



DURHAM CHRISTIAN HOMES
SENIORS' HOUSING AND LONG-TERM CARE

Emergency Preparedness, Response and Recovery PLAN

June 2022



**EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY
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Emergency Preparedness, Response and Recovery Plan

INTRODUCTION

The purpose of this plan is to provide guidance in order to protect residents and others in a long term care home in the event of an emergency and plan for the delivery of health care during a disease of public health significance including outbreak, epidemic, pandemic, endemic or other events wherein there is an interruption or loss of essential services such as; but not limited to: water (boil water advisory), heat (extreme weather alert), electricity, natural gas, elevator or nuclear.

The objectives of the health care system during an emergency are:

- To provide optimal care for Residents
- To maximize the effectiveness and efficiency of the delivery of health care services with the available resources (e.g., human and material); and
- To prevent the spread of illness in a long term care home

DEFINITIONS

Epidemic-a disease that affects a large number of people within a community, population or region ie measles, polio

Pandemic-an epidemic that is spread over multiple countries or continents ie COVID-19. All Ministry of Long-Term Care Directives will supersede precautions in the event of a pandemic.

Endemic-a disease that belongs to a particular people or country ie malaria in Africa

Outbreak-occurs when there is a greater than anticipated increase in the number of endemic cases. An outbreak can be a single case in a new area. If not quickly controlled, an outbreak can become an epidemic ie. Norwalk, Influenza

STAGES OF EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY

Prevention

Actions taken to prevent the emergency which can greatly diminish the response and recovery activities required.

Mitigation

Actions taken to reduce or eliminate the effects of an emergency. Similar to prevention, mitigation measures can include human and material, capital improvements, regulations, and education.

Preparedness

Measures taken before an emergency to ensure as effective a response as possible, including plans, training, exercises, education, alerting and notification systems, procedures, organization, infrastructure protection and standards.

Response

Measures to ensure that a controlled, co-ordinated and effective response is quickly undertaken at the onset of an emergency to minimize its impact. As response activities begin to taper off, the operational focus begins to transition from response to recovery.

Recovery

Measures taken to assist individuals, homes and communities to return to a state of normalcy from an emergency. Recovery measures include environmental clean-up, return of evacuees, emergency financial assistance and psycho-social counselling.

Role of the Health Care System in an Emergency Response

All levels and all parts of the health care system are involved in the health care response to an emergency. The coordination of services between all levels of government, across the continuum of care within a health region, and within and across jurisdictions, is integral to an effective and efficient response. Linkages with public health will help ensure that health care providers stay informed of local surveillance information and relevant public health guidance, activities, and initiatives. Coordination with other components of the response (e.g., surveillance, laboratory, public health measures) are crucial for optimal health care system functioning.

Role of the Public Health Unit (PHU)

Prevention and Preparedness

- Advise homes on epidemic/pandemic/endemic/outbreak prevention (including hierarchy of controls) and preparedness for managing cases, contacts and outbreaks, in conjunction with advice provided through the Ministry of Health (MOH), the Ministry of Long Term Care (MLTC), and the Ministry for Seniors and Accessibility (MSAA).

Case and Contact Management/Outbreak Management

- Receive and investigate reports of suspected or confirmed cases and contacts in accordance with the Health Protection and Promotion Act, 1990 (HPPA)
- Enter cases, contacts, and outbreaks in the provincial surveillance system, in accordance with data entry guidance provided by Public Health Ontario.
- Determine if an outbreak exists and declare an outbreak.
- Provide guidance and recommendations to the home on outbreak control measures in conjunction with advice provided by MOH, as well as MLTC and/or MSAA as relevant.

- Make recommendations on who to test, facilitate a coordinated approach to testing, in collaboration with Ontario Health, including provision of an investigation or outbreak number.
- Host and coordinate outbreak meetings with the home, MLTC/ Ontario Health, Infection Prevention and Control (IPAC) Hubs, etc.
- Issue orders by the medical officer of health or their designate under the HPPA, if necessary.
- Declare the outbreak over.

Coordination and Communication

- In the event that a case or contact resides in a PHU that is different than that of the home, discussions between the respective PHUs should take place to coordinate contact follow-up and delineate roles and responsibilities.
 - o The PHU of the home is typically the lead PHU for home follow-up
 - o Request support from the Ministry of Health’s Emergency Operations Centre (MEOC) if coordination between multiple PHUs is required for outbreak management.
- Notify the MEOC (EOCOperations.moh@ontario.ca) of:
 - o Potential for significant media coverage or if media releases are planned by the PHU and/or LTCH
 - o Any orders issued by the PHU’s medical officer of health or their designate to the LTCH and share a copy.
- Engage and/or communicate with relevant partners, stakeholders and ministries, as necessary.

Role of the Ministry of Health (MOH)

- Provide legislative and policy oversight to PHUs and their Boards of Health
- Issue guidance to PHUs on the management of COVID-19 cases, contacts, and outbreaks, and provide clear expectations of PHUs’ roles and responsibilities.
- Provide ongoing support to PHUs with partner agencies, ministries, health care professionals, and the public, as necessary.
- Support PHUs during investigations, through the MEOC and/or the Office of the Chief Medical Officer of Health (OCMOH), with respect to coordination, policy interpretation, communications, etc. as requested
- Support and coordinate teleconferences, if needed, via the MEOC.
- Receive notification through the MEOC:
 - o If the PHU believes there is potential for significant media coverage.
 - o If orders are issued by the local medical officer of health or their designate to the home.

Role of MLTC and Ministry for Seniors and Accessibility (MSAA)

- Provide legislative and policy oversight to homes
- Communicate expectations and provincial-level guidance on COVID-19 related policies, measures, and practices to homes
- Provide ongoing support and communications to homes with partner agencies, ministries, and the public, as necessary
- Support the procurement of supplies of personal protective equipment (PPE)

Role of Public Health Ontario (PHO)

- Provide scientific and technical advice to PHUs to support case and contact management, outbreak investigations, and data entry.
- Develop evidence-informed resources, programs, and approaches to inform the supports provided by IPAC Hubs.
- Provide advice and support to IPAC Hubs to expand pre-existing IPAC networks
- Advise on and support laboratory testing as needed
- Work with MOH and other government and health system partners on a coordinated approach to strengthening IPAC programs and individual capacity
- Provide scientific and technical advice to MOH and PHUs, including multi-jurisdictional teleconferences

Role of the long-term care home (LTCH)

- All homes are required to report that a person is or may be infected with an agent of a communicable disease to their local PHU, as per subsection 27(2) of the HPPA
 - o COVID-19 is a designated disease of public health significance and a communicable disease (O. Reg. 135/18). As such, all suspected and confirmed cases of COVID-19 are reportable to the local PHU under the HPPA
 - o LTCHs are required to immediately report any outbreak (suspected or confirmed) to the MLTC using the Critical Incident System during regular working hours or calling the after-hours line at 1-888-999-6973 after hours and on weekends
 - o LTCHs must also follow the critical incident reporting requirements in section 107 of O. Reg 79/10 under the Long-Term Care Homes Act, 2007
- All homes, as employers under Occupational Health and Safety Act, 1990 (OHSA) and its regulations, have a duty to take every precaution reasonable in the circumstances for the protection of a worker. This includes protecting workers from the hazards of infectious diseases

- Under OHSA, an employer must provide written notice to the Ministry of Labour, Training and Skills Development (MLTSD) within four days of being advised that a worker has an occupational illness and under the Workplace Safety and Insurance Act, 1997 (WSIA), must report to Workplace Safety Insurance Board (WSIB) and to relevant trade union, if any, within 72 hours of receiving notification of said illness
- Implement prevention measures found in guidance or as directed by the MOH, MLTSD, and their local PHU, as well as MLTC (including Directives issued by Minister of Long-Term Care) and/or MSA as applicable
- Coordinate with the local PHU and other stakeholders as appropriate, as part of the investigation of cases, contacts, and outbreaks
- Maintain accurate records of staff attendance, all visitors, and resident information
 - o Records of staff attendance and visitor logs must be kept for the last 30 days, as well as up to date contact information for staff and visitors
 - o This information should be available to be accessed and shared with the local PHU in a timely manner (within 24 hours) for investigations and communications
 - o Facilitate access for PHUs to staff lists for staff not directly employed by the home (e.g. third party/temporary agency workers)
 - o Keep a log of all visitors (i.e., essential visitors including caregivers, general visitors) who enter the home, location(s) visited and dates/times of visit to facilitate contact follow-up if needed
 - o Provide PHU with the name(s) and contact information of a designated point of contact for use during and/or after business hours, to ensure timely investigation and follow up cases, contacts and outbreaks
 - o In collaboration with the PHU, communicate proactively with the home's staff, visitors, residents, and the resident families about prevention measures and about how ill individuals, cases, contacts and outbreaks will be handled
- Provide training to home staff, including temporary/agency staff and staff/volunteers from external partners, with respect to outbreak prevention and control measures, including IPAC measures and the use of personal protective equipment (PPE)
- Follow the directions of the local PHU if any staff or residents have contracted illness, are exposed to someone with illness, or if there is a suspect or confirmed outbreak in the home
- Encourage/support vaccination by providing education to workers
- Consultation with Residents' Council and Family Council
- Posting of emergency plans on our public website

Role of Ontario Health

- Coordinate local planning among health system partners for testing to ensure the availability of testing resources.

- Deploy testing resources and modalities to meet the testing needs identified by the PHU and the home.
- Collaborate with the PHU and the homes to monitor testing demands and access.
- Work with testing centers to optimize sample collection and distribution to reduce turnaround times

Role of the IPAC Hubs

- Facilitate access to IPAC training and practice needs for LTCHs within their catchment area
- Strengthen current partnerships with Homes in their catchment and broker new ones
- Support a network of IPAC service providers and experts and work to align local resources to IPAC needs within LTCHs and RHs for both prevention and response
- Bring forward and escalate issues of concern that are outside of the scope of IPAC through established mechanisms with ministry partners
- Collaborate with PHO and other government and health system partners to strengthen IPAC programs reflecting field observations.
- Help to support homes with the implementation of outbreak control measures provided by the PHU or Outbreak Management Team

Role of Ministry of Labour, Training, Skills and Development (MLTSD)

- Receive notice of an occupational illness from employers under subsection 52(2) of the OHSA. An occupational illness includes any condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that normal physiological mechanisms are affected, and the health of the worker is impaired; and includes an illness caused by an infection from an exposure at the workplace.
- Investigate occupational illness notifications to determine if the employer is in compliance with the OHSA and its regulations and that appropriate measures have been taken to prevent further illnesses.
- Inspect workplaces to monitor compliance with the OHSA and its regulations
- Investigate unsafe work practices, critical injuries, fatalities, work refusals and occupational illness, all as related to worker health and safety. This includes investigation of reports of by employers to MLTSD
- Issue orders under the OHSA and its regulations
- The MLTSD Health and Safety Contact Centre (1-877-202-0008) is available for anyone to report health and safety concerns or complaints
- While this document focuses in part on the role of the MLTSD's health and safety program, the ministry also administers the Employment Standards Act, 2000. If workplace parties request information

regarding employment standards, they can be referred to the Employment Standards Information Centre: 1-800-531- 5551.

Role of external partners

- This includes external organizations who are engaged or brought on to assist with a home's emergency response including, but not limited to, the Canadian Red Cross, Durham Region EMS, Police, Fire, Transit, Ontario Power Generation (OPG), Environmental Protection Agency (EPA), vendors, Ontario Long Term Care Association (OLTCA),
- Inform the home of their engagement to assist with the home's emergency response
- Follow the direction of the Emergency Management System and assist in the emergency response as advised

Key Contacts for Emergency Planning and Response – Glen Hill Strathaven and Glen Hill Terrace

Ministry of Long Term Care

Public Health – Durham Region Health Department – 905 723-3818

IPAC Hub – Lakeridge Health, Infection Prevention and Control – 905 242-7860 – IPACHub@lh.ca

Durham Region EMS

Clarington Fire Services

Whitby Fire Services

Region of Durham (water, gas, electricity)

Municipality of Clarington (water, gas, electricity)

Schindler Elevator

Enbridge Gas

Emergency/Outbreak Management Team – Glen Hill Strathaven

Infection Control Lead	Janice Elder, Director of Care
	Shaunette Collins, IPAC Consultant
Administrator	Christine Langton
Medical Director	Dr. Ed Osborne
NP	Saad Rahman
ADOC	Jennifer Collins
Environmental	Craig Aimers
Dietary	Janet Hall
Programs	Christina McConachie
Social Services	Christina McConachie
Chaplain	Donna Knight
Public Health	Durham Region Health Department
JHS Representative	Christina McConachie/Maureen Brazil

Emergency/Outbreak Management Team – Glen Hill Terrace

Infection Control Lead	Kim Alfano ADOC
	Shaunette Collins, IPAC Consultant
Administrator	Kathryn Pilkington
Medical Director	Dr. Will Lottering
NP	Camille Lalonde
DOC	Juanne George
Director of Quality and Innovation	Shauna Rekker
Environmental	Rob Doble
Dietary	Sodexo
Programs	Leigh Ann Sherman
Social Services	Jennifer Moniz
Chaplain	Anita Demeter-Siposne
Public Health	Durham Region Health Department
JHS Representative	Kim Alfano/Gloria Prosper

Role of the Emergency/Outbreak Management Team:

- Check criteria for establishing presence of an outbreak with previous records
- An abnormal number of cases or unusual presentation of a disease.
- Establish clinical definition of case and determine outbreak criteria.
- Increase Surveillance, Data, Collection, Intervention
- Case finding - refer to case definition
- Contact tracing
- Environmental assessment
- Confirm with lab diagnosis
- Orientate data in terms of person, place and time
- Inform PHU and MLTC
- Communicate with staff, residents and families
- Isolate and treat all cases
- Continue Surveillance
- Address source and transmission
- Determine who is at risk
- Institute preventative measures
- Generate and test hypothesis
- Enter CIS
- Develop long-term prevention and control measures

OUTBREAK PREVENTION AND PREPAREDNESS

The home will be prepared for emerging 'waves' and/or subsequent variants of disease and effectively prevent and manage an outbreak

Establish Partnerships

The home will establish partnerships and maintain relationships and communication with their Health Care System partners including, but not limited to:

- Public Health Unit
- Ministry of Health/Ministry of Long-Term Care
- IPAC Hub
- Home and Community Care Support Services
- Local Hospitals
- Ontario Health Team

The home will ensure clarity around respective roles, responsibilities and contributions with health care system partners

Audit Readiness

The home will audit and assess compliance and readiness by conducting regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak. This will help to identify and address gaps in IPAC practices.

The home will follow the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes or Public Health Units, effective July 23, 2021 or as current for detailed requirements and information regarding IPAC audits

Compliance with Regulatory Directives and/or Legislation

The home will comply with all directives issued by the Ministry of Health and/or legislation to govern the management of emergencies in long-term care homes.

Current Directives and Resource Documents

COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
(gov.on.ca)

COVID-19 guidance document for long-term care homes in Ontario | ontario.ca

COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units (gov.on.ca)
Long Term Care Homes Act

Fire Safety Plan of the home

Policies of the home-Code Red, Code Green,

IPAC Program

The Infection Prevention and Control (IPAC) program will be an active and coordinated effort of the interdisciplinary team. Oversight of the IPAC program will be coordinated by the designated IPAC Practitioner in the home with additional support from the Corporate IPAC Consultant and external IPAC stakeholders. The interdisciplinary IPAC team will meet quarterly and on a more frequent basis during an infectious disease outbreak in the home.

The home will maintain an interdisciplinary IPAC Committee that will report to the Professional Advisory Committee.

The home will maintain an active Infection Prevention and Control program including, but not limited to, the following provisions:

Personal Protective Equipment (PPE)

The home will ensure that Personal Protective Equipment (PPE) supplies are maintained and staff, visitors and volunteers are provided with information and training on the care and safe use of PPE including proper donning and doffing PPE

Public Health Resources: Recommended Steps: Putting On And Taking Off Personal Protective Equipment (PPE) (publichealthontario.ca), Resources/Posters/Fact Sheets/Training Videos, Prevention

and Management of COVID-19 | Public Health Ontario, Universal Mask Use in Health Care Settings (publichealthontario.ca), Public Health Ontario Infographic on Physical Distancing in LTC for Health Care Workers and Residents, Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes (publichealthontario.ca), Key Elements of Environmental Cleaning in Healthcare Settings (publichealthontario.ca)

Ministry of Health Resources: COVID-19 Reference Document for Symptoms - Version 9.0 – January 4, 2022, COVID-19 Reference Document for Symptoms (gov.on.ca), COVID-19 Screening Tool for LTC Homes and Retirement Homes - Version 8 – February 16, 2022, LTCH Screening Tool - English (gov.on.ca), Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 or Influenza Immunization Version 3.0 – November 30, 2021, Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 or Influenza Immunization (gov.on.ca), COVID-19: Long-term care home surveillance testing and access to homes | ontario.ca, COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units (gov.on.ca), Minister’s Directive: Long-term care home COVID-19 immunization policy | ontario.ca

Ontario Health Resources: Oral / Nasal Collection Instructions for RAT (ontariohealth.ca)

Education

The health care workforce is integral to an effective emergency response and will be trained and competent in their response roles. Strategies to optimize the use of health care workers will be reviewed by the Administrator and/or Outbreak Management Team along with mechanisms to augment human resources as needed and the provision of support for health care workers.

