fight the fire, only if safe to do so.***

In the Event of an Alert Tone

1. Ensure that fire doors have closed
2. Clear the halls of equipment
3. Prepare Team for possible evacuation
4. Gather medical records/binder in case of evacuation
5. Post staff at Stairwells
6. Listen for further instructions over the voice communication System

If you Hear the Evacuation Tone

***Depending on the nature of the emergency, ambulatory residents should evacuate the building. Occupants requiring assistance should be placed in an unaffected wing or fire containment area, so that evacuation can be staged from one area. If the area becomes contaminated, then total evacuation is required. Evacuation of the wings should be in the direction of the Nursing Station if possible.***

1. Evacuate residents to a safe zone, make sure all residents are accounted for.
2. If necessary or ordered to do so evacuate the floor. Use the two-way radio on channel 1 to provide progress reports to the Fire Panel.
3. Activate the white markers on evacuated rooms (ensure all rooms are checked)
4. Take medical binder and resident medication
5. If you encounter smoke, take an alternate exit or return to a protected zone
6. Do not use the elevators

## Fire Safety Maintenance Requirements

### Maintenance Schedule

***The following list outlines the checks and tests required by the Ontario Fire Code. The schedule is listed as per code requirement, item and responsibility.***

***A written record of the maintenance, tests and corrective measures will be kept in the building for two years and will be available on request by the chief Fire Officer.***

***For the purposes of carrying out these maintenance procedures, the following definitions will apply.***

***Check***            ***Visual observation to ensure the device or system is in place and is not obviously damaged or obstructed***

***Inspect***        ***Physical examination to determine that the device or system will apparently perform in accordance with the intended function***

***Test***             ***Operation of the device or system to ensure that it will perform in accordance with its intended function.***

***Building owners should be aware that the requirement for having the fire alarms tested and maintained in accordance with sentence 1.1.5.3 (1) of the Fire Code includes confirming that the technicians working on the fire alarm system are qualified to perform the work.***

Technicians will carry a wallet sized card that includes the name and photo of the technician, the program provider's name with an authorization signature and an expiry date. The card must also bear the phrase, "This program is deemed acceptable to the Fire Marshall and satisfies the requirements of clause 1.1.5.3. (1)(A) of the Ontario Fire Code.

All the following should be recorded into the log book.

|  | <b>Maintenance Measures</b>                                                                                                                                  | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <i>check</i> fire alarm AC power lamp and trouble light                                                                                                      | daily                       |                       |
|  | <i>check</i> trouble conditions                                                                                                                              | daily                       |                       |
|  | <i>check</i> central alarm and control facility                                                                                                              | daily                       |                       |
|  | <i>check</i> all fire alarm components including standby power batteries                                                                                     | monthly                     |                       |
|  | <i>test</i> fire alarm system                                                                                                                                | monthly                     |                       |
|  | <i>test</i> voice communication systems that are not integrated with a fire alarm system                                                                     | monthly                     |                       |
|  | <i>test</i> fire alarm system by persons acceptable to the authority having jurisdiction                                                                     | annually                    |                       |
|  | <i>test</i> voice communication to and from floor areas to the central alarm and control facility by persons acceptable to the authority having jurisdiction | annually                    |                       |

## Standpipe & Hose Systems

(in accordance with Section 6.4, if applicable)

|  | <b>Maintenance Measures</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <i>inspect</i> all hose cabinets to ensure proper hose position and that all equipment is in place and operable                                                                                                                                                                                                                                                                                 | monthly                     |                       |
|  | <i>inspect</i> hose valves to ensure tightness and no water leaks into the hose                                                                                                                                                                                                                                                                                                                 | annually                    |                       |
|  | <i>inspect</i> standpipe hose and remove and re-rack hose and replace worn gaskets                                                                                                                                                                                                                                                                                                              | annually or after use       |                       |
|  | remove plugs or caps on fire department connections and <i>inspect</i> for wear, rust or obstructions                                                                                                                                                                                                                                                                                           | annually                    |                       |
|  | hydrostatically <i>test</i> standpipe systems that have been modified, extended or are being restored to use after a period of disuse exceeding one year                                                                                                                                                                                                                                        | as required                 |                       |
|  | The dry portion of the fire department connection piping of a standpipe system shall be hydrostatically tested at a pressure of not less than 1050kPa(gauge) for 2 hours at intervals of not more than five years where (a) the fire department connection piping has been in service for more than thirty years, or (b) the age of the fire department connection piping cannot be determined. | Every 5 years               |                       |

|  |                                                                                                         |               |  |
|--|---------------------------------------------------------------------------------------------------------|---------------|--|
|  | hydrostatically <b>test</b> standpipe system piping which normally remains dry, as per Article 6.4.3.2. | every 5 years |  |
|--|---------------------------------------------------------------------------------------------------------|---------------|--|

## Portable Fire Extinguishers

Reference should be made to NFPA 10-2010 for exact details.

**(in accordance with Subsection 6.2.7. – Inspection, Testing and Maintenance)**

|  | <b>Maintenance Measures</b>                                                                                                                                                                               | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <b>inspect</b> all portable extinguishers                                                                                                                                                                 | monthly                     |                       |
|  | maintain and <b>test</b> all portable extinguishers in conformance with NFPA 10                                                                                                                           | annually                    |                       |
|  | hydrostatically <b>test</b> carbon dioxide and water type extinguishers                                                                                                                                   | every 5 years               |                       |
|  | empty stored pressure type extinguishers and subject to maintenance                                                                                                                                       | every 6 years               |                       |
|  | hydrostatically <b>test</b> dry chemical and vaporizing liquid type extinguishers                                                                                                                         | every 12 years              |                       |
|  | portable fire extinguishers shall be replaced or recharged after use in conformance with instructions given on the extinguisher nameplate or as indicated by an inspection or when performing maintenance | as required                 |                       |

## Means of Egress and Exit Signs

|  | <b>Maintenance Measures</b>                                                                   | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|-----------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <b>inspect</b> all doors in fire separations                                                  | monthly                     |                       |
|  | <b>check</b> doors in fire separations to ensure that they are closed                         | as required                 |                       |
|  | required exit signs shall be maintained to ensure they are clearly visible, clean and legible | as required                 |                       |
|  | maintain exit lights to ensure they are illuminated and in good repair                        | as required                 |                       |
|  | maintain access to exits, including corridors free from obstruction                           | as required                 |                       |

## Fire Protection System for Commercial Cooking Equipment

Reference should be made to NFPA 96 for exact details.

|  | <b>Maintenance Measures</b>                                                                                               | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <b>check</b> hoods, filters and ducts in ventilation systems subject to the accumulation of combustible deposits          | weekly                      |                       |
|  | <b>inspect</b> system for obvious or mechanical damage                                                                    | monthly                     |                       |
|  | visually <b>check</b> to ensure seals and lock pins are in place and the system is ready to operate                       | monthly                     |                       |
|  | visually <b>check</b> all pressure gauges to ensure system is properly charged                                            | monthly                     |                       |
|  | visually check fusible links and detector assembly for any accumulation of grease or deposits                             | monthly                     |                       |
|  | <b>inspect</b> and maintain exhaust and fire protection systems for commercial cooking equipment                          | every 6 months              |                       |
|  | hoods, filters, ducts subject to accumulation of combustible deposits shall be cleaned when deposits create a fire hazard | as required                 |                       |

## Emergency Lighting Systems

|  | <b>Maintenance Measures</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | Check all components of system                                                                                                                                                                                                                                                                                                                                                                  | monthly                     |                       |
|  | pilot lights <b>checked</b> for operation                                                                                                                                                                                                                                                                                                                                                       | monthly                     |                       |
|  | <b>test</b> emergency lighting units to ensure emergency lights will function upon failure of the primary power supply                                                                                                                                                                                                                                                                          | monthly                     |                       |
|  | <b>test</b> system                                                                                                                                                                                                                                                                                                                                                                              | annually                    |                       |
|  | <b>test</b> emergency lighting units to ensure unit will provide emergency lighting for a duration equal to the design criteria under simulated power failure conditions<br>(After completion of the test, the charging conditions for voltage and current and the recovery period shall be tested to ensure that the charging system is in accordance with the manufacturer's specifications.) | annually                    |                       |

## Emergency Power Systems

|  | <b>Maintenance Measures</b>                                                                                          | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|----------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <b>check</b> all components of the system, operate the generator set under at least 50% of rated load for 30 minutes | weekly                      |                       |
|  | <b>check</b> and clean crankcase breathers, governors and linkages on emergency generators                           | every 6 months              |                       |
|  | <b>inspect</b> and service generator and generator set                                                               | annually                    |                       |
|  | <b>check</b> torque and valve adjustments for engines                                                                | every 2 years               |                       |
|  | <b>inspect</b> and service injector nozzles and valve adjustments on diesel engines                                  | every 3 years               |                       |
|  | <b>check</b> insulation of generator windings                                                                        | every 5 years               |                       |

## Service Equipment, Ducts & Chimneys

|  | <b>Maintenance Measures</b>                                                                                              | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|--------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | <b>check</b> hoods, filters and ducts subject to accumulation of combustible deposits and clean                          | weekly                      |                       |
|  | chimneys, flues and flue pipes shall be inspected (or when any appliance is added)                                       | annually                    |                       |
|  | <b>inspect</b> all fire dampers and fire stop flaps                                                                      | annually                    |                       |
|  | disconnect switches for mechanical air conditioning and ventilation systems shall be operated to ensure proper shut-down | annually                    |                       |
|  | <b>inspect</b> controls in air-handling systems used for venting in a fire to ensure operation                           | annually                    |                       |
|  | spark arresters shall be cleaned<br>(or more frequently if debris adversely affect operation)                            | annually                    |                       |
|  | lint traps in laundry equipment shall be cleaned to prevent accumulation of lint                                         | as required                 |                       |
|  | chimneys, flues and flue pipes to be clean to prevent accumulation of deposits                                           | as required                 |                       |

## Sprinkler Systems

|  | <b>Maintenance Measures</b>                                                                                                                                                                       | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | valves that are not electrically supervised and control water supplies to sprinklers and alarm connections (e.g. control valves), shall be <b>checked</b> to ensure they are in the open position | weekly                      |                       |
|  | water supply pressure and system air or water pressure shall be <b>checked</b> (by using gauges) to ensure the system is maintained at the required operating pressure                            | weekly                      |                       |
|  | <b>test</b> the sprinkler system alarm using alarm test connection located at the sprinkler valve                                                                                                 | monthly                     |                       |
|  | <b>test</b> the sprinkler supervisory transmitters and water flow devices                                                                                                                         | every 2 months              |                       |
|  | <b>inspect</b> the priming water level for dry-pipe systems to ensure proper levels are maintained                                                                                                | every 3 months              |                       |
|  | <b>test</b> gate valve supervisory switches and other sprinkler and fire protection system supervisory devices                                                                                    | every 6 months              |                       |
|  | <b>check</b> exposed sprinkler system pipe hangers to ensure they are in good repair                                                                                                              | annually                    |                       |
|  | <b>check</b> all sprinkler heads to ensure they are free from damage, grease, dust, paint or corrosion                                                                                            | annually                    |                       |
|  | remove plugs or caps on fire department connections and <b>inspect</b> for wear, rust or obstructions - necessary corrective actions shall be taken as needed                                     | annually                    |                       |
|  | <b>test</b> waterflow on wet sprinkler systems using the most hydraulically remote test connection                                                                                                | annually                    |                       |
|  | trip <b>test</b> of dry pipe valves to ensure proper operation of system                                                                                                                          | annually                    |                       |
|  | sprinkler system water supply pressure shall be <b>tested</b> with the main drain valve fully opened to ensure there are no obstructions or deterioration of the main water supply                | annually                    |                       |
|  | dry pipe systems shall be <b>inspected</b> for obstructions and the entire system flushed where necessary                                                                                         | every 15 years              |                       |
|  | <b>check</b> dry pipe valve rooms or enclosures during freezing weather to ensure the system does not freeze                                                                                      | as required                 |                       |
|  | <b>inspect</b> auxiliary drains to prevent freezing                                                                                                                                               | as required                 |                       |

## Fire Department Access

|  | <b>Maintenance Measures</b>                                                                                                                               | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | Fire access routes – streets, yards, private roadways, shall be maintained so as to be immediately ready for use at all times by fire department vehicles | as required                 |                       |