Education will include but is not limited to; IPAC for Use of Personal Protective Equipment (PPE), infection control, donning and doffing PPE, hand hygiene, outbreak management, emergency codes (Red, Green) and evacuation

All staff will be trained annually on emergency measures. On-the-spot re-training and refreshers, through staff huddles and 1:1 observation, will be provided during outbreak situations, and as deemed necessary

When additional precautions such as PPE are required, or in the event of an outbreak, training will be provided to residents, caregivers and visitors on relevant emergency measures such as the use of PPE and IPAC measures

The home will complete mock emergency drills as well as hand hygiene, donning and doffing audits to ensure compliance to emergency policies, PPE use and IPAC protocols

Audits will be reviewed by the Nursing Leadership and Quality teams with analysis and follow-up for improvements and additional education as needed

Surveillance Screening

The home will ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 or other relevant illnesses before they are allowed to enter the home as per the most recent directive and utilizing the Ministry of Health’s COVID-19 Screening Tool for Long-Term Care Homes and for minimum requirements and exemptions regarding active screening

All residents will be assessed at least once daily for signs and symptoms of illness including COVID-19, and temperature checks. Any resident who presents with signs or symptoms of illness or COVID-19 will

be immediately isolated, placed on additional precautions, and tested for illness or COVID-19 as per the COVID- 19 Provincial Testing and Clearance Guidance

Universal Masking

During such times as may be mandated by the Ministry of Health OR as determined by the home based on risk assessment, the home will employ a universal masking strategy to provide source control to help reduce the spread of illness and COVID-19. During such times, the home will ensure that all staff and visitors wear a well-fitted medical mask for the entire duration of their shift/visit, both indoors and outdoors, regardless of their vaccination status and regardless of whether the home is in outbreak or not.

Staff will comply with universal masking at all times, even when not delivering direct patient care including during break times unless separated a minimum of 2m from others to eat or drink

Children under the age of 2 are exempt from masking as is anyone with an accessibility or human rights accommodation

Physical Distancing

The home will ensure that physical distancing (a minimum of two metres or six feet) is practiced by all individuals at all times, except for the purposes of providing direct care to a resident or when the following exceptions apply:

- for residents to have brief physical contact with their visitors, regardless of visitors' vaccination status
- between residents, either one-on-one or in small group settings
- between fully vaccinated visitors and fully vaccinated residents
- for the purposes of compassionate or end-of-life visits
- while providing personal care services (for example, haircutting)

Furniture in the home (seating arrangements/chairs) will be arranged in such a manner as to promote physical distancing.

Floor markers will map out 2m distancing as appropriate for areas where people may congregate or line up.

Capacity limits for elevators will be posted to ensure physical distancing

Cohorting

Cohorting can help prevent the spread of illness in long-term care homes (LTCHs). To the extent possible, staff will be cohorted to work on consistent floors or home areas, including during breaks, even when the home is not in an outbreak. Staff gatherings will be limited in size and only when necessary. Where possible, virtual meetings will be held

Residents will be cohorted, by home area, for the purposes of programs and communal dining, based on current risk and community illness activity/cases of COVID-19

Cohorting may also be used to group residents based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak. In an outbreak situation, cohorting will be discussed and determined in consultation with Public Health and IPAC Hub

Environmental Cleaning

The home will employ best practices for environmental and equipment cleaning to ensure a safe and healthy environment. Additional cleaning and disinfecting of high touch surfaces will be completed as needed

Surveillance Testing

The home will comply with the most current directives and maintain a surveillance testing program as an additional screening measure for illness. All persons entering the home shall have a Rapid Antigen Test at a testing frequency as set out in the Minister's Directive: COVID-19 - Long-term care home surveillance testing and access to homes

Visiting

The home will have a visitor policy that complies with Minister Directives, guidance documents and Public Health recommendations related to visiting in order to support the illness response in the home and the community. The goal of the visitor policy is to balance the rights of the residents to receive visitors with the need to ensure the health and safety of our residents and staff

The home will follow the most current version of Minister's Directive # 3 and Directive COVID-19: Long Term Care Homes Surveillance Testing and Access to Homes.

Visiting may be restricted, or the type of visitors allowed into the home may change, at any given time, in accordance with the most current directives. Visiting may also be restricted based on vaccination status of visitors as per the most current directives

The visiting policy of the home reflects the following guiding principles:

- o safety – any approach to visiting must balance the health and safety needs of residents, staff, and visitors, and ensure risks are mitigated
- o emotional well-being – welcoming visitors is intended to support the mental and emotional well-being of residents by reducing any potential negative impacts related to social isolation
- o equitable access – all residents must be given equitable access to receive visitors, consistent with their preferences and within reasonable restrictions that safeguard residents
- o flexibility – the physical or infrastructure characteristics of the home, its workforce or human resources availability, whether the home is in an outbreak and the current status of the home with respect to personal protective equipment (PPE) are all variables to consider when setting home-specific policies
- o equality – residents have the right to choose their visitors. In addition, residents or their substitute decision-makers have the right to designate caregivers

Types of Visitors:

1. Not considered visitors

Long-term care home staff (as defined under the Act), volunteers and student placements are not considered visitors as their access to the home is determined by the licensee. Government inspectors are essential visitors; however, they are not subject to the requirements in this document with respect to homes' visitor policies.

2. Essential Visitors

Essential visitor is a person who:

- Is visiting to perform essential support services that meet an essential need of the resident or operations (e.g., food delivery, inspector, maintenance, or health care services such as phlebotomy)

There are 4 Types of Essential Visitors:

1) People visiting very ill or palliative residents who are receiving end of life care for compassionate reasons, hospice services, etc.

2) A support worker is a type of essential visitor who is visiting to perform essential support services for the Home or for a resident at the Home

Examples of support workers include physicians, nurse practitioners, maintenance workers, legal services, assistive devices program vendors, Canada Post, election workers, post-mortem services, social work services, or a person delivering food, provided they are not staff of the LTC Home as defined in the LTCHA

3) An Essential Caregiver is a type of essential visitor who is at least 16 years of age and is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity, social and emotional support, and assistance in decision-making)

Examples of ECGs include friends and families, privately hired caregiver, paid companions, translator

Essential caregiver visits DO NOT need to be scheduled. The length or frequency of the visits will not be restrictive

4) Government inspectors are essential visitors under Directive #3; however, they are not subject to this policy

3. General Visitors

A general visitor is a person who is not an essential visitor and is visiting: to provide non-essential services, who may or may not be hired by the home or the resident or their substitute decision maker for social reasons (for example, family members or friends) that the resident or their substitute decision-maker assess as different from direct care, including care related to cognitive stimulation, meaningful connection, spiritual and relational continuity

General Visits, either indoor or outdoor, may be required to be scheduled at the discretion and availability of the home's staff to support the visits. Where scheduling is required, the home will provide a platform for booking general visits

General visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home (for example, active screening, vaccination requirements, physical distancing, hand hygiene, masking for source control).

Designating an Essential Caregiver

The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker. Each resident can have up to 4 designated caregivers.

The home will keep a record of all visitors to the home and ensure that visitors follow all screening, IPAC, PPE and vaccination policies of the home

Absences

The home will accommodate resident absences, during an endemic, epidemic, pandemic or outbreak, in accordance with the most current directives as set forth by the Ministry of Health and Public Health which will balance the needs of the residents with the need to ensure the ongoing health and safety of the staff and residents of the home.

For all absences, residents must be:

- provided with a medical mask when they are leaving the home
- provided a handout that reminds residents and families to practice public health measures such as physical distancing and hand hygiene when outside of the home
- actively screened upon their return to the home

There are four types of absences:

1. medical absences are absences to seek medical or health care and include:
 - outpatient medical visits and a single visit (less than or equal to 24 hours in duration) to the emergency department
 - all other medical visits (for example, admissions or transfers to other health care facilities, multi-night stays in the emergency department)
2. compassionate and palliative absences include, but are not limited to, absences for the purposes of visiting a dying loved one
3. short term (day) absences are absences that are less than or equal to 24 hours in duration

There are two types of short term (day) absences:

- essential absences include absences for reasons of groceries, pharmacies, and outdoor physical activity
 - social absences include absences for all reasons not listed under medical, compassionate or palliative, or essential absences that do not include an overnight stay
4. temporary absences include absences involving two or more days and one or more nights for non-medical reasons

Effective February 21, 2022, all residents (regardless of vaccination status) may resume social short term (day) absences. Residents who have had at least three COVID-19 vaccine doses are able to resume temporary absences. However, homes should continue to encourage residents to:

- limit their contact with others, including avoiding large social gatherings
- physically distance and only be in close contact with people who have had three doses of a COVID-19 vaccine, especially when eating

Temporary absences are currently paused for all residents who have not had at least three COVID-19 vaccine doses.

The home cannot restrict or deny absences for medical or palliative or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak

Admissions and Transfers

The home will accept new admissions, as well as transfers of residents from other health care facilities back to the home, in a way that balances the dignity of the resident against the overall health and safety to the staff and residents of the home

All admissions and transfers into the LTCH must have a laboratory (lab)-based PCR COVID-19 or other applicable test, unless the exception for recently recovered residents applies. At any time, if the test result is positive, the resident will continue isolation on Droplet and Contact Precautions as a lab-confirmed case and public health unit will be notified

Additional precautions and isolation requirements will vary based on where the admission or transfer is coming from, vaccination status and outbreak status of the home. Isolation rooms are set aside by the home for admissions and transfers to safely isolate in a private room

Glen Hill Terrace Christian Homes Inc. recognizes the importance of immunization of staff members, student placements, and volunteers due to the nature of their work with vulnerable seniors and potential for exposure in the community. Our immunization policy aims to protect the homes population including residents, staff, and volunteers.

To help protect all residents and people who work at and visit Glen Hill Terrace Christian Homes Inc. from illness and potentially severe outcomes due to illness, and to help reduce the risk of outbreaks, Glen Hill Terrace Christian Homes Inc. will require all staff, placement students and volunteers to be fully vaccinated against COVID-19 complimented by a third dose booster vaccine, unless it is medically contraindicated.

An educational program has been approved by Glen Hill Terrace Christian Homes Inc. and addresses all of the following learning components:

- o how COVID-19 vaccines work;
- o vaccine safety related to the development of the COVID-19 vaccines;
- o the benefits of vaccination against COVID-19;
- o the risks of not being vaccinated against COVID-19; and
- o possible side effects of COVID-19 vaccination.

**GLEN HILL TERRACE
EMERGENCY RESPONSE PLAN**

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GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

INTRODUCTION TO INCIDENT MANAGEMENT SYSTEMS (IMS)



Purpose of an Emergency Response Plan

Why - The purpose of the response plan is to provide direction in the event of a disaster that affects the normal operation of the home.

What - Emergency situations are defined but not limited to missing residents, outbreak, fire, explosions, and loss of utilities, bomb threats, chemical spills or air hazards. Natural disasters are defined but not limited to floods, tornadoes, earthquakes, storms, landslides or animal threats.

When – An unscheduled event at any time

Who - It is essential that all staff are familiar with their responsibilities should an emergency and/or disaster threaten or strike. This manual describes the action to be taken in the event of an emergency that will:

- Protect the health and safety of residents and staff.
- Minimize the damage to the home.
- Ensure the continued operation of the home.
- Acknowledge our responsibility to the community.

The effectiveness of this emergency plan depends on the ability to remain calm and to co-operate with other emergency personnel.

Where – our homes and community or massive scale affecting provinces(s)

Cross References

The Emergency Response Plan may re-direct the reviewer to additional source information contained in standardized manuals, regulated industry standards and/or provincial authorities.

ALL STAFF ARE REQUIRED TO REVIEW THE EMERGENCY PLAN AND ATTEND TRAINING AS DIRECTED BY THEIR IMMEDIATE SUPERVISOR.

If the disaster affects the wider community, it is likely that the home will be part of the Community Disaster Plan. It is important that Management understand how much support will be offered by community plan and also know under what circumstances the community plan will over-ride the facility plan.

EFFECTIVE EMERGENCY RESPONSE PLANS UTILIZE AN INCIDENT MANAGEMENT SYSTEM

GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

Definition of an Incident Management System (IMS)

An Incident Management System (IMS) defines:

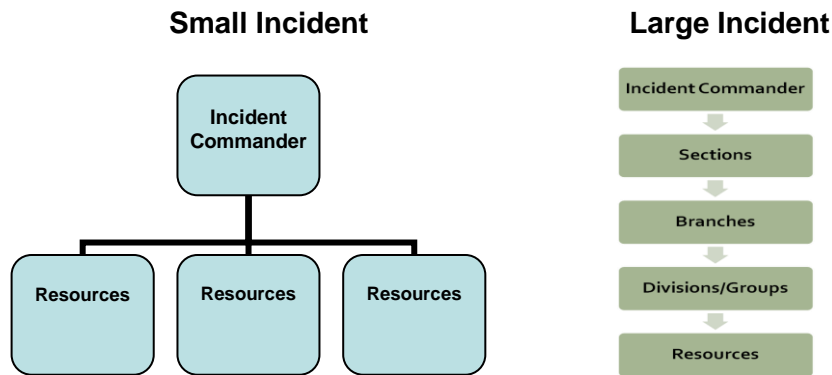
- The roles and responsibilities to be assumed by personnel in an emergency;
- The operating procedures to be used in the management and direction of emergency incident(s); and
- Other functions.

IMS particulars are developed by each site for preparedness and staff training to the IMS plan.

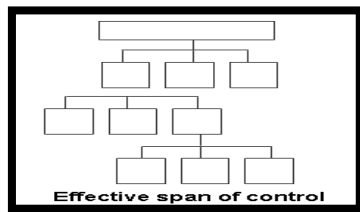
Incident Management is the broader term and framework of response utilized in the greater community / province within the sectors of emergency personnel who respond to an emergency situation. The collaborative approach to respond to emergencies called Incident Management Systems has been established across the country/provinces/regions/municipalities and cities as a means of coordinated response.

Benefits of IMS

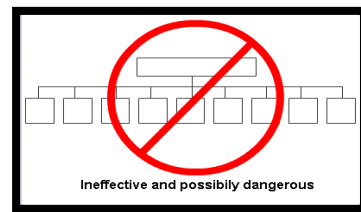
- Standardizes terminology across all sectors (sites) (retirement/LTC), municipal/regional (police, fire, ambulance) and province/federal/international.
- Increases communication to all people
- Scalable (day to day, small or large incidents). A small scale incident may be focused and may be managed effectively with one person in control. A large scale incident requires more people making decisions, directing flow of needs and reporting to one control person, the Site Incident Commander.



- Having specific positions with delegated roles and assigned responsibility assist the process to implement the required tasks. It is an effective span of control.
- Effectively manages the people resources available
- **Promotes inter-operability (operations focus on emergency operation while others support and resolve issues related to logistics, finance , media etc)**
- Improves safety of personnel



Verses



GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

The IMS is a response to any given emergency, to "manage the incident", large or small. For some incidents, and in some applications, only a few functional elements may be required. However, if there is a need to expand the assistance in emergency, additional positions exist within the IMS framework to meet virtually any need.

The IMS establishes lines of supervisory authority and formal reporting relationships. There is complete unity of command as each position and person within the system has a designated supervisor. Direction and supervision follows established organizational lines at all times. The following are the major responsibilities and duties of all Incident Command Positions (ICS).

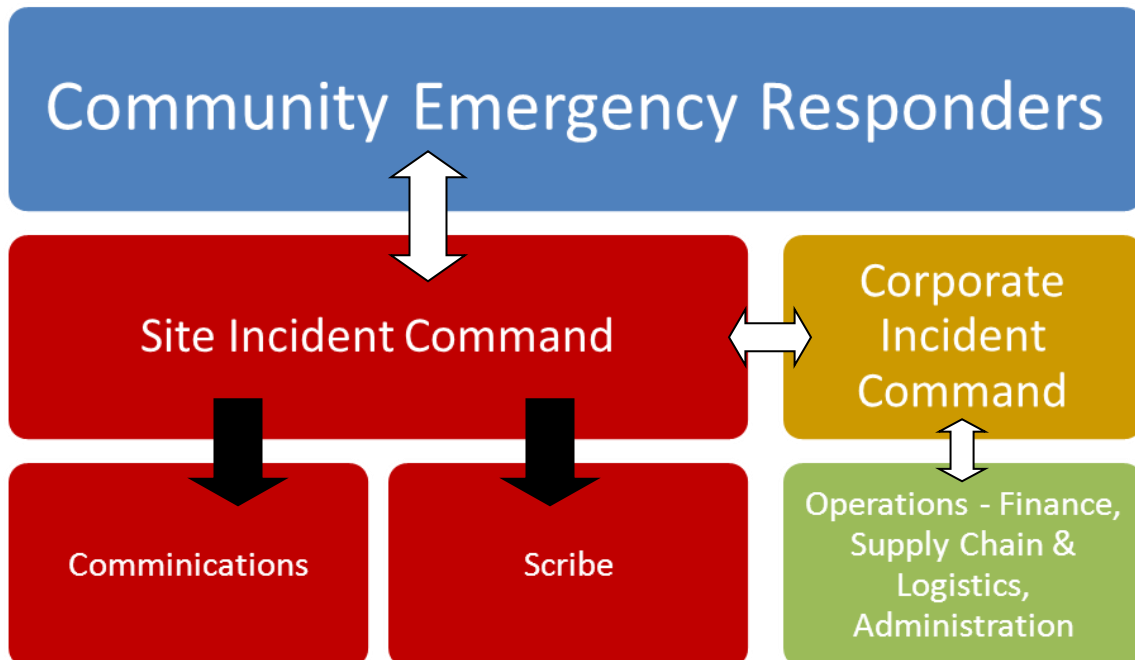
IMS Key Element Overview

- Model would be site specific
- Starts from the top - down
- Key elements of the system are listed below & demonstrated on flow charts on the following pages.