## Water Supply for Fire Fighting

|  | <b>Maintenance Measures</b>                                                                                                                                                 | <b>Inspection Frequency</b>      | <b>Responsibility</b> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
|  | <i>check</i> the temperature of pump room during freezing weather                                                                                                           | daily                            |                       |
|  | tank heating equipment and accessories shall be <i>checked</i> daily during freezing weather to ensure that they are in operating condition and that heater valves are open | daily                            |                       |
|  | <i>inspect</i> valves controlling fire protection water supply to ensure they are wide open and sealed or locked in that position                                           | weekly                           |                       |
|  | <i>check</i> water level and air pressure for pressure water tanks                                                                                                          | weekly                           |                       |
|  | <i>inspect</i> relief valves on air and water supply lines of pressure tanks                                                                                                | weekly                           |                       |
|  | <i>check</i> water level in fire pump reservoirs                                                                                                                            | weekly                           |                       |
|  | operate fire pump at rated speed and <i>inspect</i> component parts, as required                                                                                            | weekly                           |                       |
|  | <i>inspect</i> water level in gravity tanks                                                                                                                                 | monthly                          |                       |
|  | <i>inspect</i> fire protection water supply tanks, supporting structures and supply systems                                                                                 | annually                         |                       |
|  | <i>inspect</i> the cathodic protection of steel fire protection water supply tanks                                                                                          | annually                         |                       |
|  | <i>inspect</i> all parts of gravity tanks to ensure good repair                                                                                                             | annually                         |                       |
|  | <i>test</i> fire pump at full rated capacity                                                                                                                                | annually                         |                       |
|  | <i>inspect</i> all fire hydrants                                                                                                                                            | annually<br>(and after each use) |                       |
|  | Fire hydrants water flow <i>tested</i> – main valve opened and water flow <i>checked</i>                                                                                    | annually                         |                       |
|  | <i>check</i> steel on inside and outside of fire protection water supply tanks for corrosion                                                                                | every 2 years                    |                       |
|  | <i>inspect</i> fire protection water tanks connected to non-potable water supply for sediment                                                                               | every 2 years                    |                       |
|  | <i>inspect</i> fire protection water tanks connected to potable water, scrape and repaint as required                                                                       | every 5 years                    |                       |

## Carbon Monoxide Alarms

|  | <b>Maintenance Measures</b>                                                                                                            | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | Carbon monoxide alarms shall be tested annually and after every change in tenancy.                                                     | Annually/as required        |                       |
|  | Battery operated carbon monoxide alarms shall be tested after the battery is replaced.                                                 | As required                 |                       |
|  | Carbon monoxide alarms that are connected to an electrical circuit shall be tested after any change is made to the electrical circuit. | As required                 |                       |

## Smoke Alarms

|  | <b>Maintenance Measures</b>                                                                                                  | <b>Inspection Frequency</b> | <b>Responsibility</b> |
|--|------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|
|  | Smoke alarms shall be tested annually and after every change in tenancy.                                                     | Annually/as required        |                       |
|  | Battery operated smoke alarms shall be tested after the battery is replaced.                                                 | As required                 |                       |
|  | Smoke alarms that are connected to an electrical circuit shall be tested after any change is made to the electrical circuit. | As required                 |                       |

# **Electromagnetic Locking System Tests, Inspections, and Maintenance**

## **Maintenance**

Any component of the electromagnetic locking system or fire alarm system which does not operate or conform to the Ontario Building and Fire Codes will be repaired immediately; and until the repairs are completed, the system will be maintained in a released condition.

## **Records**

All tests and inspections will be recorded on the forms provided in the Appendix. All repairs will be documented by the person performing the repairs.

Test, inspection and repair records will be kept for a minimum of two years.

## **Monthly Tests and Checks**

Each month the electromagnetic locking system will be tested and inspected for the following:

1. The fire alarm system will be activated and each door with an electromagnetic lock will be checked to ensure that the door lock has released,
2. The electromagnetic locking system release switch will be activated and each door with an electromagnetic lock will be checked to ensure that the door lock has released,
3. The electromagnetic locking system release switch will be checked to ensure that the switch is identified and labelled correctly; and,
4. Each door with an electromagnetic lock will be checked to ensure that the door is identified with a sign having the words "Emergency Exit Unlocked by Fire Alarm" or other approved wording.

## **Annual Tests and Inspections**

Within each calendar year the electromagnetic locking system will be tested and inspected for the following:

1. Each fire alarm pull station; located at a door with an electromagnetic lock installed will be activated and the adjacent door checked to ensure that the door lock has released,
2. Each door with an electromagnetic lock installed will be checked for panic door hardware; if the panic hardware is required to be installed in accordance with the Building Code the electromagnetic locking system will be released immediately,
3. The electromagnetic locking system release switch will be activated and each door with an electromagnetic lock will be checked to ensure that the door lock has released,
4. The electromagnetic locking system release switch will be checked to ensure that the switch is identified and labelled correctly,
5. Each door with an electromagnetic lock will be checked to ensure that the door is identified with a sign having the words "Emergency Exit Unlocked by Fire Alarm" or other approved wording,

6. The power to the fire alarm will be removed and the electromagnetic locking system will be checked to confirm that a release has occurred,
7. The power to the electromagnetic locking system will be removed and the system will be checked to confirm that a release has occurred,
8. A fault will be placed on the wiring between the fire alarm and electromagnetic locking system and the system will be checked to confirm that a release has occurred; and,
9. If provided; the electromagnetic locking system bypass will be activated and the fire alarm system will be checked to confirm that visual and audible signals are indicated along with the receipt of a trouble condition at the central monitoring station.

## PERSONS REQUIRING ASSISTANCE

***In the event that a person with a mobility impairment or injury needs assistance, staff will be responsible to ensure that assistance is provided by assigning able-bodied persons to help.***

***Individuals who require assistance to evacuate do not just include those with obvious disabilities or impairments, such as those using wheelchairs, walkers, crutches and canes. It can also include:***

- Those who are blind, have impaired vision, are deaf or have hearing impairments,
- Women that are pregnant,
- Persons with temporary conditions such as a broken leg or sprained ankle,
- Individuals with arthritis,
- Persons with hidden disabilities, such as heart problems or epilepsy,
- Individuals who have breathing difficulties such as asthma.

***It is important that these people are recognized in order to ensure they receive the assistance necessary to enable them to exit the building in a safe and timely manner. Each individual should be paired with a non-disabled volunteer (“buddy”) who works in his or her area. The “buddy” will assist the individual to evacuate the building and reach the designated assembly area. It is important to note that persons helping to evacuate anyone requiring physical assistance, should only do so if it is safe, and with all due regard for their own personal safety.***

## EVACUATION TECHNIQUES

The following are examples of some techniques that may be used to transport a person via stairwells

If possible, and the individual requiring assistance to evacuate is capable of making a decision, obtain their consent before attempting to move or administer first aid to them.

### THE BACK LIFT

The rescuer will kneel in front of the person and place the person's arm up and over the rescuer's shoulder and across his/her chest. The rescuer will then lean forward, before rising slowly to a full standing position.



ILLUSTRATION #1

### TWO RESCUER SEAT CARRY

The rescuers position themselves next to the wheelchair (or beside the person) in order to grasp each other's upper arm or shoulder as per illustration #2. The person being assisted will place his/her arms firmly around both rescuers necks as per illustration #3. The two rescuers will then lean forward placing the free arm under the individual's legs, firmly grasping each other's wrists as per illustrations #4 and #5. Working together, both rescuers lift, using legs, carefully step forward.



ILLUSTRATION #2

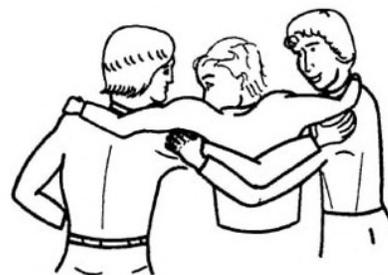


ILLUSTRATION #3



ILLUSTRATION #4



ILLUSTRATION #5

### **TWO RESCUER EXTREMITIES CARRY**

The person being assisted will be placed on the stairwell landing. One rescuer will lift at the legs, under the knees, while the other will lift under the shoulders with fingers locked across the individual's chest. Rescuers with backs erect will lift together, rising slowly to a standing position.



ILLUSTRATION #6

### **NOTE:**

**Where it is known that, for whatever reason, an impaired person has not evacuated the building, this information must be passed to the fire service on their arrival.**

## Spill Control Procedures

### **Emergency Spill Procedures**

Upon discovery of a spill of flammable/combustible Liquids

1. Evacuate the area to a safe distance upwind and updrift from the spill
2. Warn people in adjacent areas and inform your supervisor
3. Follow the prescribed spill procedure as per the MSDS or manufacturer directions
4. Report the spill immediately to the Fire Department, including the address of the spill, the identity and volume of spilled liquid, potential hazards and actions being taken.
5. Eliminate sources of ignition
6. Restrict entry to spill area
7. Provide information and assistance to the Fire Department
8. Follow instructions given by the Fire Department.

***Minor Spill – a spill of less than 4 litres which can be safely cleaned up using the emergency kits provided***

***Major Spill – A spill of more than 4 litres which cannot be contained safely with materials on hand, or threatens to enter the sewer system or endanger the environment.***

## Shutdown of Fire System

***In the event of a shutdown in the fire alarm system, emergency generator, sprinkler or standpipe systems, the Brampton Emergency Services must be notified by calling 905-456-5788.***

***All occupants will be notified of the expected duration of the shutdown. During such shutdowns building personnel will patrol all unprotected areas every hour until such time as the system is operational again. All affected areas will be put on fire watch. A log will be kept of all fire rounds performed.***

***All occupants and the Brampton Emergency Services will be notified when the system is reactivated.***

## Fire Watch Log

|                                                                              |                                                                                 |                                                                                                                                                                                                                                  |                                                                                     |                                                                             |                                                                                               |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Location of Fire Watch</b>                                                |                                                                                 |                                                                                                                                                                                                                                  |                                                                                     |                                                                             |                                                                                               |
| <input type="checkbox"/> <b>Hope Tower</b><br>7910 McLaughlin Road<br>L6YSVS | <input type="checkbox"/> <b>Trinity Tower</b><br>7920 McLaughlin Road<br>L6YSV6 | <input type="checkbox"/> <b>Covenant Tower</b><br>7930 McLaughlin Road<br>I6Y SV7<br><br><input type="checkbox"/> <b>Faith Manor</b><br>7940 McLaughlin Road<br>I6Y SV8<br><br><input type="checkbox"/> New Faith Manor Building | <input type="checkbox"/> <b>Providence Tower</b><br>7950 McLaughlin Road<br>L6Y SV9 | <input type="checkbox"/> <b>King Tower</b><br>35 Kingknoll Drive<br>L6Y SGS | <input type="checkbox"/> <b>Peace Tower &amp; Grace Manor</b><br>45 Kingknoll Drive<br>L6YSPS |

|                                                                                                                                                                          |                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Reason(s) for the Fire Watch</b>                                                                                                                                      |                                                                                                                                                                     |
| <input type="checkbox"/> Fire Alarm System Inoperative<br><input type="checkbox"/> Sprinkler System Inoperative<br><input type="checkbox"/> Standpipe System Inoperative | <input type="checkbox"/> Fire Pump Inoperative<br><input type="checkbox"/> Emergency Power System Inoperative<br><input type="checkbox"/> Describe Other Reason(s): |

|                                                   |                                                              |                                           |                                 |
|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|---------------------------------|
| <b>Degree of Fire Watch</b>                       | <b>Frequency</b>                                             | <input type="checkbox"/> Every 30 minutes | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> <b>Complete Building</b> | <input type="checkbox"/> <b>Partial</b><br>Specify Location: |                                           |                                 |

| Name of Fire Watch Personnel | Date | Time     | Initials | Specific Areas Patrolled | Date | Time     | Initials |
|------------------------------|------|----------|----------|--------------------------|------|----------|----------|
|                              |      | 7:00am   |          |                          |      | 7:00 pm  |          |
|                              |      | 7:30am   |          |                          |      | 7:30pm   |          |
|                              |      | 8:00am   |          |                          |      | 8:00 pm  |          |
|                              |      | 8:30am   |          |                          |      | 8:30pm   |          |
|                              |      | 9:00am   |          |                          |      | 9:00 pm  |          |
|                              |      | 9:30am   |          |                          |      | 9:30pm   |          |
|                              |      | 10:00am  |          |                          |      | 10:00pm  |          |
|                              |      | 10:30am  |          |                          |      | 10:30 pm |          |
|                              |      | 11:00am  |          |                          |      | 11:30 pm |          |
|                              |      | 11:30pm  |          |                          |      | 12:00 pm |          |
|                              |      | 12:00 pm |          |                          |      | 12:30 am |          |
|                              |      | 12:30 pm |          |                          |      | 1:00am   |          |
|                              |      | 1:00 pm  |          |                          |      | 1:30 am  |          |
|                              |      | 1:30 pm  |          |                          |      | 2:00am   |          |
|                              |      | 2:00pm   |          |                          |      | 2:30 am  |          |
|                              |      | 2:30 pm  |          |                          |      | 3:00am   |          |
|                              |      | 3:00 pm  |          |                          |      | 3:30am   |          |
|                              |      | 3:30 pm  |          |                          |      | 4:00am   |          |
|                              |      | 4:00pm   |          |                          |      | 4:30 am  |          |
|                              |      | 4:30 pm  |          |                          |      | 5:00am   |          |
|                              |      | 5:00 pm  |          |                          |      | 5:30 am  |          |
|                              |      | 5:30 pm  |          |                          |      | 6:00am   |          |
|                              |      | 6:00pm   |          |                          |      | 6:00 am  |          |
|                              |      | 6:30pm   |          |                          |      | 6:30am   |          |

### Important Numbers

Emergency Number 9-1-1    Fire Department Telephone Number: (905) 456-5788    Maintenance Emergency On-Call Pers

## Diagrams and Records

### Schematic Diagrams

***Schematic diagrams of the site plan, ground floor plan, typical floor plan, basement floor plan and roof plan have been prepared and attached at appendix A***

### Records

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

***A permanent record containing the maintenance date, the examiner's name and a description of any maintenance work or hydrostatic testing carried out for each portable extinguisher. All other required maintenance as listed in the "Maintenance Procedures" section will also have written records kept.***



**Tracy Kamino**

*has successfully completed the course entitled*

**Improving Fire Safety for Vulnerable Ontarians: Training for  
Owners/Operators of Care Occupancies, Care and Treatment Occupancies  
and Retirement Homes**

*on*

**June 11, 2015**

*Delivered by:*



**Tadeusz (Ted) Wieclawek**  
*Fire Marshal and Chief of  
Emergency Management*

**The Office of the  
Fire Marshal and  
Emergency Management**



**CERTIFICATE OF COMPLETION**

*This is to certify that*

**Robert Marcinkiewicz**

*has successfully completed the course entitled*

**Improving Fire Safety for Vulnerable Ontarians: Training for  
Owners/Operators of Care Occupancies, Care and Treatment Occupancies  
and Retirement Homes**

*on*

**07/24/2020**

*Delivered by:*



**Ross Nichols**  
*Fire Marshal and Chief,  
Emergency Management*

# SMOKE CONTROL SYSTEMS MAINTENANCE & TESTING PROCEDURES

HOLLAND CHRISTIAN HOMES 7930  
& 7940 MCLAUGHLIN RD. S.  
BRAMPTON, ONTARIO

**AUGUST 13, 2023**

---

*Prepared by:*  
*Mahmood Hussain, P.Eng.*





## Table of Contents

|    |                                                     |   |
|----|-----------------------------------------------------|---|
| 1. | Introduction.....                                   | 2 |
| 2. | Observations .....                                  | 3 |
| 3. | Analysis.....                                       | 4 |
| 4. | Maintenance, Inspection and Testing Procedures..... | 6 |
| 5. | Recommendations.....                                | 7 |
| 6. | Limitations.....                                    | 8 |

## Appendices

***Appendix 1: Smoke Control Equipment List***

***Appendix 2: Quarterly Maintenance Procedures and Checklist – Smoke Control Equipment***

***Appendix 3: Quarterly Test Procedures and Checklist – HVAC / Section 7.3 Equipment***

***Appendix 4: Biennial Test Procedures and Checklist – Smoke Control Equipment***



## 1. Introduction

*ILM Engineering Inc, was retained by Custom Fire & Sprinkler Services, acting on behalf of Holland Christian Homes to evaluate the mechanical and electrical systems at 7930 & 7940 McLaughlin Rd. S, Brampton, Ontario. The goal of this assessment was to establish a set of procedures for inspecting, testing, and maintaining of certain fire emergency systems and smoke control equipment.*

*The buildings located at 7930 & 7940 McLaughlin Rd S., commonly referred to as "Faith Manor" and "Covenant Tower" consists of a two-story building, and a thirteen-story high-rise building respectfully. Faith Manor operates as a long-term care facility, featuring a total of 82 resident rooms, while Covenant House serves as a residential complex, encompassing a total of 116 residential suites. The buildings are approximately thirty-eight (38) years and are a part of a larger complex comprising of six other buildings, namely 7910, 7920, 7934, 7950 McLaughlin Rd. S, 35 & 45 Kingknoll Drive. The entire complex is collectively referred to as "Holland Christian Homes."*

*The purpose of this assessment was to provide the buildings with procedures for testing and maintaining their smoke control equipment to ensure compliance with the Ontario Fire Code. Currently, there are no procedures in place for inspecting and testing the smoke control systems and equipment to verify their full functionality.*

*On June 26<sup>th</sup>, 2023, Mahmood Hussain from ILM Engineering visited the site to assess the existing smoke control systems and equipment serving the buildings. ILM Engineering was provided with base building mechanical drawings and a copy of the building's most recent annual fire alarm test report.*

*All observations in this report were made through a visual inspection of the accessible portions of the mechanical and electrical systems, as well as the examination of drawings and other information provided by building management. The recommendations in this report are based on the opinion of ILM Engineering.*



## 2. Observations

*The buildings are fully sprinklered below grade, encompassing the basement level and underground parking garage area, and are partially equipped with sprinklers above grade. This coverage applies to the ground floor to the 2nd floor and certain common element spaces.*

*The two buildings are equipped with a two stage fire alarm system. The main fire panel is a Mircom Model #FX2000 and is located within the CACF Room of the lobby vestibule in 7934 McLaughlin Road.*

*7930 McLaughlin Road South has one (1) HVAC fan which pressurizes the elevator shaft, two (2) HVAC fans which pressurize the below grade stair shafts (Stair 3 & Stair 4), and two (2) HVAC fans which pressurize the above grade stair shafts (Stair 3 & Stair 4), and one HVAC fan which pressurizes the below grade stair shaft (Stair 5). The above and below portions of Stairs 3 & 4 exit the building via a common exit corridor at grade equipped with an automatic door opener. The below grade stair shafts are separated from their common exit corridor by a door. The fire panel is not equipped with a switch for the manual control of the Stair 3 below grade fan.*

*The base building drawings indicate two (2) vestibule pressurization fans within the building, on the 2<sup>nd</sup> floor and an additional smoke exhaust fan in the 2<sup>nd</sup> floor seating area however these fans could not be located during the course of the visit, it appears they do have connections on the fire alarm panel.*

*The building has one (1) kitchen exhaust fan and one (1) laundry exhaust fan on the roof. This building has one (1) make-up air unit (MUA) located on the roof which supply conditioned outdoor air to the residential corridors.*

*7940 McLaughlin Road South has one (1) fan which pressurizes the corridor on the 2<sup>nd</sup> floor. The building has three (3) HVAC fans located in the mechanical room which provides conditioned outdoor air to the building. The base building drawings indicate additional stair and vestibule fans within the buildings, including within stairwells 1 & 2, however these fans could not be located during the course of the visit and they did not have connections on the fire alarm panel.*



*The annual fire alarm inspection report encompasses testing of ancillary devices, such as the heating, ventilation, and air conditioning (HVAC) equipment used for smoke control, as listed in the Smoke Control Equipment List (Appendix 1). The fire alarm panel make provision for automatic and manual operation of HVAC equipment which have a switch on the panel.*

### **3. Analysis**

*Section 7.3 of the Ontario Fire Code (OFC) mandates that smoke control equipment in high buildings undergo periodic inspection, testing, and maintenance to ensure its full operational capability. This requirement is intended to ensure the safety of building occupants and first responders in the event of a fire emergency. When a smoke control system is designed to meet the requirements of the Building Code, the procedures established by the designer, or a Professional Engineer must be followed to ensure compliance with the OFC.*

*The building's smoke control system appears to be designed in accordance with Measure "G", "Pressurized Stair Shafts and Elevator Shafts" and Measure "N", Connected Buildings, of Ontario Building Code Supplementary Standard SB-4 "Measures for Fire Safety in High Buildings".*

*The general intent of Measure "G" is to inject sufficient outdoor air to pressurize the stair shafts and elevator shaft during a fire event, and to stop air moving fans. Measure "G" does not restrict smoke movement from floor to floor in that it does not pressurize vertical shafts except the stair and elevator shafts. All stair shafts leading into the building and the firefighters' elevator shaft need to be equipped with fans to pressurize the shafts. All above grade stair shafts require an opening to the outdoors too the bottom of the stair shaft*

*The building has fans which pressurize the below grade stair shafts, fans which pressurize the above grade stair shafts and a fan which pressurizes the elevator shaft when the fire alarm system is activated. The building is equipped with automatic openers serving the exit doors from the above and below grade stair shafts.*

*The fire alarm panel has relays intended to disable operation of the make-up air units, which supply conditioned outdoor air to the building's common corridors during normal operation, during a fire event.*



*The general intent of Measure “N” is to prevent movement of smoke from one building to another via the vestibules where they are connected together. The building has “Measure N” pressurization fans, which pressurizes vestibules on the 2<sup>nd</sup> level to prevent smoke movement between buildings.*

*However, it is essential to understand that the circuits for the above-noted equipment may be verified using the test function on the fire alarm panel. However, this test does not confirm the proper operation of the above-noted smoke control equipment. Periodic functional testing and maintenance of the smoke control and HVAC equipment are necessary to ensure their proper operation.*



## 4. Maintenance, Inspection and Testing Procedures

*The following maintenance inspection and testing procedures shall be adopted, records maintained as per the procedures and checklists attached and the listed items below completed:*

- The fire alarm contractor must ensure that smoke control equipment listed in Appendix 1 and connected to the panel switch can be controlled through the panel.
- Maintenance procedures provided in Appendix 2 shall be completed on a quarterly basis by the building's HVAC service contractor. Checklist provided shall be completed by contractor and records shall be maintained and stored within an easily accessible central location. Maintenance shall be performed before smoke control equipment testing takes place.
- Quarterly testing of smoke control equipment, shall be completed by the HVAC contractor and fire alarm contractor, working together as per the procedures listed in Appendix 3.
- In addition to the quarterly tests, there are biennial testing requirements which are listed in Appendix 4.
- The checklists provided in the Appendices must be completed by the contractors and copies retained by property management as a record of the testing. All deficiencies noted during the testing shall be corrected, and records of the corrective measures kept.
- All testing and maintenance must conform to the requirements set out in the Ontario Fire Code Section 7 and OBC/MAH Supplementary Standard SB-4.



## 5. Recommendations

*We recommend completing the listed items below.*

- The building HVAC contractor should confirm whether there are currently any additional vestibule pressurization fans installed in 7930 McLaughlin Road South located on the 2nd floor, and if not, determine whether these fans were removed or never installed, and report the findings of their investigation.
- The buildings fire alarm contractor should verify that the below grade Stair 3 pressurization fan operates when the fire alarm system activates.
- The building HVAC contractor should confirm whether there are currently any additional stairwell fans installed in 7940 McLaughlin Road South within stairwells 1 & 2 and if not, determine whether these fans were removed or never installed, and report the findings of their investigation.