These *positions may be singular but the duties and responsibilities of each position are specific to the role:

- Command
- Operations
- Planning
- Logistics
- Finance / Administration

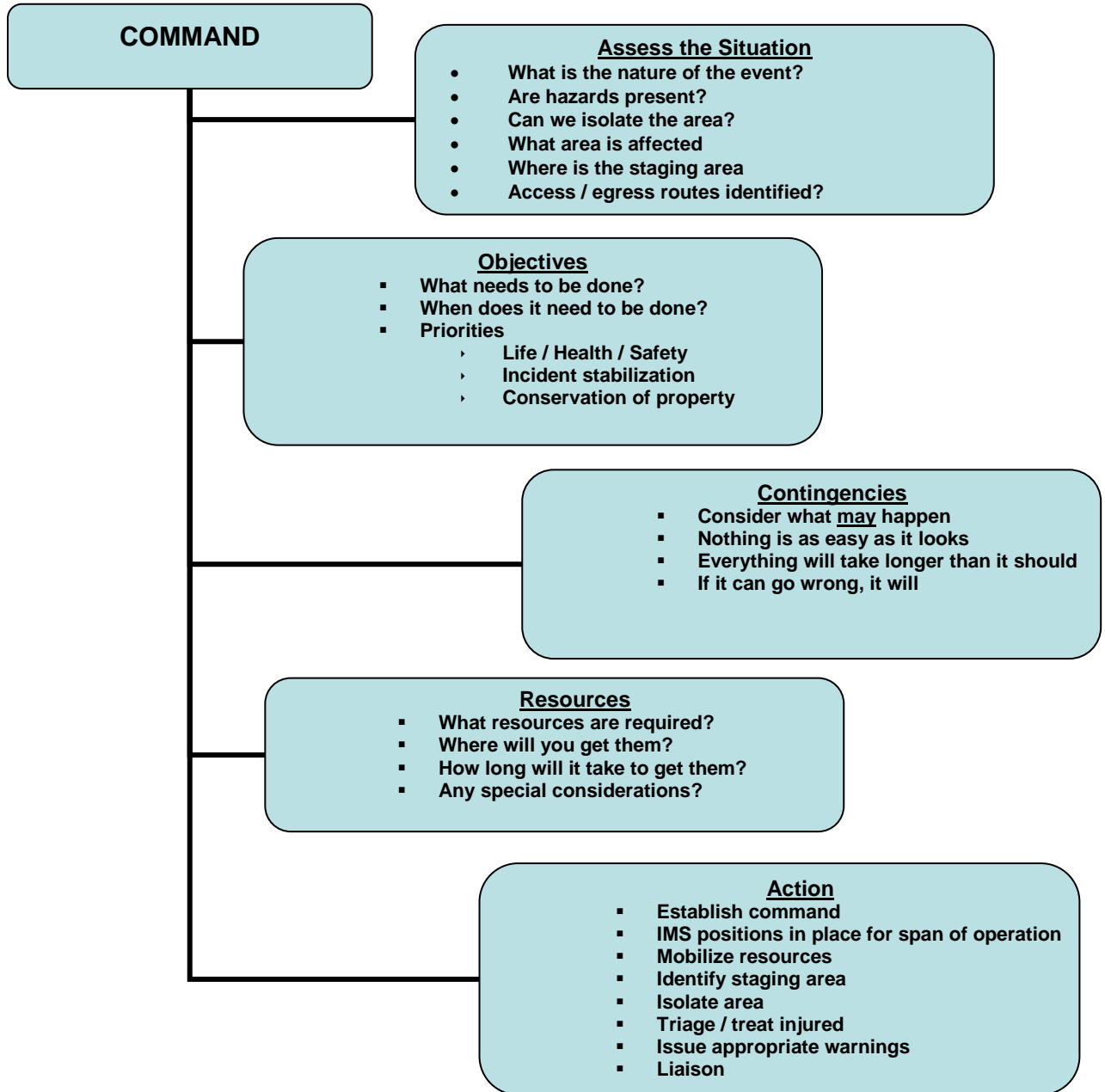
*Position responsibilities and duties of the above are described in detail in Tab 3: Setting-Up SEOC



**GLEN HILL TERRACE
EMERGENCY RESPONSE PLAN**

Role of Site Incident Command

This position is generally assigned to the Administrator; in the absence of a Manager, the most senior staff member on duty at the time of emergency will assume the position

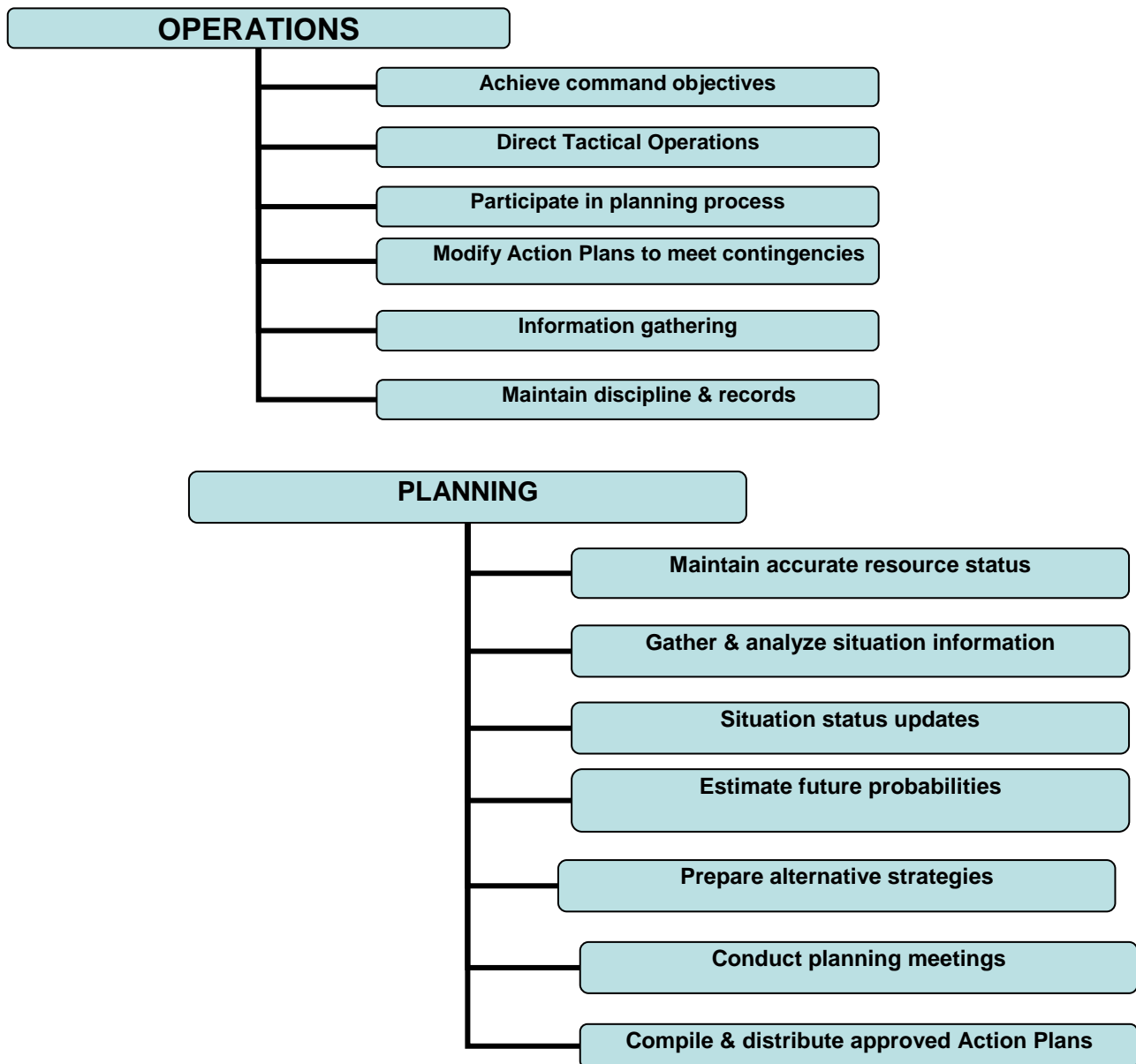


GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

Key Functions of Supporting Positions under Command

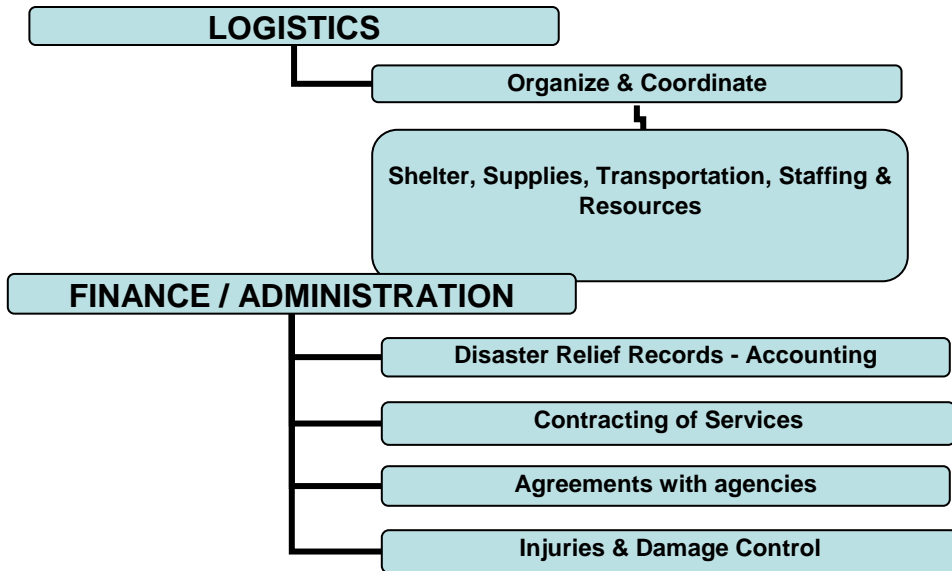
These positions are generally assigned to other managers such as:

- Director of Quality and Innovation/Associate Director of Care/ Director of Care
- Business Manager/Social Services Coordinator
- Program Manager
- Food Service Manager
- Maintenance/Environmental Services Manager
- Department Supervisors
- Team Leaders



GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

Use corporate Incident Command to assist with securing contacts, money, food etc.



Provincial Emergency Planning (PEP) Sources

(PEP) Provincial Emergency Program

PEP assumes the following responsibilities in the event of a major emergency or disaster.

- Coordinates all requests for provincial or federal emergency assistance.
- Recommends to the Provincial Government that a Provincial State of Emergency be declared.
- Maintains a Provincial Public Information program during all phases of a disaster.
- Responsibilities:
 1. Makes the appropriate request to the provincial ministries and agencies for assistance if local resources are not adequate for an effective response to the emergency.
 2. Arrange for Worker's Compensation coverage to registered emergency workers.
 3. Provides and maintains a Provincial Public Information Program during all phases of a disaster.

Ontario: Emergency Management Ontario; *Ministry of Community Safety & Correctional Services*: <http://www.emergencymanagementontario.ca/english/professionals/IMS/ims.html>

GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

Risk Management

The implementation of preventative maintenance programs to service property and equipment is the responsibility of the Administrator. Daily visual inspections and regular audits assist with the maintenance process.

The Emergency Plan outlines the education and training for the response of personnel. The plan provides the understanding of how to maintain and protect people and property which can lessen the devastation in the event of a major disaster.

DCH recognizes the need to identify and minimize all aspects of risk. This is accomplished through the development and monitoring of risk indicators at all sites as well as, the development of policies and procedures designed to minimize risk. Please refer to provincial, municipal / regional information available as part of the planning process of an emergency response plan for our homes.

GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

TERMS OF REFERENCE

Chief Fire Official: means the assistant to the Fire Marshal who is the Municipal Fire Chief or a member or members of the fire department appointed by the Municipal Fire Chief.

(IC) Incident Commander is one centralized person at a corporate level to coordinate the responsibilities of others who are assisting. The CIC will be an individual with decision making authority for finance matters

Combustible liquid: means any liquid having a flash point at or above 37.8 °C and below 93.3 °C.

Vapour Pressure: Means the pressure exerted by a liquid as determined by ASTM D 323, "Vapour Pressure of Petroleum Products (Reid Method)".
(space)

(CL) Communication Lead is the individual that has been appointed to the position. The role of the CO is to be the link of communication as authorized by the incident commander; this role will be assigned the task of contacting through a fan out list and coordinating communication activity through the Incident Commander (IC).

Home is the term used in the emergency plan manual and apply to DCH Long Term (LTC) Glen Hill Strathaven and Glen Hill Terrace.

(Greater) Community is the term used when we refer to the physical surrounding area in which the DCH community is located. Town of Whitby, Region of Durham, Town of Bowmanville, Municipality of Clarington

Disaster is an event which has the potential to impact the entire operations of the facility such as: natural disasters, e.g. earthquakes, hurricanes, tornadoes, floods and snowstorms, mass food poisoning, pandemic emergencies, fires, bomb threats, and arson attempts extensive or prolonged utility failure, acts of terrorism, chemical, biological, radiological, nuclear hazardous materials spill

Disaster Supplies are supplies which are necessary to support the community during an emergency response e.g. yellow keep out tape, green vest for the incident commander, hard hats, food & water supplies. The supply list needs to be site-specific, based on the likelihood of disasters which may occur in the area. Some sites may be legislated to maintain specific supplies.

(EMS) Emergency Management Service is normally made up of Police, Fire Departments and Ambulance crews from the local city/municipality, however during an emergency, Police and Fire Departments from other regions may be called to assist.

Exit is a means of egress, including doorways, that leads from the floor area it serves, to a separate building, an open public thoroughfare, or an exterior open space protected from fire exposure from the building and having access to an open public thoroughfare.

GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

(EAEP) External Air Exclusion Plan is a plan put into effect during air borne toxic contamination; example: gases which may be visible/ non-visible, odourous/non-odourous.

Fan-Out List is the listing of all staff members who would be contacted in the event of an emergency; the listing is prioritized by position (name), availability etc.

(FERP) Flood Emergency Response Plan pertains to those communities which are located or identified as having the potential risk of being located in flood regions; regions will have local authorities responsible to monitor conditions at all times

Flammable liquid: means a liquid having a flash point below 37.8 °C and having a vapour pressure not more than 275.8 kPa (absolute) at 37.8 °C as determined by ASTM D 323, "Vapor Pressure of Petroleum Products (Reid Method)".

Flash point: means the minimum temperature at which a liquid within a container gives off vapour in sufficient concentration to form an ignitable mixture with air near the surface of the liquid.

(FM) Fire Marshal is the person within a community responsible for annually reviewing / revising the fire safety plan; ensuring staff receive education and complete drills as outlined by the site fire plan in accordance with provincial Fire Code.

(FW) Fire Warden is the staff member responsible for the community in the event of a fire situation, there must be a fire warden available at all times on site. The fire plan will outline specific duties of this position.

(FR W) Floor Warden is the designated Staff Members in charge of a specific zone, compartment or floor area as specified in the fire plan.

Lock Down is a process in place to lock all exterior entrances and exits from the interior and exterior of the community to prevent a hazard from entering or exiting the building or a zone within a building.

Major Emergency is a sudden, unforeseen occurrence, requiring immediate action(s); a major emergency is a single incident event that affects specific areas and operational efficiencies of the community, e.g. a major fire, bomb threat, earthquake, major flood etc.

Means of Egress is a continuous path of travel provided for the escape of persons from any point in a building to a safe the exit. Means of egress includes exits and access to exits.

Media in general refers to various means of external communication. For example, television, radio, and the newspaper which may be seeking information to share OR in reverse, a community needs to broadcast information to the surrounding community for emergency assistance.

In the interest of residents, employees and business; ALL MEDIA CONTACT, INFORMATION AND CORRESPONDANCE REQUIRES CORPORATE AUTHORIZATION. The link for corporate and site information exchange is through the IC

GLEN HILL TERRACE EMERGENCY RESPONSE PLAN

MSDS (Material Safety Data Sheets): A compilation of information on the identity of hazardous chemicals, health, and physical hazards, exposure limits, and precautions

Municipality/Region is the legal geographic area of the home and it is governed by Municipal law accordingly.

(MEOC) Municipal Emergency Operations Centre the site at which representatives from local Police, Fire, Ambulance, Municipal Governments, Emergency Social Services, local Health Authority (if requested) and others set up a central command in order to most efficiently deal with the Emergency/Disaster at hand.

(PEP) Provincial Emergency Program

PEP assumes the following responsibilities in the event of a major emergency or disaster.

- Coordinates all requests for provincial or federal emergency assistance.
- Recommends to the Provincial Government that a Provincial State of Emergency be declared.
- Maintains a Provincial Public Information program during all phases of a disaster.
- Responsibilities:
 1. Makes the appropriate request to the provincial ministries and agencies for assistance if local resources are not adequate for an effective response to the emergency.
 2. Arrange for Worker's Compensation coverage to registered emergency workers.
 3. Provides and maintains a Provincial Public Information Program during all phases of a disaster.

Scribe is the designated person to be documenting in a sequential manner all the details of the process of the command and event. It is imperative this be completed for follow up after the emergency has passed. These records may form part of a legal inquiry.

(SEOC) Site Emergency Operations Centre is established in the event of a disaster, and the responsibilities for essential functions are assigned to appropriate persons.