## 6. Limitations

*This report is meant to be used in its entirety. Any use by a third party, or any reliance on or decisions to be made based on this letter, is the responsibility of said third party. ILM Engineering Incorporated does not accept any responsibility for any decisions made or actions taken as a result of this report unless we are specifically advised of and participate in such action, in which case our responsibility will not exceed our fees paid for professional services.*

*This report reflects our best professional assessment and opinion based on our visual inspection of the above property only. No destructive examination or physical testing has been performed. No design calculations have been performed. This report does not eliminate uncertainties regarding the potential costs for the present and in the future.*

*This report is only for the Mechanical systems and does not reflect on any other systems, structures or items other than those described in the report.*

*ILM Engineering is not responsible for any views or opinions expressed by employees performing the site review. ILM Engineering will not be responsible for deviation within the normal limits of accuracy in accordance with standard practices.*

*This site report is valid only for that work which was specifically requested and is subject to review should additional information become available. There is no expressed or implied warranty or a compliance with past or present regulations.*

APPENDIX 1  
SMOKE CONTROL EQUIPMENT LIST

**SMOKE CONTROL EQUIPMENT LIST**

| <b>Building:</b>                               | Covenant Tower - 7930 McLaughlin Rd S, Brampton, Ontario |                                       |                      |                    |                              |                      |
|------------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------|--------------------|------------------------------|----------------------|
| <b>Device Name</b>                             | <b>Tag</b>                                               | <b>Location</b>                       | <b>Panel Switch?</b> | <b>Device Type</b> | <b>Maintenance Frequency</b> | <b>Testing Freq.</b> |
| <b>Elevator Shaft Press Fan (EPF)</b>          | N/A                                                      | Roof                                  | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>STH TWR STAIRS PRESS FAN (BGSPF-5)</b>      | N/A                                                      | Basement                              | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>BSMT STH PRESS FAN3 (BGSPF-3)</b>           | N/A                                                      | Basement                              | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>SP-4 BSMT NORTH PRES FAN (BGSPF-4)</b>      | N/A                                                      | Basement                              | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>N TWR STAIR PRESS FAN (AGSPF-4)</b>         | N/A                                                      | Roof                                  | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>ABOVE GRADE STAIR 3 PRESS FAN (AGSPF-3)</b> | N/A                                                      | Roof                                  | No                   | Fan                | Quarterly                    | Quarterly            |
| <b>AUDITORIUM PRESS FAN (VPF-3)</b>            | N/A                                                      | 2 <sup>ND</sup> Floor Vestibule 2C-16 | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>SP-4 VP#1 PRESS FAN (VPF-1)</b>             | N/A                                                      | 2 <sup>ND</sup> Floor Vestibule 2C-07 | Yes                  | Relay              | Quarterly                    | Quarterly            |
| <b>HV-4</b>                                    | N/A                                                      | Mechanical Room                       | Yes                  | Relay              | N/A                          | Quarterly            |
| <b>KE</b>                                      | N/A                                                      | Roof                                  | Yes                  | Relay              | N/A                          | Quarterly            |
| <b>KITCHEN / DISH LAUNDRY EXHAUST</b>          | N/A                                                      | Roof                                  | Yes                  | Relay              | N/A                          | Quarterly            |
| <b>VPF-3 Inlet Damper</b>                      | N/A                                                      | 2 <sup>ND</sup> Floor Vestibule 2C-07 | No                   | Damper             | Quarterly                    | Quarterly            |
| <b>VPF-1 Inlet Damper</b>                      | N/A                                                      | 2 <sup>ND</sup> Floor Upper Kitchen   | No                   | Damper             | Quarterly                    | Quarterly            |
| <b>Stairwell 3 Exit Corridor Door Opener</b>   | N/A                                                      | Ground Stairwell                      | No                   | Door Opener        | Quarterly                    | Quarterly            |
| <b>Stairwell 4 Exit Corridor Door Opener</b>   | N/A                                                      | Ground Stairwell                      | No                   | Door Opener        | Quarterly                    | Quarterly            |

**SMOKE CONTROL EQUIPMENT LIST**

| <b>Building:</b>                    | Faith Manor - 7940 McLaughlin Rd S, Brampton, Ontario |                                       |                      |                    |                              |                      |
|-------------------------------------|-------------------------------------------------------|---------------------------------------|----------------------|--------------------|------------------------------|----------------------|
| <b>Device Name</b>                  | <b>Tag</b>                                            | <b>Location</b>                       | <b>Panel Switch?</b> | <b>Device Type</b> | <b>Maintenance Frequency</b> | <b>Testing Freq.</b> |
| <b>FM BLOCK A PRESS FAN (VPF-2)</b> | N/A                                                   | 2 <sup>ND</sup> Floor Corridor 2B-64  | Yes                  | Fan                | Quarterly                    | Quarterly            |
| <b>VPF-2 Inlet Damper</b>           | N/A                                                   | 2 <sup>ND</sup> Floor Infirmary 2B-62 | No                   | Damper             | Quarterly                    | Quarterly            |
| <b>HV-1</b>                         | N/A                                                   | Mechanical Room                       | Yes                  | Relay              | N/A                          | Quarterly            |
| <b>TE-3</b>                         | N/A                                                   | Mechanical Room                       | Yes                  | Relay              | N/A                          | Quarterly            |
| <b>TE-2</b>                         | N/A                                                   | Mechanical Room                       | Yes                  | Relay              | N/A                          | Quarterly            |

APPENDIX 2 QUARTERLY  
MAINTENANCE  
PROCEDURES SMOKE CONTROL  
EQUIPMENT

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Contractor : HVAC                                         | Frequency : Quarterly |

**ELEVATOR PRESSURIZATION FAN**

| Required Action                                                                          | EPF |
|------------------------------------------------------------------------------------------|-----|
| <b>1. Lubricate fan motor and bearings.</b>                                              |     |
| <b>2. Ensure fan is operating as required.</b>                                           |     |
| <b>3. Check fan controls, control interlocks and control sequence.</b>                   |     |
| <b>4. Check fan belt drive (if applicable) and replace if worn out.</b>                  |     |
| <b>5. Clean fans fully.</b>                                                              |     |
| <b>6. Eliminate all excess noises and vibration and replace any bearing if required.</b> |     |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Contractor : HVAC                                         | Frequency : Quarterly |

**ABOVE GRADE STAIR PRESSURIZATION FANS**

| Required Action                                                                          | AGSPF-3 | AGSPF-4 |
|------------------------------------------------------------------------------------------|---------|---------|
| <b>1. Lubricate fan motor and bearings.</b>                                              |         |         |
| <b>2. Ensure fan is operating as required.</b>                                           |         |         |
| <b>3. Check fan controls, control interlocks and control sequence.</b>                   |         |         |
| <b>4. Check fan belt drive (if applicable) and replace if worn out.</b>                  |         |         |
| <b>5. Clean fans fully.</b>                                                              |         |         |
| <b>6. Eliminate all excess noises and vibration and replace any bearing if required.</b> |         |         |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Contractor : HVAC                                         | Frequency : Quarterly |

**BELOW GRADE STAIR PRESSURIZATION FANS**

| Required Action                                                                          | BGSPF-3 | BGSPF-4 | BGSPF-5 |
|------------------------------------------------------------------------------------------|---------|---------|---------|
| <b>1. Lubricate fan motor and bearings.</b>                                              |         |         |         |
| <b>2. Ensure fan is operating as required.</b>                                           |         |         |         |
| <b>3. Check fan controls, control interlocks and control sequence.</b>                   |         |         |         |
| <b>4. Check fan belt drive (if applicable) and replace if worn out.</b>                  |         |         |         |
| <b>5. Clean fans fully.</b>                                                              |         |         |         |
| <b>6. Eliminate all excess noises and vibration and replace any bearing if required.</b> |         |         |         |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Contractor : HVAC                                         | Frequency : Quarterly |

**VESTIBULE PRESSURIZATION FANS**

| Required Action                                                                          | VPF-1 | VPF-3 |
|------------------------------------------------------------------------------------------|-------|-------|
| <b>1. Lubricate fan motor and bearings.</b>                                              |       |       |
| <b>2. Ensure fan is operating as required.</b>                                           |       |       |
| <b>3. Check fan controls, control interlocks and control sequence.</b>                   |       |       |
| <b>4. Check fan belt drive (if applicable) and replace if worn out.</b>                  |       |       |
| <b>5. Clean fans fully.</b>                                                              |       |       |
| <b>6. Eliminate all excess noises and vibration and replace any bearing if required.</b> |       |       |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                           |            |
|-----------------------------------------------------------|------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date: |
|-----------------------------------------------------------|------------|

|                   |                       |
|-------------------|-----------------------|
| Contractor : HVAC | Frequency : Quarterly |
|-------------------|-----------------------|

**PRESSURIZATION FAN DAMPERS & DAMPER ACTUATOR**

| Required Action                                                                                                   | VPF-1 Inlet Damper | VPF-3 Inlet Damper |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| <b>1. Operate damper from one limit to other (fully open to full close)</b>                                       |                    |                    |
| <b>2. Test if damper returns to fail safe position upon interruption of power</b>                                 |                    |                    |
| <b>3. Ensure damper provides a seal tight close-off. Replace blade seals if determined to be worn or damaged.</b> |                    |                    |
| <b>4. Clean and lubricate all bearings and linkages.</b>                                                          |                    |                    |
| <b>5. Adjust actuator start point and range.</b>                                                                  |                    |                    |
| <b>6. Run fan and ensure inlet and outlet dampers open to fully open positions</b>                                |                    |                    |
| <b>7. Repair or replace any damaged components, distorted blades and linkages.</b>                                |                    |                    |
| <b>8. Clean damper blades.</b>                                                                                    |                    |                    |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Contractor : HVAC                                         | Frequency : Quarterly |

**STAIRWELL DOOR OPENERS**

| <b>Required Action</b>                                                                                                                      | <b>Stairwell 3 Exit<br/>Door at Grade</b> | <b>Stairwell 4 Exit<br/>Door at Grade</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>1. Manually operate door to verify door opens with no obstruction. Clear any obstructions if necessary.</b>                              |                                           |                                           |
| <b>2. Operate door opener. Verify door opener opens door from fully closed position to fully open position with no sticking or binding.</b> |                                           |                                           |
| <b>3. Check operator stroke.</b>                                                                                                            |                                           |                                           |
| <b>4. Clean and lubricate door openers.</b>                                                                                                 |                                           |                                           |
| <b>5. Repair or replace malfunctioning door opener and re-test.</b>                                                                         |                                           |                                           |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                        |                       |
|--------------------------------------------------------|-----------------------|
| Faith Manor<br>7940 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Contractor : HVAC                                      | Frequency : Quarterly |

**VESTIBULE PRESSURIZATION FANS**

| Required Action                                                                          | VPF-2 |
|------------------------------------------------------------------------------------------|-------|
| <b>1. Lubricate fan motor and bearings.</b>                                              |       |
| <b>2. Ensure fan is operating as required.</b>                                           |       |
| <b>3. Check fan controls, control interlocks and control sequence.</b>                   |       |
| <b>4. Check fan belt drive (if applicable) and replace if worn out.</b>                  |       |
| <b>5. Clean fans fully.</b>                                                              |       |
| <b>6. Eliminate all excess noises and vibration and replace any bearing if required.</b> |       |

Comments:

**SMOKE CONTROL EQUIPMENT MAINTENANCE CHECKLIST**

|                                                        |            |
|--------------------------------------------------------|------------|
| Faith Manor<br>7940 McLaughlin Rd S, Brampton, Ontario | Test Date: |
|--------------------------------------------------------|------------|

|                   |                       |
|-------------------|-----------------------|
| Contractor : HVAC | Frequency : Quarterly |
|-------------------|-----------------------|

**PRESSURIZATION FAN DAMPERS & DAMPER ACTUATOR**

| <b>Required Action</b>                                                                                            | <b>VPF-2 Inlet Damper</b> |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>1. Operate damper from one limit to other (fully open to full close)</b>                                       |                           |
| <b>2. Test if damper returns to fail safe position upon interruption of power</b>                                 |                           |
| <b>3. Ensure damper provides a seal tight close-off. Replace blade seals if determined to be worn or damaged.</b> |                           |
| <b>4. Clean and lubricate all bearings and linkages.</b>                                                          |                           |
| <b>5. Adjust actuator start point and range.</b>                                                                  |                           |
| <b>6. Run fan and ensure inlet and outlet dampers open to fully open positions</b>                                |                           |
| <b>7. Repair or replace any damaged components, distorted blades and linkages.</b>                                |                           |
| <b>8. Clean damper blades.</b>                                                                                    |                           |

Comments:

APPENDIX 3 - PROCEDURES &  
CHECKLIST FOR SMOKE  
CONTROL EQUIPMENT SECTION 7.3 QUARTERLY  
TESTING

OFC PART 7 QUARTERLY TESTING CHECKLIST

| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario                                       |  | Test Date:            |          |
|-------------------------------------------------------------------------------------------------|--|-----------------------|----------|
| Measure per MAH SB-4 : Measure G                                                                |  | Frequency : Quarterly |          |
| GENERAL REQUIREMENTS                                                                            |  |                       |          |
| Before Testing:                                                                                 |  | Complete<br>(Y/N)     | Comments |
| <b>1. Remove all fire alarm bypasses and clear any trouble or alarm signals.</b>                |  |                       |          |
| <b>2. Activate the fire alarm during testing to confirm automatic operation. Remove audible</b> |  |                       |          |
| After Testing:                                                                                  |  | Complete<br>(Y/N)     | Comments |
| <b>3. Reset the alarm panel and restore the system to normal operation.</b>                     |  |                       |          |
| <b>4. Confirm that all equipment has resumed normal operating condition</b>                     |  |                       |          |

OFC PART 7 TESTING CHECKLIST

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Measure per MAH SB-4 : Measure G                          | Frequency : Quarterly |

7.3.1.2 - SMOKE CONTROL FANS

Do the pressurization fans function automatically when the fire alarm is activated? Ensure that the equipment is operating correctly, as relay activation alone is not enough.

| Equipment                               | Location                                    | Confirm (Y/N) |
|-----------------------------------------|---------------------------------------------|---------------|
| Elevator Shaft Pressurization Fan       | Roof                                        |               |
| Above-Grade Stair 3 Pressurization Fan  | Roof                                        |               |
| Above-Grade Stair 4 Pressurization Fan  | Roof                                        |               |
| Below- Grade Stair 3 Pressurization Fan | Basement                                    |               |
| Below- Grade Stair 4 Pressurization Fan | Basement                                    |               |
| Below- Grade Stair 5 Pressurization Fan | Basement                                    |               |
| Vestibule Pressurization Fan (VPF-1)    | 2 <sup>nd</sup> Floor<br>Vestibule<br>2C-07 |               |
| Vestibule Pressurization Fan (VPF-3)    | 2 <sup>nd</sup> Floor<br>Vestibule<br>2C-16 |               |

Did the following air moving fans shut down automatically on activation of fire alarm?

|                                |                    |  |
|--------------------------------|--------------------|--|
| HV-4                           | Mechanical<br>Room |  |
| KE (Kitchen Exhaust)           | Roof               |  |
| KITCHEN / DISH LAUNDRY EXHAUST | Roof               |  |

Comments:

OFC PART 7 TESTING CHECKLIST

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Measure per MAH SB-4 : Measure G                          | Frequency : Quarterly |

7.3.1.2 - DAMPERS

|                                                                                                        |               |
|--------------------------------------------------------------------------------------------------------|---------------|
| Did the dampers of the following equipment automatically open fully when the fire alarm was activated? | Confirm (Y/N) |
| Vestibule Pressurization Fan (VPF-1) Inlet Damper                                                      |               |
| Vestibule Pressurization Fan (VPF-3) Inlet Damper                                                      |               |

Comments:

7.3.1.2 - DOOR OPENERS

| Did the doors listed below open fully and automatically upon activation of the fire alarm, and remain open for the duration of the alarm? |                            |               |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|
| Equipment:                                                                                                                                | Door Opener Location       | Confirm (Y/N) |
| Door Opener 1                                                                                                                             | Stair 3 Exit Door at Grade |               |
| Door Opener 2                                                                                                                             | Stair 4 Exit Door at Grade |               |

Comments:

OFC PART 7 QUARTERLY TESTING CHECKLIST

| Faith Manor<br>7940 McLaughlin Rd S, Brampton, Ontario                                          | Test Date:            |          |
|-------------------------------------------------------------------------------------------------|-----------------------|----------|
| Measure per MAH SB-4 : Measure G                                                                | Frequency : Quarterly |          |
| GENERAL REQUIREMENTS                                                                            |                       |          |
| Before Testing:                                                                                 | Complete<br>(Y/N)     | Comments |
| <b>1. Remove all fire alarm bypasses and clear any trouble or alarm signals.</b>                |                       |          |
| <b>2. Activate the fire alarm during testing to confirm automatic operation. Remove audible</b> |                       |          |
| After Testing:                                                                                  | Complete<br>(Y/N)     | Comments |
| <b>3. Reset the alarm panel and restore the system to normal operation.</b>                     |                       |          |
| <b>4. Confirm that all equipment has resumed normal operating condition</b>                     |                       |          |

OFC PART 7 TESTING CHECKLIST

|                                                        |                       |
|--------------------------------------------------------|-----------------------|
| Faith Manor<br>7940 McLaughlin Rd S, Brampton, Ontario | Test Date:            |
| Measure per MAH SB-4 : Measure G                       | Frequency : Quarterly |

7.3.1.2 - SMOKE CONTROL FANS

Do the pressurization fans function automatically when the fire alarm is activated? Ensure that the equipment is operating correctly, as relay activation alone is not enough.

| Equipment                            | Location                                    | Confirm (Y/N) |
|--------------------------------------|---------------------------------------------|---------------|
| Vestibule Pressurization Fan (VPF-2) | 2 <sup>nd</sup> Floor<br>Vestibule<br>2B-64 |               |

Did the following air moving fans shut down automatically on activation of fire alarm?

|                       |                    |  |
|-----------------------|--------------------|--|
| HV-1                  | Mechanical<br>Room |  |
| TE-2 (Toilet Exhaust) | Mechanical<br>Room |  |
| TE-3 (Toilet Exhaust) | Mechanical<br>Room |  |

Comments:

7.3.1.2 - DAMPERS

|                                                                                                        |               |
|--------------------------------------------------------------------------------------------------------|---------------|
| Did the dampers of the following equipment automatically open fully when the fire alarm was activated? | Confirm (Y/N) |
|--------------------------------------------------------------------------------------------------------|---------------|

|                                                   |  |
|---------------------------------------------------|--|
| Vestibule Pressurization Fan (VPF-2) Inlet Damper |  |
|---------------------------------------------------|--|

Comments:

APPENDIX 4  
PROCEDURES & CHECKLIST FOR BIENNIAL TESTING  
OF SMOKE CONTROL EQUIPMENT

OFC PART 7 TESTING CHECKLIST

|                                                           |                                                                                 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:                                                                      |
| Measure per MAH SB-4: Measure G                           | Frequency: Seasonal/Biennial (Every other year, once in Summer, once in Winter) |

GENERAL REQUIREMENTS

|                                                                                                                                                                                  |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Actions Undertaken Prior to Testing:                                                                                                                                             | Complete (Y/N) |
| 1. <b>Remove all fire panel bypasses and clear any trouble or alarm signals.</b>                                                                                                 |                |
| 2. <b>Activate the fire alarm.</b>                                                                                                                                               |                |
| 3. <b>Silence the fire alarm (if possible).</b>                                                                                                                                  |                |
| 4. <b>Complete quarterly tests as per Appendix 3 to verify all ancillary devices and major equipment have operated as required as per the testing conditions provided above.</b> |                |
| 5. <b>Ensure all doors between corridors and stairwell are closed during this testing.</b>                                                                                       |                |
| Actions Undertaken on Completion of Testing:                                                                                                                                     | Complete (Y/N) |
| 6. <b>Fire alarm contractor to reset panel and restore system to normal operation.</b>                                                                                           |                |
| 7. <b>Fire alarm and HVAC contractor in conjunction to ensure all equipment has returned to normal operating condition.</b>                                                      |                |

*REFER TO APPENDIX 3 FOR QUARTERLY TESTING REQUIREMENTS*

**OFC PART 7 TESTING CHECKLIST**

|                                                           |                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:                                                                       |
| Measure per MAH SB-4 : Measure G                          | Frequency : Seasonal/Biennial (Every other year, once in Summer, once in Winter) |

**7.3.1.2 - STAIRWELL PRESSURE TEST – ABOVE GRADE STAIRS**

- 1. Measure and record the differential pressure between the stairwell and adjacent corridor at the locations listed below.**
- 2. Does the pressure in the stairwells exceed the pressure within the adjacent corridor space by a minimum of 12Pa?**

| Location             | $\Delta$ Pressure Reading (Pa) | Confirmation $\geq$ 12 Pa (Y/N) |
|----------------------|--------------------------------|---------------------------------|
| Stairwell 3 Level 10 |                                |                                 |
| Stairwell 3 Level 7  |                                |                                 |
| Stairwell 3 Level 5  |                                |                                 |
| Stairwell 3 Level 2  |                                |                                 |
| Stairwell 4 Level 10 |                                |                                 |
| Stairwell 4 Level 7  |                                |                                 |
| Stairwell 4 Level 5  |                                |                                 |
| Stairwell 4 Level 2  |                                |                                 |

Comments:

**OFC PART 7 TESTING CHECKLIST**

|                                                           |                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:                                                                       |
| Measure per MAH SB-4 : Measure G                          | Frequency : Seasonal/Biennial (Every other year, once in Summer, once in Winter) |

**7.3.1.2 - MAXIMUM ALLOWABLE FORCE TEST – ABOVE GRADE STAIRS**

- 1. Measure and record the force required to open the doors between the stairwells and adjacent corridors at the locations listed below.**
- 2. Do the doors between stairwells and adjacent corridors open with a force less than or equal 130N?**

| Location             | Door Opening Force (N) | Confirmation ≤ 130N (Y/N) |
|----------------------|------------------------|---------------------------|
| Stairwell 3 Level PH |                        |                           |
| Stairwell 3 Level 9  |                        |                           |
| Stairwell 3 Level 6  |                        |                           |
| Stairwell 3 Level 3  |                        |                           |
| Stairwell 4 Level PH |                        |                           |
| Stairwell 4 Level 9  |                        |                           |
| Stairwell 4 Level 6  |                        |                           |
| Stairwell 4 Level 4  |                        |                           |

Comments:

**OFC PART 7 TESTING CHECKLIST**

|                                                              |                                                                                  |
|--------------------------------------------------------------|----------------------------------------------------------------------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton,<br>Ontario | Test Date:                                                                       |
| Measure per MAH SB-4 : Measure G                             | Frequency : Seasonal/Biennial (Every other year, once in Summer, once in Winter) |

**7.3.1.2 - STAIRWELL AIRFLOW TEST – BELOW GRADE STAIRS**

- 1. Measure and record the air flow rate at the fan discharge grille.**
- 2. Does the measured air flow rate meet or exceed the required airflow rate (0.47m<sup>3</sup>/s / storey served)?**

| Location                                        | Required Air Flow Rate (m <sup>3</sup> /s) | Measured Air Flow Rate (m <sup>3</sup> /s) | Does Measured Air Flow Rate Meet/Exceed Requirement? (Y/N) |
|-------------------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| Below- Grade Stair Pressurization Fan (Stair 3) | <b>0.47</b>                                |                                            |                                                            |
| Below- Grade Stair Pressurization Fan (Stair 4) | <b>0.47</b>                                |                                            |                                                            |
| Below- Grade Stair Pressurization Fan (Stair 5) | <b>0.47</b>                                |                                            |                                                            |

Comments:

**OFC PART 7 TESTING CHECKLIST**

|                                                           |                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:                                                                       |
| Measure per MAH SB-4 : Measure G                          | Frequency : Seasonal/Biennial (Every other year, once in Summer, once in Winter) |

**7.3.1.2 - MAXIMUM ALLOWABLE FORCE TEST – BELOW GRADE STAIRS**

- 1. Measure and record the force required to open the doors between the stairwells and adjacent corridors at the locations listed below.**
- 2. Do the doors between stairwells and adjacent corridors open with a force less than or equal 130N?**

| Location                           | Door Opening Force (N) | Confirmation ≤ 130N (Y/N) |
|------------------------------------|------------------------|---------------------------|
| Stairwell 3 Pressurization Level B |                        |                           |
| Stairwell 4 Pressurization Level B |                        |                           |
| Stairwell 5 Pressurization Level B |                        |                           |

Comments:

OFC PART 7 TESTING CHECKLIST

|                                                           |                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| Covenant Tower<br>7930 McLaughlin Rd S, Brampton, Ontario | Test Date:                                                                       |
| Measure per MAH SB-4 : Measure G                          | Frequency : Seasonal/Biennial (Every other year, once in Summer, once in Winter) |

ELEVATOR SHAFT STACK EFFECT TEST

- 1. Contractor to measure the differential pressure between the elevator shaft and the outdoors at grade, before and after actuation of the elevator pressurization fan. The difference between the readings gives the mechanical pressurization of the shaft.**
- 2. Does the calculated mechanical pressurization meet or exceed a minimum of 31<sup>1</sup> Pa.**

| Pressure Sampling Location                | Fan Status | Δ Pressure Reading (Pa) |
|-------------------------------------------|------------|-------------------------|
|                                           | OFF        |                         |
|                                           | ON         |                         |
| Calculated mechanical pressurization (Pa) |            |                         |
| ≥ 31 Pa? Y/N                              |            |                         |

Comments:

<sup>1</sup> This figure is obtained by calculating the stack effect pressure in compliance with the MMAH Supplementary Standard SB-4, "Measures for Fire Safety in High Rise Buildings," using the January design temperature specified in SB-1.