The SEOC location is an area which has access to power (preferred alternate power source, telephone and preferably in a central location with access. The SEOC location is a control area which should not be accessed by all persons. A control point directly outside or in close proximity to the SEOC is required to prevent traffic from entry and interfering with the control operations during an emergency. There should be two pre-determined SEOC in an emergency plan; a primary and secondary.

(SIC) Site Incident Command is the person in the home who is responsible to coordinate the emergency with internal and external personnel.

**GENERAL SERVICE CONTACT LIST
EMERGENCY RESPONSE PLAN**

Glen Hill Terrace		
Service	Name	Contact Information
Ambulance Transportation (Non-Emergency) Service	Medstat Ems Angels of Flight	Office: (905) 432-3686
Animal Control	Animal Control	Office: 905-655-0283
Appliance Repairs Refrigerator, Freezer	Scott Love Williams Food Equipment	Office: 519-984-7964
Laundry Service	Diversy	Office: 1 800 886 7171
Electrical Service/Contractor	O'Connor Electric Corey Schatz	Office: 519-745-8886 Cell 519-577-1499
Elevator Service	Schindler - Michael Brevetti	Office: 647-332-9278
Environmental / Hazard Clean Up (Provincial)	Spill Action Centre for Ontario Ministry of the Environment	Office: 416 325 3000 After Hours: 1 800 268 6060
Fire Service	Dunwell	905 683 3473 1 855 286 3473
Fire System Monitoring Services Facility account 11-0264/41-0264	Dunwell	416-679-9696
Fire System Service Sprinkler Technical (Panel)	Dunwell	905 683 3473 1 855 286 3473
Food Delivery:	Sysco Gordon Food Services	1-855-450-3069
Generator Service	Generac	1-888-436-3722
Generator Fuel	Durham Fuels	Office: 905 697 2300
Heating, Ventilation, Air Conditioning (HVAC) and kitchen equipment	Nekison Engineering and Contractors - Rae Jain	416-259-4631
Information Technology Corporate Local Assistance	Michael Birman Fully Managed	mbirman@eyeseverywhere.ca 1-416-731-1012 1-866-698-8454 than dial 2 than 1
Pest Control	0-Rentokil	Office 416 678 6389
Pharmacy	Care RX	Office: 1 877 336 8672

Glen Hill Terrace

Service	Name	Contact Information
Translator (for resident/family)	Translation Services	Office: 1 888 294 3032
Radio Station Station ID#	KX 96	Office: 905-428-9600
Security System	ADT	Office: 1-800-268-7787
Snow Removal	Zylstra Landscaping	Office: (905) 429-9325 jamie@zylstralandscape.ca
Canada Bread		Office: 1 866 273 5371 After Hours: 1 866 273 5371
Water Fresh Water Potable	Ontario Clean Water Agency	Office: 416 314 5600 After Hours: 416 314 5600
Nurse call system	KR Communications On call	519-748-7614 519-684-7570
Mag Locks	KR Communications On call	519-748-7614 519-684-7570

GENERAL SERVICE CONTACT LIST EMERGENCY RESPONSE PLAN

Glen Hill Strathaven		
Service	Name	Contact
Ambulance Transportation (NoN-Emergency) Service	Medstat EMS Angels Of Flight	(905) 432-3686
Animal Control	Clarington Animal Control	(905) 623-7651
Appliance repair	Advanced Catering Food Service	(416) 269-2424
Hvac Systems,Fridge and freezer	Pure Mechanical	(905) 447-6913
Laundry	Dalex	1-800-387-3507
Dishwasher	Diversy	1-800-886-7171
Electrical and Fire Systems, Sprinklers and Mag Locks	GC Electric (24 hours)	(905) 683-3353
Elevator	TK Elevator	1-800-233-5757
Emergency Fridge ration Storage/ Food deliveries	Sysco	1-800-325-8841
Environmental / Hazard Clean Up (Provincial)	Spill Action Centre Ontario (MOE)	1-800-268-6060
Fire Monitoring System	ADT/Exclusive Alarms	1-800-268-7787 PW # 584425354
Generator Service (system eastside)	Power Station	1-800-979-7786
Generator	Wajax	(905) 432-3838
Generator Fuels	Durham Duels	(905) 697-2300
IT Computers	Eyes Everywhere	(416) 731-1012
Pest Control	Rentokil	(416) 678-6389
Plumbing	Plumbing Dr.	(905) 432-1625
Pharmacy	Smart Meds	1-877-336-8672
Translators For families and residents	Translations Services	1-888-294-3032
Radio Station	KX96	(905) 428-9600
Landscaping / Snow Blow	Thomas Milner	(289) 688-4727
Canada Bread		1-866-273-5371
Nurse Call System	KR Communications	1-519-684-7570
Door Key Pads	T.M Bradley	(905) 429-1332

EMERGENCY RESPONSE PLAN

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EMERGENCY RESPONSE PLAN

ACRONYMS

Code Orange announces an “ALERT” to all staff to prepare for an emergency, make their work area safe and report to the Site Emergency Operations Centre. The emergency response is being reviewed by the Site Incident Command and appropriate responses determined.

Code RED announces a fire in the home.

Code GREEN announces an evacuation of the home, either partial or full.

Code WHITE announces a situation of violence and or aggression in a specific area and/or the entire home is to be locked-down.

Code GREY announces an air hazard is present; all HVAC systems will be shut-down.

Code BROWN announces a hazardous spill.

Code Black announces a bomb threat and further emergency action will be provided for evacuation, search of home, lock-down etc.is required to search the home.

Code Blue announces a medical emergency in the home.

Code Yellow announces a missing resident.

CODE ORANGE	DISASTER/MAJOR EMERGENCY (INTERNAL OR EXTERNAL)
CODE RED	FIRE
CODE GREEN	EVACUATION
CODE WHITE	VIOLENCE & AGGRESSION
CODE BROWN	HAZARDOUS SPILLS
CODE GREY	SHUTDOWN & AIR EMERGENCY
CODE BLACK	BOMB THREAT
CODE BLUE	MEDICAL EMERGENCY
CODE YELLOW	MISSING RESIDENT

EMERGENCY RESPONSE PLAN

How to Announce Code

In the event the SIC/designate has determined a code; a **CODE CALL** is required:

1. It is to be announced using public address system.
2. Code calls need to be announced in a clear voice, slowly allowing space between directions – staff to breathe between sentences. Calls are announced/repeated three (3) times to ensure all parties have heard.

“Attention All Staff, Code ????????”

“Attention All Staff, Code ????????”

“Attention All Staff, Code ????????”

3. The SEOC is a predetermined location and staff will know the location. In the event of some code situations, an alternative location would be announced and/or a specific location of emergency for staff to report to.

Example: Code Blue will direct selected staff to the location; Code Red will direct all staff to specific area.

“Attention All Staff, Code ????????”; Staff report to ??????”

“Attention All Staff, Code ????????”; Staff report to ??????”

“Attention All Staff, Code ????????”; Staff report to ??????”

4. If there has been a loss of power; use alternate methods of communication:
 - Walkie talkie, cell phones, Ipads, laptop
 - Loud Hailer / Bull Horn / Mega Phone
 - Runners – an assigned person to communicate between areas
5. Inform and advise staff of situation, location (not all codes will announce a location); staff are expected to proceed into the corresponding code emergency protocol
6. All codes utilize the same manner of announcement

Answering a Code

All staff on duty are to respond to a code call following the protocol outlined in the IMS/Emergency Plan. Safety of all is important; staff must ensure their work station is safe and secure before responding to the call.

Example:

- If you are providing care with residents ensure they are in a safe location and you are able to leave
- Turn off all appliances which cannot be supervised.
- Depart the work area/station in a safe manner; be quick but calm and controlled.
- Designated “home areas” (care and secure areas) which have multiple staff will follow their fire plan response to have a designated “charge person” to provide direction and the areas cannot be left without supervision.

EMERGENCY RESPONSE PLAN

Terminating a Code Call

When the IC has determined an emergency is ended and is authorizing the end of an emergency and a return to areas and routines activity, the same principles of announcing are reversed in a clear, precise voice. A termination code call is to be announced using the repetition of three (3) announcements to inform all staff.

A code script to terminate an emergency code is as follows:

“Attention All Staff, Code ?????? has ended, ALL CLEAR

“Attention all staff, Code ?????? has ended, ALL CLEAR

“Attention all staff, Code ?????? has ended, ALL CLEAR

Upon the announcement of an "All clear", staff are to return to normal duties unless otherwise directed and ensure the area of work is safe for residents and staff. If equipment has been used and part of the emergency protocol, it is to be returned to safe storage and/or replaced if required.

The SIC will direct a de-briefing session to review incident and obtain all information relevant to the situation.

FORMS LIST

Forms are standardized to ensure the quality of content and structure is consistent across all sectors; please complete the forms as instructed for use.

FORM #	ISSUE/REVISION DATE	FORM NAME	INSTRUCTION FOR USE
ERP-2-01	April 2021	Emergency Code Reference Sheet	Laminate and post in visible locations for reference i.e. work stations, laundry, housekeeping storage.
ERP-2-02	April 2021	Template Emergency Code Pocket Cards	Create your own pocket size quick emergency reference sheets.
ERP-2-03	April 2021	Template Emergency Code Flip Guide	This template calls for the use of a binding machine but you may get creative and find an alternative means to keep the sheets together such as a board with a folding pin.

EMERGENCY RESPONSE PLAN
EMERGENCY CODES

CODE ORANGE	DISASTER/MAJOR EMERGENCY (INTERNAL OR EXTERNAL)
CODE RED	FIRE
CODE GREEN	EVACUATION
CODE WHITE	VIOLENCE & AGGRESSION
CODE BROWN	HAZARDOUS SPILLS
CODE GREY	SHUTDOWN & AIR EMERGENCY
CODE BLACK	BOMB THREAT
CODE BLUE	MEDICAL EMERGENCY
CODE YELLOW	MISSING RESIDENT

EMERGENCY RESPONSE PLAN

EMERGENCY CODES

Template downloads available at:

EMERGENCY CODE RESPONSES	
CODE ORANGE	MAJOR EMERGENCY
CODE RED	FIRE
CODE GREEN	EVACUATION
CODE WHITE	VIOLENCE & AGGRESSION
CODE BROWN	HAZARDOUS SPILLS
CODE GREY	SHUTDOWN & AIR EMERGENCY
CODE BLACK	BOMB THREAT
CODE BLUE	MEDICAL EMERGENCY
CODE YELLOW	MISSING RESIDENT

VALUES

Motivated by our Christian faith, we care:

Commitment to Community.

Accountability.

Respect.

Excellence.

EMERGENCY RESPONSE PLAN

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EMERGENCY RESPONSE PLAN

CODE ORANGE Emergency (Disaster / Emergency)

A code orange announcement does not define the emergency; it is a prelude and preparation of staff that an emergency is in process and the appropriate response is being determined; staff are to prepare and will be notified.

Purpose

- ❖ To be prepared with the earliest possible response in an emergency.
- ❖ To take immediate action to eliminate or abate all sources of potential danger in the area of the emergency.
- ❖ To initiate rescue of all trapped persons, injured or in immediate danger.
- ❖ To ensure a controlled evacuation from the facility if required and to have these persons received at the appropriate reception centre or hospital if required.
- ❖ To facilitate a prompt, efficient recovery from the disaster or emergency.
- ❖ To conduct immediate inspections of buildings for damage to determine safe occupancy.
- ❖ To evacuate any building or area considered to be in a hazardous situation as quickly and efficiently as possible.
- ❖ To implement the staff call back procedure if required.
- ❖ To facilitate a prompt, efficient recovery from the major emergency or disaster.

Activation of a Disaster/Major Emergency Plan

- The first person to learn of the Disaster/Major Emergency will contact the Administrator or Designated On - Call Personnel.
- Details of the event will be provided to the Administrator /Designate, in order for a decision whether to implement the Disaster/Major Emergency plan.
- If there is a decision to implement an Emergency Plan in response to an emergency condition, then the Administrator/Designate will announce or delegate the announcement of the **CODE ORANGE**.
- The Administrator/Designate will convene the Emergency/Outbreak Management Team, and will be in charge (including the roles & responsibilities) for the duration of the event or until relieved by the CEO/other senior leadership.

EMERGENCY RESPONSE PLAN

The Administrator/Designate will direct that staff, residents, and visitors be informed of the event via the public address system, email (Cliniconex) or word of mouth that the Emergency Response Plan (ERP) is in effect, by announcing

"Attention all staff, Code Orange, report to specify the location"

"Attention all staff, Code Orange, report to specify the location"

"Attention all staff, Code Orange, report to specify the location"

- The Administrator/Designate will authorize the termination of the declaration of disaster according to protocol.

"Attention all staff, Code Orange has ended; All Clear"

"Attention all staff, Code Orange has ended; All Clear"

"Attention all staff, Code Orange has ended; All Clear"

Community Threat (Explosion, Fire, Spill etc)

In the event the property is in proximity to a community disaster, proceed as directed by emergency management services (EMS). The process would be a Code Orange assessment and the decision to call the appropriate code and set up a command centre.

This may require evacuation for safety, example: environmental air contamination or as a result of the loss of all utilities etc.

If the event is during non-conventional hours:

- Immediately the senior staff person must contact the Administrator or designated On Call Manager for direction OR to relay direction provided from you from emergency command
- Proceed with all instructions provided to you from emergency response incident command; as required use the resources within the manual for reference - example: lock down of air units or transportation for evacuation.

You may be required to turn off power, water, and gas etc in and on the property either at the onset of an evacuation or at the conclusion of an evacuation. Lock the building on final departure if full evacuation is required.

EMERGENCY RESPONSE PLAN

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Code RED

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EMERGENCY RESPONSE PLAN

CODE RED Fire

Fire within the Building

PLEASE REFERENCE ALL PROTOCOLS AS OUTLINED IN THE SITE SPECIFIC FIRE SAFETY PLAN.

IMPLEMENT THE PLAN AS DOCUMENTED AND INSTRUCTED.

External Fire Presenting Risk

Any fire in close proximity to the building requires an immediate closure of all windows and airways (HVAC units) to maintain the air supply within the building to its safest level.

A fire on the property grounds or in the surrounding area may require an evacuation from the building due to hazards and loss of utilities. You will be instructed by the emergency responders in your community.



FIRE SAFETY PLAN

FOR



GLEN HILL TERRACE

A DURHAM CHRISTIAN HOMES COMMUNITY

**80 GLEN HILL DRIVE SOUTH
WHITBY, ONTARIO**



THIS OFFICIAL DOCUMENT IS KEPT ON SITE
AND IS READILY AVAILABLE IN THE BUILDING
AT ALL TIMES FOR USE BY FIRE OFFICIALS
IN EVENT OF EMERGENCY

WHITBY, April 2021

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PART 1

INTRODUCTION

This Fire Safety Plan is required by the Ontario Fire Code, Section 2.8

This Fire Safety Plan is designed to provide occupant safety in the event of fire, to provide effective utilization of the fire safety features of the building and to minimize the possibility of fires. This plan discusses what occupants are to do in the event of fire, supervisory staff emergency procedures and related duties, and other fire safety related issues.

The Fire Safety Plan will also assist firefighters in the performance of their duties, by providing floor plans and building information, if an emergency ever occurs.

In order for this plan to be effective, management must know the Fire Safety Plan and be able to implement it in the event of fire. The Fire Code requires the owner to be responsible for carrying out the provisions for fire safety, and defines “owner” as “any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property”. Consequently, the owner may be any one of, or a combination of parties, including building management and maintenance staff.

The Fire Safety Plan, once approved by the Whitby Fire & Emergency Services, does not in any way relieve the owner, or the management, of their responsibilities as set out under the Ontario Fire Code.

The Fire Protection and Prevention Act states that:

“Every person is guilty of an offence if he or she,

- (a) hinders, obstructs or interferes with the Fire Marshal, an assistant to the Fire Marshal or a fire chief in the exercise of his or her powers and duties;
- (b) prevents an inspector from entering land or premises, refuses to answer questions on matters relevant to the inspection or provides the inspector with information, on matters relevant to the inspection, that the person knows, or ought reasonably to know, to be false or misleading;
- (c) contravenes any provisions of this Act, except Part IX, or the regulations; or
- (d) refuses or neglects to obey or carry out the directives of the Fire Marshal, an assistant to the Fire Marshal or a fire chief given under the authority of this Act.

An individual convicted of an offence under the above subsection is liable to a fine of not more than \$50,000 for a first offence and not more than \$100,000 for a subsequent offence, or to imprisonment for a term of not more than one year, or to both.

A corporation convicted of an offence under the above subsection is liable to a fine of not more than \$500,000 for a first offence and not more than \$1,500,000 for a subsequent offence.

A director or officer of a corporation who knows that the corporation is violating or has violated a provision of the fire code is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$100,000 for a subsequent offence or to imprisonment for a term of not more than one year, or to both.

Every director or officer of a corporation who knowingly commits an offence under the above subsection is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$100,000 for a subsequent offence or to imprisonment for a term of not more than one year, or to both.

Every person who fails to comply with an order made under section 21, 25 or 26 of the Fire Protection and Prevention Act is guilty of an offence and on conviction is liable to a fine of not more than \$20,000 for every day during which the default continues, and the imposition or payment of the fine does not relieve the person from complying with the order.”

The Whitby Fire & Emergency Services may require this plan, or parts thereof, once approved, to be resubmitted if there are any changes to occupancy or use, if there is any change in standards, if the Fire Safety Plan has not been kept current or up to date, or because the Chief Fire Official judges the current Fire Safety Plan as no longer being acceptable.