# Sign off Sheet

| COMPANY | NAME | SIGNATURE | DATE |
|---------|------|-----------|------|
|         |      |           |      |



# Loss of Essential Services Response Plan

| Essential Service             | Response Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Loss of Heat</b></p>    | <ol style="list-style-type: none"> <li>1. Assess and determine the extent of loss of heat – is there total or partial loss of heat<br/>Assessing the system may include but is not limited to (as applicable to the unit):</li> <li>2. Check of circuit breakers</li> <li>3. Check the power source (on/off switch)</li> <li>4. Check air filters</li> <li>5. Check and ensure all vents and cold air returns are unblocked</li> <li>6. Open and securely close the furnace door. ...</li> <li>7. Check the gas valve.</li> <li>8. Determine if repairs can be completed, or</li> <li>9. Contact the Heating Service Contractor, requesting immediate service to check and correct the problem</li> <li>10. If the Service Provider is unable to make repairs immediately determine an estimated time to correct the problem</li> <li>11. If the Contractor is unable to come immediately, determine an estimated time of arrival</li> <li>12. Provide information to the Executive Director and determine the course of action needed</li> <li>13. If it is determined that the loss of heat will extend beyond 1 hour, Announce CODE GREY—LOSS OF HEAT – 3 times</li> <li>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</li> <li>15. Direct staff to ensure all exterior doors and windows are closed and curtains are drawn</li> <li>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</li> <li>17. Provide portable heaters if appropriate (if the loss of heat is not related to a Power outage)</li> <li>18. Have additional blankets available</li> <li>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.</li> <li>20. Implement evacuation plan if building temperature falls below 15°C –refer to CODE GREEN - EVACUATION</li> </ol> |
| <p><b>Loss of Cooling</b></p> | <ol style="list-style-type: none"> <li>1. Check the HVAC system and assess for possible cause(s)</li> <li>2. Determine if repairs can be completed, or</li> <li>3. Contact the Heating Service Contractor, requesting immediate service to check and correct the problem <ul style="list-style-type: none"> <li>○ If the Service Provider is unable to make repairs immediately determine an estimated time to correct the problem</li> <li>○ If the Contractor is unable to come immediately, determine an estimated time of arrival</li> </ul> </li> <li>4. Provide information to the Executive Director and determine the course of action needed</li> <li>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</li> <li>6. Direct staff to ensure all exterior doors and windows are closed and curtains are drawn</li> <li>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</li> <li>8. Provide portable fans as appropriate (if the loss of cooling is not related to a Power outage)</li> <li>9. Implement evacuation plan if building temperature rises above 29°C –refer to CODE GREEN - EVACUATION</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Loss of Hydro</b></p>   | <ol style="list-style-type: none"> <li>1. The <b>outlets</b> and equipment which are powered by the emergency generator are <b>red</b>.</li> <li>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.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | <ol style="list-style-type: none"> <li>3. During a major power failure, heat and cooling systems may be affected – refer to “loss of Heat &amp; Loss of Cooling System”</li> <li>4. Contact the Home’s Electrical Utilities Provider (i.e. Hydro One)</li> <li>5. Notify the Environmental Manager or on-call Maintenance. If it is expected maintenance will attend to the Home</li> <li>6. Notify the Executive Director, Director of Care and other Managers as needed</li> <li>7. <b>If the disruption or loss of power is expected to extend over 1 hour, ANNOUNCE CODE GREY-LOSS OF POWER – 3 times.</b></li> <li>8. <b>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</b></li> <li>9. <b>Notify the Fire Department and Fire Monitoring</b></li> <li>10. Assign staff to Fire Watch procedures</li> <li>11. Essential resident care needs and safety will be a priority</li> <li>12. Review of Staffing needs to determine the need for additional staff for care, safety rounds and other areas as required.</li> <li>13. Determine <b>alternate documentation systems</b> outside of PCC as necessary.</li> <li>14. Print off EMAR as able or contact the Pharmacy to assist.</li> <li>15. Paper Flow Sheets will be completed by the PSWs for documentation of care</li> <li>16. Paper-based Nursing Progress Notes may be required</li> <li>17. Special attention will need to be taken for <b>equipment requiring power</b>: <ul style="list-style-type: none"> <li>• Air Mattresses – may need to be changed to a regular mattress</li> <li>• 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.\</li> <li>• Oxygen –Portable tanks will be filled and provided to residents.</li> </ul> </li> <li>18. additional blankets may be required</li> <li>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</li> <li>20. Check to ensure sufficient food supplies are available to last 3-5 days</li> <li>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.</li> <li>22. Provide disposable plates &amp; utensils for meals</li> <li>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 <b>CODE GREEN-Partial or Total Evacuation.</b></li> </ol> |
| <p><b>Withdrawal of Services</b></p> | <ol style="list-style-type: none"> <li>1. <i>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.</i></li> <li>2. <i>The Executive Director will notify the CEO</i></li> <li>3. <i>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.</i></li> <li>4. <i>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.</i> <ul style="list-style-type: none"> <li>○ <i>Where possible appropriate action will be taken to eliminate the concern(s) and to resolve the issue(s)</i></li> </ul> </li> <li>5. <i>Consideration of strategies will include:</i> <p><b>Nursing Department:</b></p> <ol style="list-style-type: none"> <li>a. <i>Essential care must be provided—staffing must be considered as to providing the basic essential care and by whom</i></li> <li>b. <i>Agency personnel (if able) to be assigned to specific areas and duties. Orientation to task specifics to be completed.</i></li> <li>c. <i>Procurement of medication and other supplies.</i></li> <li>d. <i>Check with families to make arrangements for any resident to go on casual or vacation leave if possible.</i></li> <li>e. <i>Inform physicians of the situation.</i></li> </ol> <p><b>Dietary Department:</b></p> <ol style="list-style-type: none"> <li>a. <i>Primary function of meal preparation; meal delivery; and ensuring the environment is kept in a sanitary and safe condition must be ongoing;</i></li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | <ul style="list-style-type: none"> <li>b. Consideration will be given to arranging paper plates, cups and other disposable items,</li> <li>c. Menu planning will be completed to ensure preparation is less time-consuming but still afford residents with appropriate diet and nutritional requirements,</li> <li>d. Proper garbage disposal</li> </ul> <p><b>Housekeeping/Laundry:</b></p> <ul style="list-style-type: none"> <li>a. A sanitary level of housekeeping needs to be maintained</li> <li>b. Appropriate staffing must be arranged to provide services or if necessary to contact an outside janitorial service.</li> <li>c. Laundry services may need to be contracted to outside services.</li> </ul> <p><b>Maintenance:</b></p> <ul style="list-style-type: none"> <li>a. Essential functions concerning maintenance must be provided: repairs, garbage removal, utilities, fire safety, communication systems and security.</li> </ul> <p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Business Office:</b></p> <ul style="list-style-type: none"> <li>a. Maintaining records and booking activities pertinent to the operation of the facility.</li> <li>b. Assisting with the communications.</li> </ul> |
| <b>Loss of Natural Gas</b>           | <ol style="list-style-type: none"> <li>1. If on-site maintenance will contact the Home's Gas supplier to determine the duration of the shutdown</li> <li>2. If Maintenance is not on-sire, the Charge Nurse will contact the Home's Gas supplier to determine the duration of the shutdown.</li> <li>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</li> <li>4. Notify residents and families</li> <li>5. Shut down gas-powered equipment and turn off gas supply valves, if required</li> <li>6. Suspension of operation of laundry services (dryers) <ul style="list-style-type: none"> <li>➤ Staff may be assigned to take linens to an external location for drying</li> <li>➤ Provide additional linens and towels from storage as required</li> </ul> </li> <li>7. If gas services the water heating, residents' baths/showers will need to be suspended and alternative methods of providing care initiated,</li> <li>8. Food preparation may be affected if the stove is gas</li> <li>9. Heating of the Home. <ul style="list-style-type: none"> <li>➤ The Home should consider if there are adequate electrical heaters to create warming zones in each home area.</li> </ul> </li> </ol>                                                           |
| <b>Interruption of Food Services</b> | <ol style="list-style-type: none"> <li>1. Determine the availability of external resources</li> <li>2. Purchasing of food items and supplies from other vendors (such as grocery stores, and restaurants)</li> <li>3. Purchasing ready-made items</li> <li>4. Juice, milk and cereals can be purchased in portioned pack containers if available</li> <li>5. Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary</li> <li>6. Use of paper products</li> <li>7. Ensure a supply of potable water if applicable</li> <li>8. Ensure therapeutic diets and textures are maintained by using the appropriate equipment and supplies</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Loss of Water</b>                 | <ol style="list-style-type: none"> <li>1. In the event of a complete loss of water, contact local Public Utilities to determine the expected duration of shutdown.</li> <li>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.</li> <li>3. If water supplies will not be available <b>for several hours</b>, the following procedure is to be followed:</li> <li>4. Laundry, dishwashing operations and regular Resident bathing will be discontinued for the duration of the shortage.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | <ol style="list-style-type: none"> <li>5. Disposable hand wipes will be obtained through Nursing Services for personal care.</li> <li>6. <b><u>Minimize the use of toilets during the period of shortage.</u></b><br/>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.</li> <li>7. Regular Resident bathing will be discontinued immediately for the duration of the shortage.</li> <li>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.</li> <li>9. All staff will reduce linen usage whenever possible, e.g. routine bed changes.</li> <li>10. Disposable hand wipes will be obtained from Nursing for perineal care.</li> <li>11. Ensure sufficient antiseptic hand sanitizer is available in each department area</li> <li>12. Linen products in the Clean Supply area(s) and or storage will be made available to care areas.</li> <li>13. Facility Services is responsible for monitoring all equipment which may burn out due to lack of water.</li> <li>14. If necessary, laundry may need to be done off-site.</li> <li>15. Dietary Department <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> </li> </ol> <p><b>Loss of Water for an extended period: (&gt; 6-8 hours)</b><br/>If the loss of water is expected to cover an extended period, the Administrator/designate will:</p> <ul style="list-style-type: none"> <li>• Notify the President of Sharon Village Care Homes,</li> <li>• 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.</li> <li>• Arrange to have a supply of potable water delivered to the Home for cooking, provision of food, drink preparation and drinking.</li> <li>• Notify other external services that may be impacted by the loss of water.</li> <li>• Notify the MOH by telephone, complete and submit the Critical Incident Report.</li> </ul> |
| <b>Loss of IT</b>            | <p><b>Loss of Internet:</b></p> <ol style="list-style-type: none"> <li>1. In the event of a loss of internet services, call the IT provider to determine the outage time.</li> <li>2. Switch to paper for documentation requirements.</li> <li>3. Utilize printed eMAR sheets for medication administration if the outage is ongoing.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Boiled Water Advisory</b> | <p><b>Immediately for Drinking Water:</b></p> <ol style="list-style-type: none"> <li>1. <b>Secure a supply of potable (drinkable) water by:</b> <ul style="list-style-type: none"> <li>○ 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</li> <li>○ Boiling water which is brought to a rolling boil for 1 minute, cooling and storing in a covered sanitized container, or</li> <li>○ Depending on the estimated length of the advisory being in place, secure a water supply from a water-hauling vendor.</li> </ul> </li> <li>2. <b>It may be necessary to disconnect all equipment directly plumbed to the water system i.e. ice machines, coffee machines, juice machines etc.</b></li> </ol> <p><b>The IPAC Coordinator in collaboration with Public Health will determine what measures must occur based upon the type of water advisory.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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

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

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | <p><b>Nursing &amp; Personal Care Services:</b></p> <p><b>Personal Hygiene:</b></p> <ul style="list-style-type: none"> <li>○ 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</li> <li>○ For residents with open skin areas, sponge bathing is to be done, with potable water or wet wipes</li> <li>○ <b>Note:</b> Homes may have a supply of non-wet towels for emergency use</li> <li>○ Oral care/denture care must be completed with potable water.</li> <li>○ Medical procedures must be completed with potable water or sterile water.</li> </ul> <p><b>Infection Prevention &amp; Control:</b></p> <p>The IPAC Coordinator will be responsible for collaborating with Public Health as to Infection Control measures to be implemented for safe care to persons served.</p> <p><b>Hand Hygiene:</b></p> <ul style="list-style-type: none"> <li>○ Potable water is recommended, followed by the use of ABH Sanitizer</li> <li>○ Follow additional precautions as recommended through Public Health and/or IPAC Coordinator</li> </ul> <p><b>Enhanced Surveillance for Enteric Illness:</b></p> <ul style="list-style-type: none"> <li>○ Notify Public Health if an enteric illness is suspected</li> <li>○ The IPAC Coordinator will monitor the daily surveillance logs and collaborate with Registered Staff for any resident who may be symptomatic</li> <li>○ Follow all directions provided by Public Health and communicate additional protocols to appropriate staff</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ Staff with enteric symptoms or suspected enteric symptoms will be reported to Public Health by the IPAC Coordinator.</li> </ul> |
| <p><b>Loss of Communication</b></p> | <p><b>Loss of Telephone:</b></p> <p>In the event of a loss of telephone service, the person discovering will</p> <ul style="list-style-type: none"> <li>● Notify the Environmental Manager/designate or the Charge Nurse</li> </ul> <p>If the loss of the telephone system is not a result of loss of power or another event, the Environmental Manager/Charge Nurse will:</p> <ul style="list-style-type: none"> <li>● Contact the Service Provider for the telephone system by using the emergency telephone, if applicable, or using a cell phone</li> <li>● If a phone outage is indicated for a long duration, advise the Executive Director and other Managers</li> <li>● The Executive Director/designate will inform the CEO</li> <li>● 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.</li> </ul> <p><b>Loss of Nurse Call System:</b></p> <p><i>(Refer to Policies: NAM-I-90 Call Bell System and FSM-C-125 Nurse Call System)</i></p> <p>If unusual circumstances happen where the nurse call system is not working or the system fails, the person becoming aware of the incident will:</p> <ul style="list-style-type: none"> <li>● Notify the Environmental Manager, Director of Care or the Charge Nurse immediately</li> </ul> <p>Maintenance is responsible for troubleshooting to determine if the system can be repaired, if not</p> <ul style="list-style-type: none"> <li>● The Service Provider will be notified and request for immediate emergency service</li> </ul> <p>If the call bell system is expected to be greater than 6 hours, the Director of Care will notify the Executive Director (if not on-site).</p> <p>The Director of Care/designate will inform the MOH followed by the completion and submission of the CIS report.</p>                                                                                                                                                                                                                                                                          |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>During the time, the call bell system is not operational</b>, the following interventions will be implemented:</p> <ul style="list-style-type: none"><li>• Nursing will assign staff to complete safety rounds at least every 15 minutes and document</li><li>• Options of using chair alarms, bed alarms, handbells or other similar items</li></ul> <p>The Director of Care will complete a report to the MOH through the Critical Incident Report System as per requirements.</p> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



SHARON VILLAGE  
CARE HOMES  
TYNDALL SENIORS VILLAGE

## OUTBREAK/PANDEMIC MANAGEMENT PLAN

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

Tyndall Seniors Village

Initial Date: March 2, 2021

**Updated: August 2025**

**Updated: January 2026**

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

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

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

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

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | <ul style="list-style-type: none"> <li>• Re-locate well residents on the affected RHA who reside in semi-private rooms with ill residents to a private room if available</li> <li>• Alter dining practices as needed to avoid contamination.</li> <li>• If limited positive cases in multiple resident home areas, ill residents can be relocated to one wing in one resident home area if able</li> <li>• Ensure the privacy curtain is used for residents with shared accommodation</li> <li>• Treatment will be completed in a resident room using a separate treatment basket with the required treatment only. Any remaining items will be discarded after, and the care basket will be disinfected.</li> <li>• If limited cases on one RHA: Cohort positive cases together into semi-private rooms in the same wing.</li> <li>• Re-locate well residents on the affected RHA to the east or west wing if rooms are available.</li> </ul>                                                                                       |
| <p><b>Cohorting residents</b></p>           | <ul style="list-style-type: none"> <li>• Ensure that residents are physically separated by a distance of at least 2 meters</li> <li>• Use privacy curtains between the beds to minimize opportunities for close contact</li> <li>• Identify residents who can go home with family if applicable (Please see criteria from the Ministry of Health)</li> <li>• Dietary manager to review the maximum capacity of the main dining room and continue both first and second seating to accommodate all residents</li> <li>• Washroom access for residents in the dining room would consist of a washroom located in the hall outside of the dining room</li> <li>• Identify off-site facilities for the relocation of well and ambulatory residents with lower needs</li> <li>• If RHA is on the outbreak, meals will be served on the RHA</li> <li>• All residents will do hand hygiene before meals</li> <li>• All residents toileted before transfer to the dining room</li> <li>• No communal activity during the outbreak</li> </ul> |
| <p><b>Symptomatic/Exposed Residents</b></p> | <ul style="list-style-type: none"> <li>• Public Health is notified as per guidelines</li> <li>• IPAC Lead to initiate line listing and submission daily to PHU as required</li> <li>• Ill residents assigned to specific PSW staff (number will be dependent on the number of cases and care level of cases)</li> <li>• Staff assigned to the ill residents are not to interact with residents outside of their assignment</li> <li>• Organize supplies and activities in the area for each extra area being utilized. E.g.: dining room</li> <li>• Staff will provide care to residents who are not affected first, followed by the affected residents. (The Home will decide a specific PSW for the affected room depending on the number of residents affected.)</li> <li>• residents will have one-on-one visits by recreation, physio and other therapists in their rooms as appropriate</li> <li>• PPE supplies will be organized on carts that are available on each wing of the units.</li> </ul>                            |

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           | <ul style="list-style-type: none"> <li>• Each resident's room is equipped with a (sometimes shared) washroom</li> <li>• Oxygen concentrators will be requested from the oxygen supplier depending on the number of residents affected.</li> <li>• Staff will perform a Point of Care Risk Assessment before any resident interaction</li> <li>• Hypodermoclysis poles will be rented from the pharmacy (if needed) depending on the number of residents affected.</li> <li>• NP Stat program will be utilized if required after hours.</li> </ul>                                                                                                                                                                                                                            |
| <b>Cohorting Staff</b>                                    | <ul style="list-style-type: none"> <li>• Staff who are assigned to an outbreak unit will not work in non-outbreak areas on the same day</li> <li>• 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.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Symptomatic Staff</b>                                  | <ul style="list-style-type: none"> <li>• Screening and testing protocols will be determined by Public Health</li> <li>• Tracking of symptomatic staff will be done by the IPAC Lead and submitted to PHU if requested</li> <li>• Follow-up calls are made to staff concerning symptoms and any lab results</li> <li>• The Ministry of Labour is notified if required</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Environmental cleaning</b>                             | <ul style="list-style-type: none"> <li>• Housekeeping staff, where possible, to remain on one RHA only</li> <li>• Environmental manager to ensure that the PPE cart is replenished and stocked up daily</li> <li>• Rooms with affected residents will be cleaned last</li> <li>• Garbage needs to be removed as required (ensure the garbage bins are not overflowing)</li> <li>• Cleaning of high-touch surfaces 3 times daily minimum</li> <li>• Maintenance staff, where possible, to complete tasks on one RHA daily. If required to go to another RHA, it is required that they must go to the unaffected RHA first, then the affected. PPE to be worn on the affected RHA (where applicable)</li> <li>• Floor scrubber is not to be used during an outbreak</li> </ul> |
| <b>Social distancing during meals</b>                     | <ul style="list-style-type: none"> <li>• Unvaccinated residents eat by themselves at one table.</li> <li>• Tray service for all residents on outbreak-affected RHA.</li> <li>• Tray tables are moved to the door so that residents can be observed by staff moving through the hallways.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Reduce contamination risk with the medication cart</b> | <ul style="list-style-type: none"> <li>• Reduce med passes - physicians/NPs to work with nursing and pharmacy staff to reduce unnecessary meds/supplements, and reduce frequency of dispensing. Start with the resident's next TMR review and complete the TMR weekly</li> <li>• Use disposable paper cups for medication passes to decrease the contamination risk.</li> <li>• The nurse manager will do an audit of the Stat box medication to ensure all medication as designated are available</li> <li>• Registered staff to disinfect medication cart</li> </ul>                                                                                                                                                                                                       |

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                  | during and at the end of each shift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Staffing<br/>(Individual Department Staffing Plans below)</b> | <ul style="list-style-type: none"> <li>• Dietary planning for additional meals for staff staying onsite</li> <li>• Inventory of disposable meal trays for staff</li> <li>• Hiring of additional screeners as needed.</li> <li>• Ongoing recruitment of permanent staff as required</li> <li>• Secure staffing agency contracts for Registered Nurses, Registered Practical Nurses and Personal Support Workers if required.</li> <li>• Home will utilize 12-hour shifts where necessary Staff will be dedicated to caring for infected residents, separated from staff caring for uninfected residents</li> <li>• Where required, the DOC/ADOC will direct the managers or others to assist with feeding on the unit.</li> <li>• Where required, DOC/ADOC may have to assist in Medication administration on designated RHA.</li> <li>• <b>DOC</b>- The DOC to complete rounds and assign nursing management to assist accordingly</li> <li>• <b>Executive Director</b> – monitor all RHAs and assign other managers to assist where needed</li> <li>• <b>Program Manager</b>- to assist with tray service and feeding</li> <li>• <b>FSM</b>: to monitor the kitchen, serveries and to assist with tray service</li> <li>• <b>ESM</b>: Assist with tray service, and where needed</li> </ul> |
| <b>DOC/ ADOC specific duties for staffing</b>                    | <p>DOC/ ADOC to call all staff to determine who will:</p> <ul style="list-style-type: none"> <li>• Work 10 – 12-hour shifts</li> <li>• Work on assigned days off</li> <li>• Work full shifts rather than part shifts</li> <li>• Adjust the nursing staff schedule accordingly</li> <li>• Ensure staff hours are in the Rotating Schedule with changes and input into the payroll system</li> <li>• Ensure staff who are working extended shifts are offered a meal</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Staffing Plan - Minimal Personal Support Workers</b>          | <p>Normal staffing:<br/>         DAYS – 6 per RHA + 3-part shift<br/>         EVENINGS – 5 per RHA + 3-part shift<br/>         NIGHTS – 2 per RHA</p> <p>Minimal staffing:<br/>         DAYS – 3 per RHA + 1 part shift<br/>         EVENINGS – 2 per RHA + 1 part shift<br/>         NIGHTS – 1 per RHA</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Staffing Plan - Minimal Registered staff</b>                  | <p>Normal staffing:<br/> <u>DAYS:</u><br/>         1 RPN per RHA + 1 help<br/>         2.5 RN (1 RN working 11-7)<br/> <u>EVENINGS:</u><br/>         1 RPN per RHA<br/>         2.5 RN (1 RN working 11-7)<br/> <u>NIGHTS:</u><br/>         1 RPN + 2 RN</p> <p>Minimal staffing:<br/>         DAYS: 2 RPN +1 RN<br/>         EVENINGS: 2 RPN +1 RN<br/>         NIGHTS: 2 Reg staff</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Staffing Plan-Minimal Dietary staff</b>                       | Dietary Manager to call all staff to determine who will:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                             | <ul style="list-style-type: none"> <li>• Work 10 – 12-hour shifts</li> <li>• Work on assigned days off</li> <li>• Work full shifts rather than part shifts</li> <li>• Adjust the schedule accordingly</li> <li>• Ensure staff who are working extended shifts are offered a meal</li> </ul>                                                                                                                                                                                                                                                                                                     |
| <b>Staffing Plan-Minimal Activity Staff</b>                 | <p>Recreation Manager to call all staff to determine who will:</p> <ul style="list-style-type: none"> <li>• Work 10 – 12-hour shifts</li> <li>• Work on assigned days off</li> <li>• Work full shifts rather than part shifts</li> <li>• Adjust the schedule accordingly</li> <li>• Ensure staff who are working extended shifts are offered a meal</li> </ul>                                                                                                                                                                                                                                  |
| <b>Staffing Plan-Minimal Housekeeping/Maintenance staff</b> | <ul style="list-style-type: none"> <li>• DAYS: 2 housekeeping aides</li> <li>• EVENINGS: 1 housekeeping/laundry</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Staffing Plan-Minimal Laundry Department</b>             | <ul style="list-style-type: none"> <li>• DAYS: 1 laundry aide</li> <li>• EVENINGS: 1 housekeeping/laundry</li> <li>• NIGHTS: 1 laundry aide</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>BSO</b>                                                  | <p>To focus on responsive behaviours related to the outbreak and adjust the plan of care accordingly</p> <p>To collaborate with BSO's external partner for residents with ongoing and worsening behaviour</p>                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Monitoring and Surveillance</b>                          | <ul style="list-style-type: none"> <li>• Ongoing surveillance mechanisms in place at all times to monitor staff/residents/visitors for symptoms</li> <li>• 24/7 screening in place</li> <li>• Collaboration with local PHD, IPAC Hub and LHIN to adhere to Outbreak control measures when in an outbreak</li> <li>• Ongoing surveillance/testing as per current MOH/PHU directives</li> <li>• Ensure there is a plan for medical coverage and resident monitoring by physicians (On-call physician, NP Stat program)</li> </ul>                                                                 |
| <b>Communication</b>                                        | <ul style="list-style-type: none"> <li>• 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</li> <li>• Daily internal outbreak updates /meetings as required</li> <li>• DOC/ ADOC to submit weekly outbreak updates to the MOH compliance inspector as requested</li> <li>• Daily update to the PHU</li> <li>• DOC/ ADOC to submit the CIS report to the MOHLTC for the outbreak.</li> <li>• DOC/ ADOC to amend the report as required.</li> </ul> |
| <b>Audits</b>                                               | <ul style="list-style-type: none"> <li>• Complete daily audits for hand hygiene, PPE, Donning and Doffing, safe breaks and physical distancing</li> <li>• Speedy audits online to be completed every shift by Registered Staff</li> <li>• MOHLTC IPAC audits are completed at least quarterly when not in an outbreak and weekly while in an active outbreak</li> <li>• Complete environmental audits</li> </ul>                                                                                                                                                                                |