The fire safety plan will be reviewed as often as necessary, but at intervals not greater than 12 months, to ensure that it takes account of changes in the use and other characteristics of the building. The Chief Fire Official is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

Revision Submission Procedures

One copy of the Plan (8-1/2" x 11" format) or revised sections along with a copy of the original approved plan or page(s) must be submitted to the Chief Fire Official. The updated copy may be submitted by e-mail.

DISTRIBUTION

Whitby Fire and Emergency Services	Entire Plan
General Manager	Entire Plan
Fire Safety Plan box	Entire Plan

Each resident is to receive a copy of the emergency procedures included in Part 3 and APPENDIX B.

At least one copy of the fire emergency procedures shall be prominently posted and maintained on each floor area.

A copy of the fire emergency procedures and other duties for supervisory staff as laid down in the fire safety plan shall be given to all supervisory staff.

GLOSSARY

Alarm signal means an audible signal transmitted throughout a zone or zones or throughout a building to advise occupants that a fire emergency exists.

Alert signal means an audible signal to advise designated persons of a fire emergency.

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

Class A fire means a fire involving combustible materials such as wood, cloth and paper.

Class B fire means a fire involving a flammable or combustible liquid, fat or grease, and gases.

Class C fire means a fire involving energized electrical equipment.

Class D fire means a fire involving a combustible metal.

Designated Fire Access Route – fire access route approved by the fire department and included in a local bylaw.

Exit means that part of a means of egress, including doorways, that leads from the floor area it serves to a separate building, an open public thoroughfare or an exterior open space protected from fire exposure from the building and having access to an open public thoroughfare.

Fire compartment means an enclosed space in a building that is separated from all other parts of the building by enclosing construction that provides a fire separation having a required fire-resistance rating.

Fire separation means a construction assembly that acts as a barrier against the spread of fire and may or may not have a fire-resistance rating or a fire-protection rating.

Firewall means a fire separation of non-combustible construction that subdivides a building or separates adjoining buildings to resist the spread of fire that has a fire-resistance rating as prescribed in the Building Code and that has structural stability to remain intact under fire conditions for the required fire-rated time.

Fire Warden means a person or persons appointed by the owner to direct and control the implementation of the facility's emergency response procedures.

Heat detector means a fire detector designed to operate at a predetermined temperature or rate of temperature rise.

Hot work is work that could produce a source of ignition, such as a spark or open

flame. Examples of hot work include welding, cutting, grinding and the use of non-explosion proof electrical equipment.

Inspection means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

Listed means equipment or materials included in a list published by a certification organization accredited by the Standards Council of Canada.

Means of egress means a continuous path of travel provided for the escape of persons from any point in a building or contained open space to a separate building, an open public thoroughfare or an exterior open space protected from fire exposure from the building and having access to an open public thoroughfare. Means of egress includes both exits and access to exits.

Occupancy means the use or intended use of a building or part thereof for the shelter or support of persons, animals or property.

Occupant load means the number of persons for which a building or part thereof is designed.

Owner means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

Public corridor means a corridor that provides access to exit from more than one suite.

Service room means a room in a building used to contain equipment associated with building services.

Service space means space in a building used to facilitate or conceal the installation of building service facilities such as chutes, ducts, pipes, shafts or wires.

Smoke detector means a fire detector designed to operate when the concentration of airborne combustion products exceeds a predetermined level. Connected to a fire alarm system.

Sprinklered (as applying to a building or part thereof) means that the building or part thereof is equipped with a system of automatic sprinklers.

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

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

Travel distance means the any point in a floor area to an exit measured along the path of exit travel, except that when floor areas are subdivided into rooms used singly or into suites of rooms and served by public corridors or exterior passageways, the distance is measured from the door of the rooms or suites to the nearest exit.

PART 2

AUDIT OF RESOURCES

AUDIT OF HUMAN RESOURCES

Building Owner	Durham Christian Homes Inc.
Owner Address	200 Glen Hill Drive South, Whitby ON, L1N 9W2
Phone Number	905-430-1666
Property Management	Rob Doble, Facilities Manager
Phone Number	905-623-5731
General Manager	Elisa Robinson, Administrator
Phone Number	289-404-3456
Environmental Services Supervisor:	Superior Facility Services
Phone Number	TBA
Director of Care	Rhonda Bolton, DOC
Phone Number	TBA
Recreation Director	Leigh Ann Sherman, Programs Manager
Phone Number	TBA
Office Manager	Jennifer Russell, Business Manager
Phone Number	TBA
Director of Culinary	Christina Lee, Dietary Manager
Phone Number	TBA
Fire Safety Contractor	Troy Life and Fire Safety Ltd. (Sprinkler System)
Phone Number	Mike Simard 905-672-5348
Monitoring Company	Dunwell Fire Protection Service Inc.
Phone Number	905-683-3474

Elevator Company Schindler Elevator Corp.
Phone Number Tracy Davies 416-707-5995

Supervisory Staff 1/ Administrator
 2/ Director of Care
 3/ Associate Director of Care
 4/ Facilities Manager
 5/ Environmental Services Supervisor
 6/ Activity Manager
 7/ Business Manager
 8/ Dietary Manager
 6/ RN, RPN and PSW

Glen Hill Terrace Staff on Duty by Shift and Day

		Management	Reception /Staffing	Maintenance	RN	RPN	PSW	Programs	Dietary	Laundry	Housekeeping	TOTAL
Mon.	Day	8	2	1	1	6	15	2	7	1	6	49
	Evening	0	0.5	0	1	5	15	2	4	0	2	29.5
	Night	0	0	0	1	3	8	0	0	1	0	13
Tue.	Day	8	2	1	1	6	15	2	7	1	6	49
	Evening	0	0.5	0	1	5	15	2	4	0	2	29.5
	Night	0	0	0	1	3	8	0	0	1	0	13
Wed.	Day	8	2	1	1	6	15	2	7	1	6	49
	Evening	0	0.5	0	1	5	15	2	4	0	2	29.5
	Night	0	0	0	1	3	8	0	0	1	0	13
Thu.	Day	8	2	1	1	6	15	2	7	1	6	49
	Evening	0	0.5	0	1	5	15	2	4	0	2	29.5
	Night	0	0	0	1	3	8	0	0	1	0	13
Fri.	Day	8	2	1	1	6	15	2	7	1	6	49
	Evening	0	0.5	0	1	5	15	2	4	0	2	29.5
	Night	0	0	0	1	3	8	0	0	1	0	13
Sat.	Day	0	1	1	1	5	15	2	7	1	6	37
	Evening	0	0.5	0	1	5	15	1	4	0	2	28.5
	Night	0	0	0	1	3	8	0	0	1	0	13
Sun.	Day	0	1	1	1	5	15	2	7	1	6	37
	Evening	0	0.5	0	1	5	15	1	4	0	2	28.5
	Night	0	0	0	1	3	8	0	0	1	0	13

AUDIT OF BUILDING RESOURCES

DESCRIPTION OF BUILDING

Occupancy Type

Residential (Long Term Care Home, as per the Ministry of Long Term Care and Long Term Care Homes Act 2007)

Number of Units	160
Storeys Incl. Basement	3 + 1
Type of Construction	Non-Combustible Year of Construction 2021
Heating System (Type)	Natural gas; hot water (Location) Boiler Room
Main Gas Shutoff Location	West side of the building (see Site Plan)
Main Electrical Shutoff Location	Main Electrical Room (Basement)
Main Water Shutoff Location	Sprinkler Room (Basement)

FIRE DEPARTMENT ACCESS

Designated Fire Access Route?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Fire Route By-Law Posted?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Nearest Hydrant Location:	In front of the building (see Site Plan)
Private Hydrants?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
FD Lock-Box?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Location): Main Entrance vestibule
Fire Safety Plan Box Location	Main Entrance vestibule

NOTE: the FSP box must contain, the approved fire safety plan, keys to all required service rooms and an elevator key for firefighters' use

Roof Access	East Stairwell
-------------	----------------

EXITS

Number of Stairwells:	2
Stairwell Locations:	See the floor plans
Scissor Stairs:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Crossover Floors:	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Area(s) Of Refuge:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Electromagnetic Locks:	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

ELEVATORS

Number of Elevators 2
 Recall to the Ground Floor Manually Automatically
 Elevator for Use by Firefighters NO YES (elevator # 1 "Red Hat")

EMERGENCY LIGHTING

Type: Battery Pack Generator Powered
 Duration: Minimum 120 minutes
 Generator Location: Roof

PORTABLE FIRE EXTINGUISHERS

Types: Pressurized Water Dry Chemical Multi-Purpose Other
 General Locations: Fire Hose Cabinets (see floor plans)

FIXED EXTINGUISHING SYSTEM

Make & Model: PROTEX II
 Extinguishing Agent: Wet chemical
 Area of Coverage: Kitchen stove
 Manual Release Location: Beside stove (see the Ground Floor Plan)
 Tank Location: Beside stove (see the Ground Floor Plan)
 Connected to Fire Alarm: NO YES
 Automatic Fuel Supply Shut-Off: NO YES

SPRINKLER SYSTEM

Type(s) Wet Dry Other (Specify):
 Area of Coverage: Entire Building
 Main Isolation Valve Location: Sprinkler Room
 Siamese Connection? NO YES (Location): By the Main Entrance
 Fire Pump(s) NO YES
 Spare Heads Location: Sprinkler Room

STANDPIPE SYSTEM

Number of Risers: 1
 Riser Isolation Valve Locations: Sprinkler Room
 Number per Floor: 4 Location: hallways
 Size of Hose Outlets: 2 ½ in.
 Length of Hose: 75 ft. Nozzle Type: fog
 Fire Department Connection Location: By the Main Entrance (see Site Plan)
 Fire Pump(s) NO YES

GENERATOR

Location: Generator Room (Roof)
 Fuel Type: Natural Gas
 Does It Have A Separate Supply Line: NO YES (Location): by main gas shut off
 Transfer Switch Location(s): Mechanical Room
 Equipment Powered by Generator: All life safety systems in the building

FIRE ALARM SYSTEM

Control Panel Location: Main Entrance vestibule
 Manufacturer: MIRCOM Model: FX-2000
 Type: Single Stage Two Stage Interconnected Smoke Alarms
 With Pull Stations
 Acknowledge Switch: NO YES
 Emergency Back Up: NO YES
 Supervised: NO YES
 Alarm Devices: Bells Horns Sirens Speakers
 Annunciator: NO YES
 Monitored: NO YES

VOICE COMMUNICATION SYSTEM

Panel location: At reception and each nursing station

FIRE ALARM SEQUENCE OF OPERATIONS

- Actuation of any alarm initiating devices:
 - Cause audible signalling devices to sound alert tone throughout the building,
 - Indicate zone of the alarm on the FACP and annunciator,
 - Transmit signal to fire department via central monitoring station,
 - Shut down MUA Units,
 - Starts pressurization fans,
 - Release hold-open devices and close fire doors,
 - Case elevators to return to ground floor, or alternate floor, as required,
 - Release maglocks
- If the first stage is not acknowledged within 5 minutes, or any keyed-operation manual pull station is not activated, the system goes into second stage, and:
 - All audible devices sound alarm tone throughout the building.

ACTUATION DEVICES

- Heat Detector Locations: Elevator Machine Room, Electrical Room, Sprinkler Room
- Smoke Detector Locations: Top of stairwells, elevator shafts, hallways, each residential unit
- Pull Station Locations: Each exit on every floor

ANCILLARY DEVICES

- MUA Unit Shut Down: NO YES
- Elevators Return to Grade: NO YES
- Closing of Fire Doors: NO YES
- Gas Shut-Off NO YES
- Maglocks Release NO YES

PART 3

OCCUPANT FIRE PROCEDURES

Upon discovery of fire:

- Leave the fire area alerting occupants. Yell “**FIRE**”.
- Close all doors behind you, don't lock.
- Alarm the occupants of the building - activate the fire alarm system, use pull station
- Use the nearest exit to leave the building. Go to Evacuation Assembly Area located on the parking lot, South of the building.
- Call the Whitby Fire and Emergency Services, from a safe location, dial 9-1-1. Never assume that this has been done.
- Give the correct building address (80 Glen Hill Drive South) and location of the fire and your name.
- Do not use elevators.
- Do not return until it is declared safe to do so by a Fire Official.

Upon hearing an intermittent fire alarm signal (1st Stage):

- Stop the activities you are currently doing.
- Stand by and prepare to evacuate the building.
- Listen to the voice communication system loudspeaker or staff for additional instruction.

Upon hearing the evacuation alarm (continues signal):

- You must act quickly and you must protect yourself from smoke.
- Listen to the instructions or information given by authorized personnel.
- Before opening the suite door, feel door and doorknob for heat. If they are not hot, brace yourself against the door and open it slightly. If you see smoke, or feel air pressure or a hot draft, close the door quickly.
- If the corridor is free of fire and/or smoke, close the door behind you and leave by the nearest exit.
- Do not use elevators.

Before entering the stairway, open the door carefully and:

- If there is no smoke, use the stairway to leave the building.
- If there is smoke, do not enter the stairway, close the stairway door. Go to the alternate exit and again open the door carefully.
- If there is no smoke here, use the stairway to leave the building
- If there is smoke, return to your apartment and protect yourself from smoke.

Once inside the stairway:

- If you encounter smoke on your way down the stairs, do not continue!
- Leave the stairway onto the closest available floor area, and proceed to an alternate stairway. Open the door carefully and if there is no smoke, continue down the stairway and leave the building.
- If you cannot use any stairway to exit the building, return to your suite (if possible), or enter an available floor area and bang on suite doors until you are able to take shelter.
- Never go to the roof, smoke rises! Doors to the roof are locked and you could become trapped.
- Remember stay low to the ground if you are in a smoke filled environment. The air is cleaner near floor level.

If you cannot leave your suite or have returned to it because of fire or heavy smoke, remain in the suite and:

- Close the door but leave it unlocked for possible entry by fire fighters.
- Dial 9-1-1 and tell the Whitby Fire and Emergency Services where you are.
- Seal all cracks where smoke can enter by using wet towels or sheets.
- Keep low to the floor if smoke enters the room.
- Move to the most protected room and partially open the window for air. Signal to fire fighters by waving a sheet/towel. Close the window if smoke comes in.
- Wait to be rescued. Remain calm. Do not panic or jump.
- Listen to the instructions or information given by authorized personnel.

EMERGENCY PROCEDURE SIGNAGE

Emergency procedure signage will be attached to the wall at all fire alarm pull stations and in elevator lobbies.

IN CASE OF FIRE

UPON DISCOVERY OF FIRE
Leave fire area immediately.
Close doors.
Sound fire alarm, pull manual station.
Leave the building by the nearest exit.

**Call the FIRE DEPARTMENT
DIAL 911**

DO NOT USE ELEVATOR

UPON HEARING FIRE ALARM

IF CONTINUOUS SIGNAL
Leave the building by the nearest exit.
Close doors behind you.

IF INTERMITTENT SIGNAL
Standby and prepare to leave building.

CAUTION

If you encounter smoke, use an
alternate exit.

REMAIN CALM

CONFINING, CONTROLLING & EXTINGUISHING THE FIRE

This is primarily the responsibility of the Whitby 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 everyone has evacuated the area, the alarm has been activated, and the Whitby Fire and Emergency Services has been notified, may an experienced person (familiar with fire extinguisher operation) attempt to extinguish a small fire. This is a voluntary act. Never attempt to fight a fire alone. Keep back to exit. If it cannot be easily extinguished with the use of a portable fire extinguisher, leave the area and confine the fire by closing the door. Leave the building and await the arrival of the Whitby Fire and Emergency Services.

NOTE: all kitchen staff are to be thoroughly instructed in the operation of the fixed extinguishing system.

P.A.S.S. INSTRUCTIONS FOR USE OF A PORTABLE FIRE EXTINGUISHER

Remember "P-A-S-S" when fighting a fire

(Pull, Aim, Squeeze, Sweep)

- PULL** out the locking pin, breaking the seal. Some extinguishers may use a different release device. Please refer to your operator's manual.
- AIM** the nozzle hose at the base of the fire about 3 meters (10 feet) from the fire.
- SQUEEZE** the trigger handle all the way, releasing the extinguishing agent.
- SWEEP** the material discharged by the extinguisher from side to side, moving across the base, front to back of the fire, until it appears to be out. Keep your eyes on fire area. Repeat the process if the fire starts up again. Never turn your back on a fire even if you think it is out.

Most extinguishers will operate according to the **PASS** method. Some extinguishers may not. Read your operator's manual for specific directions. Remember to recharge the extinguisher immediately after use.

Each fire extinguisher is designed to put out only a particular type of fire, which is marked on the label. There are five main types of fire:

1. **Class A - Ordinary Combustibles** (e.g. wood, paper, cloth, ordinary trash)
2. **Class B - Flammable Liquids and Gases** (e.g. gasoline, oils, paints, propane)
3. **Class C - Fires involving electrical equipment** (for an energized electrical equipment)
4. **Class D - Combustible Metals and Metal Alloys** (e.g. magnesium, titanium)
5. **Class K - Fires involving cooking materials** (e.g. cooking oils, fats, grease)

A multi-purpose dry chemical fire extinguisher labeled ABC is good for extinguishing class A, B and C fires.

CONTROL OF FIRE HAZARDS IN THE BUILDING

A high standard of housekeeping and building maintenance is probably the most important factor in the prevention of fire. For example:

- Combustible materials shall not be accumulated in or around a building in such quantity or such location as to create a fire hazard.
- Combustible materials shall not be accumulated in any part of an elevator shaft, ventilation shaft, means of egress, service room or service space, unless the location, room or space is designed for those materials.
- Horizontal concealed spaces, such as crawl spaces and ceiling spaces, shall not be used for the storage of combustible materials.
- 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 its occupants.
- Maintenance personnel shall check for waste in corridors, stairs, etc.
- Combustible materials shall not be used to absorb flammable or combustible liquid spills within the building.
- Temporary electrical wiring shall not be used where it presents a fire hazard.
- Greasy or oily rags or materials subject to spontaneous heating shall be deposited in the proper safety container or be removed from the premises.
- Lint traps in laundry equipment shall be cleaned to prevent excessive accumulation of lint.
- All ashes shall be stored in proper safety containers and combustible materials shall not be stored with ashes in the same container.
- Flammable liquids shall not be used for cleaning purposes.

To avoid fire hazards in the building, occupants must:

- Never put burning materials such as cigarettes and ashes into the garbage bins.
- Never dispose of flammable liquids or aerosol cans in these bins.
- Avoid unsafe cooking practices: deep fat frying, too much heat, unattended stoves, loosely hanging sleeves.
- Never use unsafe electrical appliances, frayed extension cords, over-loaded outlets or lamp wire for permanent wiring.
- Avoid careless smoking. Never smoke in bed.
- Never leave anything that may burn or cause a trip hazard in the halls, corridors and/or stairways.
- Always clean out dryer lint collector before and after use.

In general, occupants should:

- Know how to alarm occupants of building, know where exits are located.
- Call the Whitby Fire and Emergency Services immediately (9-1-1) whenever you need fire emergency assistance.
- Know the correct address of the building (80 Glen Hill Drive South).
- Notify the building management if special assistance is required in the event of an emergency.
- Know the fire alarm signals and the procedures established to implement safe evacuation.
- Know the supervisory staff in the building.
- Report any fire hazard to supervisory staff.
- Know stairwell designation and the crossover floors (if any).

Open Flame Cooking

Open flames shall not be used in dining areas in retirement homes.
Flaming meals or drinks shall not be served in retirement homes.

Electromagnetic Locking Devices

Electromagnetic locking devices have been installed on exit doors in the garage and are signed "EMERGENCY EXIT UNLOCKED BY FIRE ALARM". These devices have been installed for security reasons but will open when the building fire alarm is sounding.

In an emergency, if you discover a locked exit, activate fire alarm pull stations beside door and lock will release. Exit via the stairs.

FALSE ALARM

"Everyone who wilfully, without reasonable cause, in any manner, makes or causes to be made an alarm of fire IS GUILTY OF AN OFFENCE."[Criminal Code]

PART 4

RESPONSIBILITIES OF BUSINESS AND BUILDING OWNERS, PROPERTY MANAGERS AND OTHER PERSONS CONTROLLING THE PROPERTY INCLUDING SUPERVISORY STAFF

The Ontario Fire Code is a provincial regulation made under Section 12 of the Fire Protection and Prevention Act. The owner is responsible for carrying out the provisions of this Code.

The “**Owner**” is defined as any person, firm or corporation controlling any portion of the building or the property under consideration and includes the persons in the building or property.

“**Designated Supervisory Staff**” means those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the FSP.

A copy of the fire emergency procedures and other duties for supervisory staff as laid down in the fire safety plan shall be given to all supervisory staff.

TRAINING OF SUPERVISORY STAFF

Ongoing inspections, training and fire drills are necessary to ensure an effective fire safety program.

- The training of all designated supervisory staff, including new personnel, is the responsibility of the General Manager.
- Training will be scheduled at time of fire drills and as often as necessary to ensure the supervisory staff know their responsibilities
- All supervisory staff must know their duties when an emergency occurs and the location and operation of all building fire and life safety systems (refer to Building Audit and Floor Plans).

Supervisory staff shall be instructed in the fire emergency procedures as described in the fire safety plan before they are given any responsibility for fire safety.

Any training of supervisory staff carried out under this fire safety plan shall be recorded.

There shall be sufficient supervisory staff available to carry out the duties required in the fire safety plan.

NOTE

The OFMEM Vulnerable Occupancies training shall be provided for all staff.

GENERAL RESPONSIBILITIES

GENERAL RESPONSIBILITIES OF ALL SUPERVISORY STAFF OR DESIGNATE

- Keep the doors to stairways closed at all times.
- Ensure the closures in fire separations are kept closed.
- Keep the stairways, landings, hallways, passageways and exits clear of any obstructions at all times.
- Do not permit combustible materials to accumulate in any part of a stairway, or means of egress, or in elevator and ventilation shafts.
- Keep access roadways, fire routes and Fire Department connections clear and accessible at all times.
- Have a working knowledge of the building fire and life safety systems.
- Ensure the building fire and life safety systems are in operating condition.
- Ensure that all building staff is properly trained in fire emergency procedures.
- In the event of any shutdown of fire and life safety systems, initiate alternative measures as specified in the maintenance section of this plan.
- Participate in fire drills. Occupants' participation should be encouraged.
- Comply with the Ontario Fire Code.
- Arrange for a suitable, trained substitute in your absence.

RESPONSIBILITIES OF GENERAL MANAGER (GM)

The General Manager has numerous responsibilities as specified in the Fire Code and must ensure that the following measures in the Fire Safety Plan are implemented:

- Establishment and implementation of emergency procedures to be used in case of a fire emergency.
- Appointment and organization of designated "supervisory staff" to carry out fire safety duties and specific responsibilities as per the approved Fire Safety Plan.
- Training of "supervisory staff" and other occupants so that they are aware of their general and specific responsibilities for fire safety.
- Designate and train sufficient alternates to replace "supervisory staff" during any absence.
- Ensure the approved Fire Safety Plan or parts thereof are distributed to all supervisory staff.
- Comply with the Ontario Fire Code.

RESPONSIBILITIES OF ENVIRONMENTAL SERVICES MANAGER (ESM)

- Responsible for daily, weekly, monthly, etc. checks of fire protection equipment and systems.
- Maintenance of building facilities provided for the safety of occupants (keeping records of same).
- Holding fire drills in accordance with the Fire Code, incorporating emergency procedures appropriate to the building.
- Control of fire hazards in the building.
- Provisions of alternate measures for safety of occupants during shutdown of fire and life safety systems.
- Ensure the information in the Fire Safety Plan is current, and notify the Chief Fire Official regarding any changes in the approved Fire Safety Plan.
- Post and maintain on each floor area emergency procedures for occupants.
- Ensure a copy of the approved Fire Safety Plan with required, individually labelled keys are kept in the Fire Safety Plan Box.
- Instruct occupants in the operation of the fire alarm manual pull stations.
- Carry out Fire Warden duties in emergency situation.
- Report to General Manager.

RESPONSIBILITIES OF DIRECTOR OF CARE (DOC)

- Providing sufficient evacuation equipment for non-ambulatory residents.
- Keeping emergency set of medications ready to take in case of evacuation.
- Ensure that all physicians, nurses, personal support workers are properly trained in residents' evacuation procedures.

RESPONSIBILITIES OF DIRECTOR OF CULINARY

- Supervise work of kitchen staff.
- Ensure that all kitchen staff obey fire safety rules and procedures.
- Ensure that all kitchen equipment has CSA or UL approval and label, and work properly.
- Ensure that kitchen exhaust and suppression system is check, inspected, and tested according to codes and standards requirements.

RESPONSIBILITIES OF CONCIERGE

- Have a working knowledge of the fire alarm system including the voice communication system, and how alarms are acknowledged or reset.
- In the event of any shutdown of fire protection equipment notify Whitby Fire and Emergency Services by calling (905) 584-2272 ext.4303 (or (905) 456-5788 after hours), and patrol the hallways once every hour until repaired. Then Whitby Fire and Emergency Services must be re-notified that System is back in service.
- Keep access roads, fire routes and fire pumper connections clear and accessible for Fire Department use.
- Participate in fire drills.

RESPONSIBILITIES IN EMERGENCY SITUATION

“REACT” STANDARD

Remove persons from immediate danger if possible.

Ensure door(s) is closed to confine fire and smoke.

Activate the fire alarm system – use the nearest manual pull station.

Call the fire department. Dial 911.

Try to extinguish the fire or concentrate on further evacuation.

RESPONSIBILITIES OF GENERAL MANAGER

- Accepts reports from all supervisory staff.
- Making decision about relocation residents to long-term evacuation site.
- Providing information to the Fire Department, Police, and media.

RESPONSIBILITIES OF FIRE WARDEN

NOTE: Fire Warden is Environmental Services Manager while in the building (usually Monday to Friday from 9:00 am to 5:00 pm) or Charge Nurse, while ESM is not on site. There must always be at least one nurse in the building. She becomes the Charge Nurse and the Fire Warden if the Environmental Services Manager is absent.

- Investigate the fire emergency situation.
- Keep in constant communication with Concierge and other Supervisory Staff
- Activate the pull station closest to the origin of fire.

- Remove residents from danger, if safe to do so, and close the doors to help to isolate the fire.
- Direct everyone to leave the building using stairwells (not elevators).
- Call concierge and inform them of the situation advising them to call 911. If concierge is off duty – call 911 directly.
- Ensure doors to the suite of fire origin have been closed.
- Try to extinguish the fire if safe to do so.
- Supervise the evacuation of residents (if necessary).
- Direct ambulatory residents to the Evacuation Assembly Area, and non-ambulatory residents to the area of refuge – behind the fire doors in the middle of hallway on 2nd Floor and above.
- Report to General Manager or Environmental Services Manager (or designate) in emergency situation.
- Carry on Concierge's emergency procedures after his/her working hours.

RESPONSIBILITIES OF CONCIERGE

Upon hearing an intermittent fire alarm signal (1st Stage):

- Call Whitby Fire and Emergency Services by dialing 9-1-1 from a safe location, give the correct address, access to building and your name.
- Acknowledge first stage (alert) signal.
- Announce the area of origin to notify staff where to proceed
- Upon confirmation of a fire condition in the building, manually activate second stage (evacuation) signal, unless otherwise directed by Whitby Fire and Emergency Services.
- Use the voice communication system to alert occupants and respondents of emergency situation and announce what area is in alarm to ensure all staff are aware of where the evacuation must take place.
- Proceed to the firefighters' entrance to ensure access by Whitby Fire and Emergency Services.
- Upon arrival of Whitby Fire and Emergency Services report to them the conditions in the building and co-ordinate the efforts of building staff with those of Whitby Fire and Emergency Services.
- Provide firefighters' access, vital information and emergency keys (copy of Fire Safety Plan to be available).

- Provide Whitby Fire and Emergency Services with a current list of residents requiring assistance.
- Ensure the fire alarm is not silenced or reset until Whitby Fire and Emergency Services gives the “all clear”.
- Keep in constant communication with the ESM or GM.
- Ensure elevators are returned to ground floor. Rope off elevators so no one will enter.
- Open all doors in the Lobby Area.
- Keep an accurate written record, including proper sequence of events and times.
- Ensure that occupants do not re-enter the building or block entrances.

RESPONSIBILITIES OF DIRECTOR OF CARE

- Supervising evacuation of residents by personnel.
- Notifying on-call physicians about the need to support the on-site staff.
- Accepts report of complete evacuation from the Charge Nurse.
- Supervise activity of medical staff in Evacuation Assembly Area.

RESPONSIBILITIES OF CHARGE NURSE

- Assist in evacuation of residents.
- Supervise activities of nurses and PSW.
- Ensure that all kitchen staff obey fire safety rules and procedures.
- Ensure that all kitchen equipment has CSA or UL approval and label, and work properly.
- Ensure that kitchen exhaust and suppression system is check, inspected, and tested according to codes and standards requirements.
- Take the Fire Warden’s responsibilities when the ESM is not in the building.

RESPONSIBILITIES OF OTHER STAFF

(nurses, kitchen staff, cleaning staff, PSW, volunteers, etc.)

- Ensure that all exits and access to exits are clear and available for residents.
- Evacuate room of origin and close the door,
- Assist in evacuation of residents from area of origin - direct them to the nearest exits.
- Provide help for residents requiring assistance.
- Check nearest rooms (suites, recreational and common areas) if all occupants went to the Evacuation Assembly Area.

GENERAL EMERGENCY PROCEDURE REMINDERS

In the event of a fire, sound judgement is necessary in deciding which action is appropriate in a given situation. The safety of all occupants must always be the primary motive for any action.

DISCOVERY

Supervisory staff are reminded in all situations to:

- Listen to Voice Communication System announcements and/or radio calls
- Remain calm
- Proceed quickly but **DO NOT RUN**
- Proceed immediately to the trouble area using stairs. **DO NOT USE ELEVATORS**
- Undertake duties methodically and in an organized manner
- Always touch the handle of doors or feel the temperature doors before opening
- Assess the cause of the alarm
- Close all doors behind you

EVACUATION TO NEXT FIRE SEPARATION ZONE

If there is an event requiring evacuation to the next closest fire separation area you are reminded to follow the additional procedures:

- **DO NOT** open or re-enter the unit of fire origin.
- The next closest fire separation area is on the other side of fire doors located in the East-West hallway, or in one of the stairwells. Never travel to the fire separation area above the unit of fire origin.
- Bang loudly on locked doors, use the master key to enter and alert occupants
- Gently but firmly encourage residents to leave the area.
- Should an individual refuse to leave, **DO NOT** spend unnecessary time trying to convince them. Note his/her location and report to concierge using a radio call.
- Always direct people to exit on the right, when walking through hallways and down stairs
- Always get the most ambulatory residents moving first, returning later for those who need assistance
- Use all available equipment such as Evac-Chairs and Evac-Sheets to move residents who are non-ambulatory

LONG-TERM EVACUATION

In case of inclement weather or long-term evacuation the residents will be evacuated to:

Glen Hill Strathaven

264 King St. E. Bowmanville L1C1P9

Administrator: Michelle Stroud

VOICE COMMUNICATION SYSTEM OPERATING INSTRUCTIONS

Supervisory Staff shall be instructed in the use of the buildings Voice Communication System.

Prior to the arrival of the fire department, the voice communication system may be used by supervisory staff;

- Check fire alarm annunciator and determine location of fire alarm activation.
- After the Fire Alarm or Alert Signal has sounded for one (1) minute, select "all call" function.
- Make appropriate announcement:

"May I have your attention? May I have your attention please? The fire alarm was activated on floor The Fire Department has been dispatched. Residents are asked to act according to fire emergency procedures. If you decide to evacuate the building, use the nearest exit. Go through stairwells. Do not use elevators"

Repeat announcement twice. If volume is low turn knob clockwise to increase volume.

ADVICE THE FIRE DEPARTMENT OFFICER WHAT MESSAGE HAS BEEN BROADCASTED.

ANNOUNCEMENT AFTER EMERGENCY IS OVER:

"The fire department has responded, the fire has been extinguished and the ALL CLEAR has been granted by the commanding officer".

Or:

"The cause of the fire alarm has been investigated and the ALL CLEAR has been granted by the fire department".

FIRE DRILL ANNOUNCEMENT:

"May I have your attention? May I have your attention please? This is a fire drill. If you plan to participate, please evacuate when the alarm is activated.

Use the stairwells to leave the building. Do not use elevators. Please remain outside of the building until you are advised to return."

Repeat announcement twice. If volume is low turn knob clockwise to increase volume.

SYSTEM TEST ANNOUNCEMENT:

“May I have your attention? May I have your attention please? The alarm system is presently being tested. The alarm will be sounding for short duration. Should an actual emergency arise during the test, the alarm will sound continuously and a voice announcement will be made. We will advise you when the test will be completed.”

KITCHEN SUPPRESSION SYSTEM EMERGENCY MANUAL OPERATION

IN CASE OF FIRE in the kitchen cooking equipment:

- Leave the fire area immediately.
- Every person should leave the kitchen.
- If the kitchen suppression system did not start automatically, pull the manual release handle. Do this only if there is no danger to yourself.
- The source of fuel will be shut off automatically.
- Close all Doors behind you.
- Activate the fire alarm by using the closest manual pull station.
- Leave the building by the nearest safe exit and proceed to the evacuation assembly area.
- Do not use a K-class fire extinguisher instead of the kitchen suppression system. It can be used as a backup only.

UPON THE SOUNDING OF THE FIRE ALARM SIGNAL

- Shutdown cooking equipment (if safe to do so).
- Leave the building by the nearest safe exit.

NOTE:

While kitchen staff are not expected or encouraged to extinguish a fire with a portable fire extinguisher, you must be aware that only a K-class fire extinguisher can be used on a fire that occurs in the kitchen cooking equipment and only after the fixed extinguishing system has been activated.

Do not use an ABC rated fire extinguisher on the commercial cooking equipment as the chemical in these extinguisher are not compatible with the fixed extinguishing system.

At any time kitchen hood and/or suppression system is out of service – cooking operations shall be suspended.

PERSONS REQUIRING ASSISTANCE

Sample Occupant Information Form:

Notice to all Residents

Dear Resident:

In order to ensure your safety during an emergency situation, we are asking your co-operation in providing the following information. Please indicate any person(s) residing in your suite requiring assistance in the event that an evacuation of the building becomes necessary.

The information received will be given to emergency personnel upon arrival at the building.

Please return the completed form to the building owner or property management.

Occupants are to ensure information is up to date, advise building owner/property management of any changes.

(detach here and return, please print clearly)

Name: _____

Suite No./Location: _____

Telephone No.: _____

Reason assistance required: _____

NOTE: Property owners are responsible for the safety of occupants in premises under their control. While Whitby Fire and Emergency Services may be able to effect limited evacuation operations during a fire emergency, this cannot be guaranteed. Provisions should be in place to provide for the safe evacuation of persons requiring assistance to exit a building during a fire emergency. Planning should take into consideration the fact that elevators will not be available for emergency evacuation. Procedures should be formulated based on the physical resources in a particular building.