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <ul style="list-style-type: none"> <li>• Provide coaching in the moment for non-compliance if observed</li> </ul>                                                                                                                                                                                                                                                                                                                                                           |
| <b>Supplies</b>      | <ul style="list-style-type: none"> <li>• All department Managers to complete weekly inventory to ensure adequate supplies are available.</li> <li>• DOC/ ADOC to order weekly nursing supplies as per home protocols</li> <li>• Ensure that there is a minimum of 14 days of supplies in the home</li> <li>• DOC/ADOC to complete weekly PPE tracking and submit to Corporate.</li> <li>• Housekeeping staff to replenish PPE supplies daily on the nursing RHA.</li> </ul> |
| <b>Exposed Staff</b> | <ul style="list-style-type: none"> <li>• Follow MOHLTC and PHU protocols</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                         |

## Contingency Plan for Minimal Staffing

The current staffing model for the nursing department is as follows:

The minimal staffing is based on half the staff present at work

### PSW Current

|               | Day Shift | Day shift Part shift | Evening shift | Evening shift part shift | Night Shift |
|---------------|-----------|----------------------|---------------|--------------------------|-------------|
| Current Staff | 6 x 3 =18 | 1 x 3 = 3            | 5 x 3 =15     | 3-4                      | 6           |
|               |           |                      |               |                          |             |

### Minimal PSW staff per unit

|               | Day Shift | Day shift Part shift | Evening shift | Evening shift part shift | Night Shift       |
|---------------|-----------|----------------------|---------------|--------------------------|-------------------|
| Minimal staff | 3         | 1                    | 2             | 1                        | 3 in the building |

## Registered staff

| Day Shift RPN | Day RN                    | Evening shift RPN | Evening shift RN          | Night Shift RN/RPN  |
|---------------|---------------------------|-------------------|---------------------------|---------------------|
| 4 (3 + Help)  | 2.5 (One 1000-1800 staff) | 3                 | 2.5 (One 1000-1800 staff) | 3 ( 2 RN and 1 RPN) |

## Minimal Registered staff per unit

| Day Shift RPN | Day RN | Evening shift RPN | Evening shift RN | Night Shift RN/RPN |
|---------------|--------|-------------------|------------------|--------------------|
| 3             | 1      | 2                 | 1                | 2 in the building  |

| Action                                                 | Interventions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Utilize the Nursing / Activity Management staff</b> | <p>Where required, the DOC /ADOC will direct the Nursing Management Team to assist with feeding on the unit. Where required, we may have to assist in Medication administration on the designated unit.</p> <p><b>BSO LEAD</b> – 2<sup>nd</sup> floor<br/> <b>RSC</b> 3<sup>rd</sup> floor<br/> <b>RAI</b> - 4<sup>th</sup> floor<br/> <b>DOC</b> - Complete rounds on all units and assist as needed. First unit in needs the ADOC to stay on that unit. The DOC to continue the rounds and assist accordingly on the next unit.<br/> <b>ADOC</b> - Complete rounds on all units and assist on the first unit in need.<br/> <b>RECREATION MANAGER:</b> Assist on the 4<sup>th</sup> floor<br/> <b>ED</b> – Kitchen to assist with tray service, then to the 3<sup>rd</sup> floor to assist with feeding<br/> <b>NP</b> - If any of the above staff are absent, the NP is to fill that designated area; otherwise, assist with feeding on the 2<sup>nd</sup> floor</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Minimal PSW staff on each unit</b>                  | <p>With Minimal PSW staff on each unit, the DOC will direct resident care as follows:</p> <ul style="list-style-type: none"> <li>• Provide mouth and peri care and leave all resident who requires a Mechanical Lift in bed on all shifts</li> <li>• Provide tray service and assist the resident with feeding</li> <li>• Feed the resident on the West wing first, then the East wing. The Team Lead is to collect the trays from the dietary department on the day shift while the dietary staff prepare the trays for the East wing and deliver the trays to the unit within a one-hour timeframe</li> <li>• Expand day/evening shift PSW shift to 10-12 hours as per availability to assist with feeding and any other duties on the unit as required</li> <li>• PSW to remove all trays from the resident rooms and place them on the Trolley</li> <li>• PSW</li> <li>• One Activity staff per unit to assist with feeding a resident as designated. (Activity Manager to assign one staff per unit during the Outbreak)</li> <li>• Hold all showers/ Tub bath and provide bed bath</li> <li>• Keep track of the tasks completed in the small notebook for documentation on POC. Keep the book until documentation is fully completed on POC</li> <li>• Night shift PSW will omit resident transfer but provide peri care to the residents and dress in street clothes</li> <li>• PSW to remove all trays from the resident room and place them on the Trolley</li> </ul> |
| <b>Minimal Registered staff</b>                        | <ul style="list-style-type: none"> <li>• In the absence of the Charge Nurse on the 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> floor, the Nursing Management Team, as assigned, will administer the medication on the designated unit.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | <ul style="list-style-type: none"> <li>• Candace 2<sup>nd</sup> floor, Clariza 3<sup>rd</sup> floor and Jillian 4<sup>th</sup> floor. In the absence of any of the above, the RN will administer the medication, and in the absence of the RN, the ADOC will administer the medication with the NP to assist.</li> <li>• The DOC or ADOC to take over the feeding of residents on the unit during this time and any other duties as needed</li> <li>• The Nurse Manager to follow up on treatment on all units and complete as ordered during the day and evening shifts.</li> <li>• The DOC/ADOC to assist the Nurse Manager with their duties where required, such as auditing the STAT box.</li> <li>• Nurse Clerk / Shannon and Khristine to assist with staffing.</li> <li>• Nurse Manager to monitor the Nursing schedule and fill shifts accordingly. Report to the DOC/ADOC any challenge he/she may have.</li> <li>• Staff may have breaks on each RHA.</li> <li>• Housekeeping staff can help deliver the meal trays and feed the resident.</li> <li>• Team Lead PSW &amp; Housekeeping staff to replenish supplies on each RHA.</li> <li>• DOC/ ADOC to assist with the residents' treatments</li> </ul>                                                                            |
| <b>Dietary Department</b> | <ul style="list-style-type: none"> <li>• Deliver trays to the units for the 2<sup>nd</sup> sitting of meal time, East wing, and assist with delivering trays (Full or part) to the resident room</li> <li>• Housekeeping/Activity/Maintenance can help deliver the meal trays</li> <li>• The food and fluids documentation needs to be prepared/assembled in the kitchen, then brought to the unit –this is to ensure proper food and fluid consistency is given to the resident</li> <li>• The dietary manager will designate staff in the kitchen for food preparation</li> <li>• 1 staff can work on each diet (e.g. all pureed, all minced, all regular</li> <li>• List of residents on the same diet</li> <li>• Wipe it down (meal trays)</li> <li>• To collect the Meal Trolley from the units after 1<sup>st</sup> serving to be ready for 2<sup>nd</sup> serving</li> <li>• Collect the Trolley after the resident's meals, 2<sup>nd</sup> serving.</li> <li>• To continue with the snack care delivery to the unit as usual</li> <li>• Ensure there are adequate utensils, cups on the trays and a few extra if required</li> <li>• Ensure that there are enough fluids on the unit.</li> <li>• Prepare an individual water container on each unit for residents and staff</li> </ul> |
| <b>DOC / ADOC</b>         | <p>DOC/ADOC to have a list available for all nursing staff who are willing to do the following:</p> <ul style="list-style-type: none"> <li>• Work 10 – 12-hour shifts</li> <li>• Work on assigned days off</li> <li>• Part shift that will work full shifts</li> <li>• Assist in updating families about the resident's status</li> <li>• Ensure staff who are working an extended shift are offered a meal incentive</li> <li>• May wear uniform or nursing coat with bright colours which the resident loves.</li> <li>• Provide note notebook for all nursing staff (Shannon/Belisha)</li> <li>• Provide the Dietary Manager with the List of residents per unit</li> <li>• Order Linen bags for the laundry department (Environmental Manager)</li> <li>• Ensure there is a contingency plan for the resident's hair care service</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BSO<br/>(Candace, Elaine, Patricia)</b> | <ul style="list-style-type: none"> <li>• To create an individual Activity for the BSO residents</li> <li>• Provide guidelines to the BSO PSW during the outbreak</li> <li>• Where needed, BSO staff have to help.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Housekeeping Department</b>             | <ul style="list-style-type: none"> <li>• Ensure adequate paper towels, etc., on each unit</li> <li>• Ensure Hand Sanitizer is available and the dispenser is working in each designated area</li> <li>• Ensure soap in all rooms and shower/ tub rooms</li> <li>• Check and ensure that there are more back-up batteries on the hand sanitizers in the common areas.</li> <li>• Complete inventory of the paper towels, garbage bags</li> <li>• Review the need for a 12-hour shift if required</li> <li>• Staff will be cross-trained</li> <li>• Laundry--Linens will be looked at—Nursing (changing of bed linen only as needed)</li> <li>• Deep cleaning will be done only as needed (Routine will be changed) –Deep cleaning will be focused on the affected rooms.</li> </ul>                |
| <b>Laundry Department</b>                  | <ul style="list-style-type: none"> <li>• To ensure a Hamper is on each unit to collect Aprons</li> <li>• Res. Clothing should be placed in a red bag</li> <li>• --Environmental Manager to ensure there are adequate red bags available</li> <li>• --All residents who are on isolation precaution, red bags need to be placed in the room</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Activity Staff</b>                      | <ul style="list-style-type: none"> <li>• Assist with Tray delivery to the resident rooms</li> <li>• Assisting with feeding the resident and cleaning the resident's face/ mouth after eating.</li> <li>• Return trays to the Trolley and bring them to the kitchen</li> <li>• Create one-to-one activities for each resident as tolerated</li> <li>• Assist with the sanitization of high-touch areas with Cavi wipes</li> <li>• Assist with bed making</li> <li>• Assist with serving snacks on the units</li> <li>• Activity Manager to designate 1 activity staff to each unit</li> <li>• One-to-one for immobile residents—active/passive range of motion can be done</li> </ul>                                                                                                              |
| <b>Executive Director</b>                  | <ul style="list-style-type: none"> <li>• Hotel to stay should the home be in a significant outbreak, since some staff are afraid to go home to their families</li> <li>• Provide Breakfast, Lunch and dinner for staff who are not going home</li> <li>• All PPE, especially masks, gowns and Gloves, to be readily available at all times.</li> <li>• To pay staff overtime where required</li> <li>• Ensure a separate room for Isolation where possible</li> <li>• Over-bed tables for feeding in rooms</li> <li>• Conduct weekly meetings with the Department Manager to ensure smooth operation within the department</li> <li>• To conduct bi-weekly town hall meetings to update all employees of changes in the Home to be implemented as per the Ministry of Health Directive</li> </ul> |