It may be necessary to stage persons needing assistance in areas of refuge to await assistance in evacuation. Each residential floor is divided by fire doors to two fire zones. Persons requiring assistance should be evacuated from the zone where a fire started to other zones. Stairwells, which have fire resistance rating, could be also used as refuge areas for waiting for evacuation.

Specific procedures may be discussed with a Whitby Fire and Emergency Services representative prior to implementation.

It is the Director's of Care responsibility to assign Assistance Monitors for each resident requiring assistance.

Assistance Monitors — Evacuation Procedures

Upon being assigned to help a person requiring assistance to evacuate, the Assistance Monitors shall perform the following:

- 1) Proceed to your designated person requiring assistance to evacuate and assist the individual to the nearest safe exit.
- 2) If you are unable to locate your designated individual, report your findings to the Supervisory Staff.

During the evacuation, every person should remain calm, avoid panic and give help to everyone who needs assistance.

NOTE:

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

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.

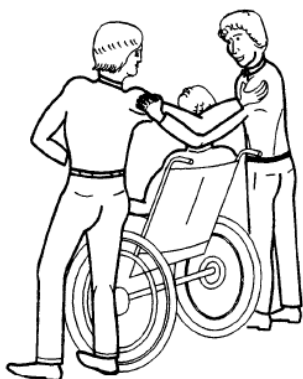


ILLUSTRATION #2

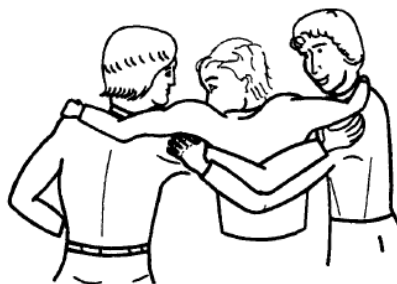


ILLUSTRATION #3



ILLUSTRATION #4

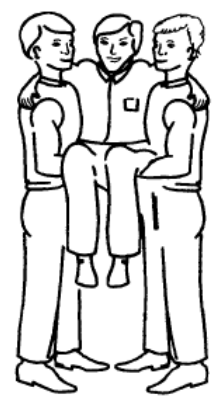


ILLUSTRATION #5

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.

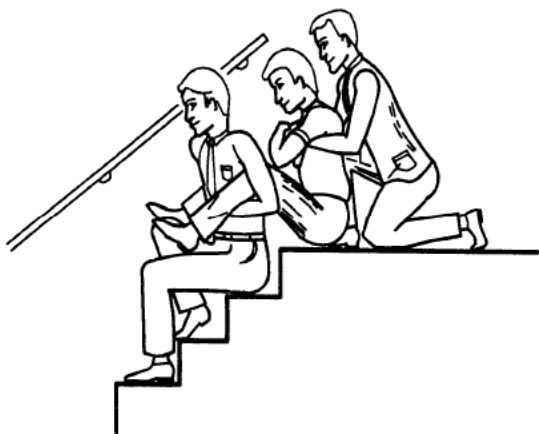


ILLUSTRATION #6

FIRE DRILL PROCEDURES

The purpose of a fire drill is to ensure that the occupants and staff are familiar with emergency evacuation procedures. This will ensure an orderly evacuation should it become necessary.

Ideally, fire drills should begin with practices on each floor or area. Advance notice (at least 48 hours), should be posted advising the occupants of the time and date of these drills. Notify the monitoring agency just prior to commencement of the fire drill. Give the address of the building, account number, your name and the expected duration of the drill.

The Fire Department is to be notified when fire drills are being held if the alarm is being activated. Call fire dispatch at (905) 433-1235.

Use the voice communication system to announce the fire drills. Activate one of the pull stations or detectors and record the actions of the occupants and staff. Ensure that the fire alarm operates as it should and that it is audible in all areas of the building. Note any deficiencies/problems. Contact monitoring company upon completion of drill and ensure proper signal was received.

Following each drill, all supervisory staff should attend a debriefing to report on their observations.

Fire drills must be conducted in accordance with the ONTARIO FIRE CODE.

All results must be recorded and keep on site for 12 months.

The annual fire drill to be observed by the fire department.

NOTE:

- 1. For this building, the Ontario Fire Code requires that fire drills be conducted at least monthly.**
- 2. In addition to the above frequency, a fire drill for supervisory staff shall be carried out at least once during each 12-month period for an approved scenario representing the lowest staffing level complement in the occupancy in order to confirm that the supervisory staff is able to carry out the duties required in the fire safety plan. The Chief Fire Official shall be notified before this additional fire drill. The annual fire drill to be observed by the fire department.**

FIRE DRILL SCENARIO FORM

PART 5

MAINTENANCE REQUIREMENTS OF FIRE PROTECTION SYSTEMS

Check, Inspect and Test Requirements of the Fire Code

The Chief Fire Official (Fire Prevention personnel) periodically inspect buildings to ensure that the required checks, inspections and tests are being carried out.

Definitions for key words are as follows:

CHECK Means a **visual observation** to ensure the device or system is in place and is not obviously damaged or obstructed.

INSPECT Means **physical examination** to determine that the device or system will apparently perform in accordance with its intended function.

TEST Means the **operation of a device or system** to ensure that it will perform in accordance with its intended operation or function.

It is stated in the Fire Code that records of all tests and corrective measures are required to be retained for a minimum of 2 years, and so that at least the most recent and the immediately preceding record of a given test or inspection are retained.

The initial verification or test reports for fire protection systems installed after November 21, 2007 shall be retained throughout the life of the systems.

The records shall be available to the fire department on request.

The checking, inspection and testing of fire safety devices shall be conducted in accordance with the Ontario Fire Code and applicable standards.

Where specific references to checking, inspection and testing of fire safety devices are not made in the Ontario Fire Code, such devices shall be maintained to ensure they operate as per their design requirements.

Any appliance, device or component of a device that does not operate or appear to operate as intended when checked, inspected or tested as required by this Code shall be repaired or replaced if the failure or malfunctioning of the appliance, device or component would adversely affect fire or life safety.

The Owner is responsible for ensuring that **all** applicable inspections and tests required by the Ontario Fire Code are performed as specified in the Code or referenced documents.

All fire protection systems and devices shall be maintained in operating condition.

The owner will assign supervisory staff and/or qualified contractor(s) to fulfil the following maintenance requirements.

FIRE ALARM SYSTEM

The fire alarm system shall be inspected and tested annually in conformance with the current edition of CAN/ULC-S536, "Inspection and Testing of Fire Alarm Systems".

PERIODIC TESTING OF FIRE ALARM SYSTEM

GENERAL:

Fire Alarm System shall be maintained in operating condition.

System components shall be kept unobstructed. Disconnect Switches shall be locked in an approved manner.

Daily checks and monthly tests shall be conducted by the person responsible for ensuring the proper operation of the fire alarm system.

Yearly tests shall be conducted by a person acceptable to the authority having jurisdiction for servicing fire alarm system.

DAILY: (BUILDING MAINTENANCE)

The following daily checks shall be conducted and if a fault is established appropriate corrective action shall be taken:

- A) The Fire Alarm Control Panel or Annunciator shall be checked daily to ensure that no trouble is indicated in the system.
- B) Check the principal and remote trouble lights for trouble indication.
- C) Inspection of the A.C. power-on light shall be carried out to ensure its normal operation only if main power supply failure is not electrically supervised.

MONTHLY: (BUILDING MAINTENANCE)

Every month the following test shall be conducted and if a fault is established appropriate corrective action shall be taken. While on the emergency power supply, inspect and test the following to confirm the operability of the fire alarm system.

Note: It is recommended that tests be coordinated with emergency power tests.

- A) One initiating field device or manual pull station shall be operated on a rotation basis and the system inspected for operation as follows:
 - 1) An alarm signal confirmed on a rotational basis to a minimum of one zone
 - 2) The primary annunciator inspected to determine that the tested device enunciated correctly;

- B) Operation of the common audible and visual trouble signals;
- C) Batteries shall be inspected for the following:
 - 1) Terminals are clean and lubricated;
 - 2) Terminal clamps are secure;
 - 3) Electrolyte level and specific gravity, where applicable, are as specified by the manufacturer;

REQUIREMENTS FOR ANNUAL INSPECTION/TEST

(Reference should be made to ULC S-536 for exact details)

Requirements for Annual Inspection - Refer to 2015 Ontario Fire Code 213/07 B.6.3. and Division C Qualifications. Any person who performs the Annual Test or Annual Inspection must be Certified.

YEARLY: (CONTRACTOR)

Every year the following tests shall be conducted by Certified Personnel, and if a fault is established appropriate corrective action shall be taken.

- A) All components must be tested as per current CAN/ULC S-536.
- B) The fire alarm system shall be operated under general alarm conditions.
- C) A minimum of six manual alarm initiation devices most remote from the standby power supply shall be activated individually with the main power supply disconnected.
- D) Each manual alarm initiating device on each floor, including sub-grade areas, shall be activated on the main power supply.
- E) Operation of every audible and visual signal appliance shall be ensured during the testing of alarm initiating devices.
- F) Each automatic alarm initiating device shall be tested for its intended function.
- G) Each alarm signalling and alarm initiating circuit and annunciator shall be checked for electrical supervision and trouble indication.
- H) Correct annunciation shall be ensured for each initiating device tested.
- I) The fire alarm system control unit shall be visually checked to ensure that the control unit has not been altered other than as specified.

VOICE COMMUNICATION SYSTEM

PERIODIC TESTING OF VOICE COMMUNICATION SYSTEM

GENERAL:

System components shall be kept unobstructed. Disconnect Switches shall be locked in an approved manner.

Daily checks and monthly tests shall be conducted by the person responsible for ensuring the proper operation of the fire alarm system and emergency voice communication systems.

Annual tests shall be conducted by a person acceptable to the authority having jurisdiction for servicing fire alarm systems and emergency voice communication systems.

DAILY: (BUILDING MAINTENANCE)

The following daily checks shall be conducted and if a fault is established appropriate corrective action shall be taken:

- A) The Central Alarm and Control Facility shall be checked daily to ensure that no trouble is indicated in the system.
- B) Check the principal and remote trouble lights for trouble indication.
- C) Inspection of the A.G. power-on light shall be carried out to ensure its normal operation only if main power supply failure is not electrically supervised.

MONTHLY: (CONTRACTOR)

Every month the following test shall be conducted and if a fault is established appropriate corrective action shall be taken. While on the emergency power supply, inspect and test the following to confirm the operability of the fire alarm and emergency voice communication system.

Note: It is recommended that tests be coordinated with emergency power tests.

- A) One initiating field device or manual pull station shall be operated on a rotation basis and the system inspected for operation as follows:
 - 1) An alarm signal confirmed on a rotational basis to a minimum of one zone or as may be required by the Fire Safety Plan for the building;
 - 2) The primary annunciator inspected to determine that the tested device annunciated correctly;
- B) Operation of the common audible and visual trouble signals:
- C) Batteries shall be inspected for the following:
 - 1) Terminals are clean and lubricated;
 - 2) Terminal clamps are secure;

- 3) Electrolyte level and specific gravity, where applicable, are as specified by the manufacturer;
- D) Test voice communication to and from floor areas of the central alarm and control facility.

REQUIREMENTS FOR ANNUAL INSPECTION/TEST

(Reference should be made to ULC S-536 for exact details)

Requirements for Annual Inspection - Refer to 2015 Ontario Fire Code 213/07 B.6.3. and Division C Qualifications. Any person who performs the Annual Test or Annual Inspection must be certified.

YEARLY: (CONTRACTOR)

Every year the following tests shall be conducted by Certified Personnel, and if a fault is established appropriate corrective action shall be taken.

- A) All components must be tested as per current CAN/ULC S-536.
- B) The fire alarm system shall be operated under general alarm conditions.
- C) Operation of every audible and visual signal appliance shall be ensured during the testing of alarm initiating devices.
- D) Each automatic alarm initiating device shall be tested for its intended function.
- E) Each alarm signalling and alarm initiating circuit and annunciator shall be checked for electrical supervision and trouble indication.
- F) Correct annunciation shall be ensured for each initiating device tested
- G) The fire alarm system control unit shall be visually checked to ensure that the control unit has not been altered other than as specified.
- H) Test voice communication to and from floor areas to the central alarm and control facility.

NOTES:

The person who is responsible for the proper operation of the Fire Alarm and Emergency Voice Communication System is the OWNER. (Via Contractor)

SPRINKLER SYSTEMS

For complete details, refer to Part 6 of the Ontario Fire Code and to the NFPA 25 "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems" (edition that is referenced in the Ontario Fire Code).

WET SPRINKLER SYSTEMS

WEEKLY INSPECTION (BUILDING MAINTENANCE)

Inspect all valves controlling water supplies to sprinkler systems to ensure they are in "open" position (Electrically supervised valves need not be checked weekly but valve must be in "open" position.).

Inspect water/air pressure.

MONTHLY TEST/INSPECTION (CONTRACTOR)

1. Test the alarms on all sprinkler systems - using "alarm test connection". (Where not installed, use an alternative method acceptable to the inspector).
2. Inspect valves which are locked open or valves which are electrically supervised

EVERY TWO MONTHS TEST (CONTRACTOR)

1. Test all transmitters and water flow activated devices on all sprinkler systems.

SEMI-ANNUAL TEST (CONTRACTOR)

1. Test gate valve supervisory switches.
2. Test transmitters to ensure supervisory signals transmit as required.
3. Test other sprinkler system supervisory devices.

ANNUAL INSPECTION (CONTRACTOR)

1. Check all sprinkler heads for damage, corrosion, grease, dust, and paint, and replace sprinkler heads where necessary.
2. Ensure exposed sprinkler hangers are in good condition.
3. Plugs and caps on Fire Department connections are removed, the threads inspected, and the plugs or caps re-secured; wrench tight.
4. Ensure Fire Department connections are properly marked.

ANNUAL TEST (CONTRACTOR)

1. Test "wet" sprinkler systems using "inspectors test" (most hydraulically remote) connection.

2. Test sprinkler water pressure by fully opening main drain valve. This test conducted after item #1.

NOTES FOR AUTOMATIC WET SPRINKLER SYSTEMS:

1. In the event of fire, ensure that the sprinkler control valves are not closed until the fire is extinguished or is considered to be under control by other means, as determined by the Fire Department.
2. Ensure all sprinkler heads are clear of obstructions.
3. Ensure sprinkler pipe is not used to support anything.
4. Ensure auxiliary drains are inspected during cold weather to prevent freezing. Piping - system to be flushed of necessary.
5. Ensure spare sprinkler heads and sprinkler wrench are available. Minimum stock of spare sprinkler heads to be provided on the basis of system size as follows:
 - not more than 300 sprinkler heads - 6 spare heads
 - from 301 to 1000 sprinkler heads - 12 spare heads
 - more than 1000 sprinkler heads - 24 spare heads
6. Any repair and replacement alterations of the sprinkler systems - components shall be in accordance with the most current edition of NFPA 13 "Standard for the Installation of Sprinkler Systems".
7. A permanent record of inspections, tests and maintenance must be kept for a period of at least 2 years.
8. When a sprinkler system is monitored by an outside agency they must be notified prior to conducting tests.
9. After any alterations or repairs, valves shall be inspected to ensure they are in the fully open position and are sealed, locked or electrically supervised.

AUTOMATIC DRY SPRINKLER SYSTEMS

WEEKLY INSPECTION (BUILDING MAINTENANCE)

1. Inspect "Dry Pipe" system air pressure to ensure it is maintained at proper pressure.
2. Inspect all valves controlling water supplies to sprinkler systems to ensure they are in "open" position (Electrically supervised valves need not be checked weekly but valve must be in "open" position).

MONTHLY TEST (BUILDING MAINTENANCE)

1. Test the alarms on all sprinkler systems - using "alarm test connection". (Where not installed, use an alternative method acceptable to the inspector).

EVERY TWO MONTHS TEST (CONTRACTOR)

Where an electrical supervisory signal service is provided for a sprinkler system, tests shall be performed as follows:

1. Test all transmitters and water flow activated devices on all sprinkler systems.

EVERY THREE MONTHS TEST (CONTRACTOR)

The priming water supply for dry pipe systems shall be inspected to ensure that the proper level above the dry pipe valve is maintained.

SEMI-ANNUAL TEST (CONTRACTOR)

1. Test gate valve supervisory switches.
2. Test water tank temperature supervisory devices.
3. Test other sprinkler system supervisory devices.

ANNUAL INSPECTION (CONTRACTOR)

1. Check all sprinkler heads for damage, corrosion, grease, dust, and paint, and replace sprinkler heads where necessary.
2. Check if exposed sprinkler hangers are in good condition.
3. Check "dry pipe" priming water level.
4. Plugs and caps on Fire Department connections are removed, the threads inspected, and the plugs or caps re-secured; wrench tight.
5. Ensure Fire Department connections are properly marked.

ANNUAL TEST (CONTRACTOR)

1. Test "dry" sprinkler systems using "system test pipe".

2. Test sprinkler water pressure by fully opening main drain valve. This test conducted after item #1.
3. Dry pipes valves shall be tripped annually by means of the system test pipe, to ensure that they operate satisfactorily and that the sprinkler alarms are in operating condition.

THREE YEARS (CONTRACTOR)

Dry pipe valves shall undergo a full flow trip test at least every three years.

FIFTEEN YEARS (CONTRACTOR)

Every 15 years dry pipe system shall be inspected for obstructions in the sprinkler piping and if necessary, the entire system shall be flushed of foreign material.

NOTES

1. In the event of fire, ensure that the sprinkler control valves are not closed until the fire is extinguished or is considered to be under control by other means, as determined by the Fire Department.
2. Ensure all sprinkler heads are clear of obstructions.
3. Ensure sprinkler pipe is not used to support anything.
4. Check "dry Pipe" valve rooms or enclosures in unheated areas as often as necessary during periods of freezing weather to ensure adequate temperature is maintained.
5. Ensure auxiliary drains are inspected during cold weather to prevent freezing.
6. Ensure spare sprinkler heads and sprinkler wrench are available. Minimum stock of spare sprinkler heads to be provided on the basis of system size as follows:
 - not more than 300 sprinkler heads - 6 spare heads
 - from 301 to 1000 sprinkler heads - 12 spare heads
 - more than 1000 sprinkler heads - 24 spare heads
7. Any repair and replacement alterations of the sprinkler systems – components shall be in accordance with NFPA 13 "Standard for the Installation of Sprinkler Systems".
8. A permanent record of inspections, tests and maintenance must be kept for a period of at least 2 years.
9. For complete details, refer to NFPA 25 "Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems".
10. When a sprinkler system is monitored by an outside agency they must be notified prior to conducting tests.

STANDPIPE SYSTEM

For complete details, refer to the Ontario Fire Code Division B Subsection 6.4.3. and NFPA 25: Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.

ANNUAL INSPECTION & MAINTENANCE (CONTRACTOR)

Fire department connection piping shall be inspected annually with any plugs or caps removed to ensure that:

- the fire department connection is physically unobstructed and readily accessible,
- the fire department connection identification sign is in place and visible,
- the fire department connection is free of wear, rust or obstruction,
- couplings or swivels are not damaged and rotate smoothly,
- gaskets are in place and in good condition,
- the check valve is not leaking,
- the automatic drain valve is in place and operating properly, and
- fire department connection clappers are in place and operating properly.

ANNUAL TEST (CONTRACTOR) – only if standpipe system has been modified, extended or are being restored to service after a period of disuse exceeding one year:

1. Conduct a flow and pressure test from the highest and most remote valve or connection.
2. It is recommended each riser be flushed to remove residue, rust, scale, etc., which block the nozzle when in use.

FIVE YEAR TEST (CONTRACTOR)

1. Hydrostatic Test Standpipe System piping which normally remains dry.
2. Hydrostatic testing of the dry portion of the fire department connection piping of the standpipe system of not less than 1400 kPa for 2 hours

NOTE

1. Standpipe systems that are modified, extended, or restored to service are to be tested.
2. Ensure all valves controlling water supplies to the standpipe and hose system are locked or sealed in the "open" position.
3. fire department connections shall be equipped with plugs or caps that are secured wrench-tight.
4. If plugs or caps are missing, the fire department connections shall be examined for obstructions, back-flushed when conditions warrant and the plugs or caps replaced.

FIREFIGHTERS' ELEVATOR

EVERY THREE MONTHS TEST (CONTRACTOR)

1. Elevator door-opening devices operated by means of photo-electric cells shall be tested to ensure that the devices become inoperative after the door has been held open for more than 20 seconds with the photo-electric cell covered.
2. Key-operated switches located outside an elevator shaft shall be tested to ensure that actuation of the switch will render the emergency stop switch in each car inoperative and bring all cars to the street floor by cancelling all other calls after the car has stopped at the next floor at which it can make a normal stop.
3. Key operated switches in each elevator car shall be tested to ensure that the actuation of the switch will:
 - a) enable the elevators to be operable independently of other elevators
 - b) allow operation of the elevator without interference from floor call buttons
 - c) render door re-opening devices inoperative
 - d) control the opening of power operated doors only by the continuous pressure on the "door open" button to ensure that if the button is released while the door is opening, the doors will automatically close.

GENERAL

- Maintain correct signage for Firefighters' Elevator.
- Ensure keys are in their approved location.

NOTE:

If the firefighters' elevator is not operational:

- 1) the Supervisory Staff shall be notified, and
- 2) where the firefighters' elevator is not operational for more than 24 hours, the Supervisory Staff shall notify:
 - a) the fire department - by calling (416) 338-9000, and
 - b) the building occupants - by posting notices in elevator lobbies.

PORTABLE FIRE EXTINGUISHERS

For complete details, refer to the Ontario Fire Code and NFPA 10, "Standard for Portable Fire Extinguishers".

MONTHLY INSPECTION (BUILDING MAINTENANCE)

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

YEARLY INSPECTION (CONTRACTOR)

1. Thorough examination of mechanical parts, extinguishing agent and expelling means.

SIX YEAR TEST (CONTRACTOR)

1. Empty stored pressure type extinguishers and subject to maintenance.

TWELVE YEAR TEST (CONTRACTOR)

1. Hydrostatically test Dry Chemical and vaporizing liquid type extinguishers.

NOTES

1. Ensure extinguisher is conspicuously located.
2. Ensure extinguisher is readily accessible in case of fire.
3. Ensure extinguisher is set on hanger, shelf or bracket.
4. Installed so that the top of the extinguisher is not more than:
 - 1) 1.1 m (43 in.) above the floor, where the gross weight of the extinguisher exceeds 18 kg (40 lbs).
 - 2) 1.5 m (59 in.) above the floor, where the gross weight of the extinguisher is 18 kg (40 lbs) or less.
5. Extinguisher must have an inspection tag attached, showing maintenance or recharge dates, the servicing agency and signature of person who performed service.
6. Extinguisher shells, cartridges, or cylinders that rupture or show leakage or permanent distortion in excess of specified limits are removed from service.
7. A permanent record of the inspection and maintenance record of all portable fire extinguishers must be maintained for at least two years.
8. Defective portable fire extinguishers are repaired, replaced or recharged as

necessary.

9. Portable fire extinguishers are maintained in accordance with the recommendations of the manufacturers.
10. After use, portable fire extinguishers are replaced and recharged according to the instructions given on the extinguishers nameplate.
11. All portable fire extinguishers are subjected to hydrostatic testing at the intervals and test pressures indicated on the extinguishers nameplate.
12. A label must be fixed to the extinguisher indicating month and year of hydrostatic test, including test pressure and signature of the person or agency performing the test.

EMERGENCY LIGHTING

(Reference should be made to 2.7 of the Ontario Fire Code, subsection 2.7.3. "Exit Lighting and Emergency Lighting," for exact details)

MONTHLY CHECK / TEST (BUILDING MAINTENANCE)

1. The unit equipment shall be checked monthly to ensure the emergency lights will function when primary power is lost.
2. Pilot lights checked monthly for indication of operating conditions (battery charging means is energized).
3. The unit equipment shall be tested monthly to ensure that the emergency lights will function upon failure of the primary power supply.

MONTHLY INSPECTION (CONTRACTOR or BUILDING MAINTENANCE)

1. Where applicable, electrolyte level and specific gravity inspected monthly and maintained as per battery manufacturer's specifications.
1. Ensure battery surface is maintained clean and dry.
2. Ensure terminal connections are clean, free of corrosion and lubricated where necessary.
3. Ensure terminal clamps are clean and tight as per battery manufacturer's specifications.
4. Ensure unit is secure in its location.

ANNUAL TEST / INSPECTION (CONTRACTOR)

1. The emergency lighting unit equipment shall be tested annually to ensure that the units will provide emergency lighting for a duration equal to the design criteria with simulated power failure conditions.
2. After completion of the test in sentence#1, 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.
3. Emergency lights shall be inspected at intervals not greater than 12 months to ensure that they are functional.

NOTES

3. Any appliance, device or component of a device that does not operate or appear to operate as intended when checked, inspected or tested as required by this Code shall be repaired or replaced if the failure or malfunctioning of the appliance, device or component would adversely affect fire or life safety.
4. Exit signs shall be clearly visible and maintained in a clean and legible condition.
5. Internally illuminated exit signs be kept clearly illuminated at all times.

EMERGENCY GENERATOR

For exact details refer to CSA-282 "Emergency electrical power supply for buildings".

NOTE:

The person performing the Weekly and Monthly Inspections shall have received training and be qualified to perform these tasks.

WEEKLY INSPECTION (BUILDING MAINTENANCE)

Check all components of the system,

MONTHLY INSPECTION (BUILDING MAINTENANCE)

Check all components of the system, operate the generator set under at least 30% of rated load for 60 minutes.

NOTE:

Semi-Annual, Annual and every Five Year Inspection require special skill. This work shall be carried out by a qualified contractor; the system manufacturer, or individuals trained and certified by the system manufacturer and acceptable to the authority having jurisdiction.

SEMI-ANNUAL TEST (CONTRACTOR)

Check and clean crankcase breathers, governors and linkages on emergency generators.

ANNUAL INSPECTION (CONTRACTOR)

Inspect and service generator and generator set. Check all components of the system, operate the generator set under at least 100% of rated load for 2 hours.

EVERY FIVE YEARS INSPECTION (CONTRACTOR)

Check insulation of generator windings.

NOTE:

Records must be maintained for a period of at least two years with respect to all inspections and testing.

FIRE SEPARATIONS

MONTHLY INSPECTION (BUILDING MAINTENANCE)

1. Inspect doors in fire separations to ensure that they are operable at all times as follows:
 - a) Fire rated closures not obstructed, blocked, wedged open or altered to prevent intended operation
 - b) The doors are checked as frequently as is necessary to ensure that they remain closed unless equipment is installed to close the door automatically.
 - c) The door openings and the surrounding areas are to be kept clear of anything that would be likely to obstruct or interfere with the operation of the door.
 - d) Keeping fusible links and heat or smoke activated devices undamaged and free of paint and dirt.
 - e) Keeping guides, and bearings clean and lubricated.
 - f) Inspecting door hardware and other ancillary components regularly and making necessary adjustments or repairs to ensure proper closing and latching.
 - g) Repairing or replacing inoperative parts of hold-open devices and automatic releasing devices whenever necessary.

ANNUAL INSPECTION (CONTRACTOR)

1. Inspect fire dampers and fire-stop flaps annually or on an approved schedule as follows:
 - A. Maintain closures, to ensure that they are operable at all times, by:
 - Keeping fusible links and heat or smoke activated devices undamaged and free of paint and dirt,
 - Keeping guides and bearing clean and lubricated,
 - Repairing or replacing inoperative parts of hold-open devices and automatic releasing devices whenever necessary.
 - B. Closures in fire separations are not to be blocked or wedged open.
 - C. Correct defects that interfere with the operation of closures in fire separations.

GENERAL

The doors are checked as frequently as is necessary to ensure that they remain closed unless equipment is installed to close door automatically.

NOTES:

1. Where fire separations between major occupancies, fire walls or fire separations between rooms, corridors, shafts and other spaces or closures in the fire separations are damaged so as to affect their fire resistance rating, the damage shall be repaired so that the integrity of the fire separation wall or closure is restored.
2. Correct defects that interfere with the operation of closures in fire separations.

COMMERCIAL COOKING EQUIPMENT AND FIRE EXTINGUISHING SYSTEM

For exact details refer to:

NFPA 17A: "Standard for Wet Chemical Extinguishing Systems", and

NFPA 96: "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations"

WEEKLY INSPECTION (DIRECTOR OF CULINARY)

- Inspect hoods, filters and ducts.
- If, upon inspection, the exhaust system is found to be contaminated with deposits from grease-laden vapours, the contaminated portion of the exhaust system shall be cleaned by a properly trained, qualified, and certified person(s).

MONTHLY VISUAL INSPECTION (DIRECTOR OF CULINARY)

- Inspect the system for obvious or mechanical damage.
- Visually check to ensure the seals and lock pins are in place and the system is ready to operate.
- Visually check all pressure gauges to ensure the system is operational, where applicable.
- Visually inspect fusible links, detector assembly for any accumulation of grease or deposits. Have an "authorized service contractor" replace fusible links as required.

SEMI-ANNUAL INSPECTION AND TEST (QUALIFIED SERVICE CONTRACTOR)

Inspection and test of the actuation components and fire extinguishing equipment.

ANNUAL INSPECTION (QUALIFIED SERVICE CONTRACTOR)

Replace fusible links and nozzles and inspect disconnect switches for ventilating systems.

NOTES:

1. Operating and maintenance instructions must be posted in proximity to equipment and located near manual controls.
2. Valves and controls must be marked clearly to indicate their function and be accessible at all times.
3. Extinguishing agent containers must be fully charged with proper agent and necessary operating pressure maintained.
4. Discharge outlets for special extinguishing system must be kept free of dirt and residue.
5. Piping and equipment must be mechanically secure and accessible for cleaning and maintenance.
6. The System must be maintained in full operating condition at all times.
7. The Director of Culinary shall prepare the Cleaning Schedule which is based on the level of cooking operation for the restaurant

HEATING, VENTILATION & AIR CONDITIONING

WEEKLY CHECK (BUILDING MAINTENANCE)

1. Check filters and ducts subject to the accumulation of combustible deposits and ensure that they are cleaned when deposits create an undue fire hazard.
2. Lint traps in laundry equipment shall be cleaned to prevent excessive accumulation of lint.

ANNUAL INSPECTION (CONTRACTOR)

1. Inspect every chimney, flue and flue-pipe and clean as often as necessary to keep them free of accumulation of combustible deposits.
2. Inspect disconnect switches for mechanical air conditioning and ventilation systems to ensure the system can be shut down.

NOTES

1. Every defective heating appliance in a building shall be removed, repaired or replaced when it creates a hazardous condition.
2. Chimneys and chimney liners that constitute a fire hazard shall be repaired or replaced.
3. Where flue-pipes are removed, every flue-pipe hole shall be closed with a tight-fitting non-combustible cover, compatible to the chimney flue construction.
4. Chimney, flue-pipes and breaching shall be maintained in a safe operating condition.
5. Ventilation shafts shall be used only for ventilation purposes.
6. Any work on ducts involving the use of heat-producing devices for cutting, welding or soldering, shall not be undertaken before the system has been shut down, the duct cleaned of any accumulations of combustible deposits and any combustible lining covering material that could be ignited by such work, has been removed.
7. A permanent record shall be kept of all inspections, tests and maintenance for at least two years.

ELECTROMAGNETIC LOCKS

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.

MONTHLY TESTS AND CHECKS (BUILDING MAINTENANCE)

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

1. 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,
2. The electromagnetic locking system release switch will be checked to ensure that the switch is identified and labelled correctly; and,
3. 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 (CONTRACTOR)

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,
4. 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,
5. The electromagnetic locking system release switch will be checked to ensure that the switch is identified and labelled correctly,
6. 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,
7. The power to the fire alarm will be removed and the electromagnetic locking system will be checked to confirm that a release has occurred,
8. The power to the electromagnetic locking system will be removed and the system will be checked to confirm that a release has occurred,

9. 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,
10. 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.

SMOKE CONTROL

Smoke control equipment shall be maintained in a manner that ensures that it is fully operational.

Inspections and tests for the smoke control equipment shall be carried out in accordance with procedures established by the designer of the system.

Periodic testing of smoke control equipment shall be performed in accordance with the Section 7.3 of the National Fire Code of Canada.

TEST PROCEDURE

THREE MONTH TEST (CONTRACTOR OR BUILDING MAINTENANCE):

- 1) switches at the central alarm and control facility shall be tested to ensure that:
 - a) closures in vent openings to the outdoors in below grade floor areas open automatically and remain open, and
 - b) the mechanical air supply to stair shafts and elevator shafts is initiated, and
- 2) closures in openings to the outdoors in stair shafts shall be tested to ensure that they open automatically, if such means is provided, and remain open when the air supply to the stair shafts is initiated.

TWO YEAR TEST (CONTRACTOR):

Pressurized stair and elevator shafts shall be tested in different seasons by a pressure sensor or tracer smoke at intervals not greater than 2 years and after any alteration to the building, to ensure that the movement of air is from the stair or elevator shafts to the floor areas on all storeys.

MISCELLANEOUS MAINTENANCE REQUIREMENTS

Flameproofing treatments

Flame retardant treatments shall be renewed as often as required to ensure that the material will pass the match flame test in NFPA 705, "Recommended Practice for a Field Flame Test for Textiles and Films".

Maintaining access free of obstructions

Fire access routes and access panels or windows provided to facilitate access for fire fighting operations shall not be obstructed by vehicles, gates, fences, building materials, vegetation, signs or any other form of obstruction.

Fire access routes shall be maintained so as to be immediately ready for use at all times by fire department vehicles.

Fire department sprinkler and standpipe connections shall be clearly identified and maintained free of obstructions for use at all times.

Maintenance of means of egress and lighting for exits

Means of egress shall be maintained in good repair and free of obstructions.

Lighting provided for illumination in exits and access to exits, including corridors used by the public, shall be maintained.

Exterior passageways, exterior stairways and fire escapes in occupied buildings shall be maintained in good repair and operational and kept free of snow and ice accumulations.

PART 6

ALTERNATE MEASURES FOR OCCUPANT FIRE SAFETY

SHORT-TERM FIRE PROTECTION SYSTEMS SHUTDOWN (Less than 24 hours)

Fire Alarm or Sprinkler System Shutdown

In the event of a shutdown of the Fire Alarm System or the Sprinkler System, or part thereof, the Whitby Fire and Emergency Services will be notified by calling (905) 433-1235 and all occupants will be notified by posting notices at locations on all floors. The notices will explain the extent and the duration of the shutdown. Notices will also be posted when the System is reactivated.

Service Company shall be notified immediately after a fire protection system shutdown.

Affected areas to be patrolled hourly until a system is restored. Fire Watch Logs must be maintained (see below under "Fire Watch" for details). Whitby Fire and Emergency Services is to be notified when system is restored.

Alternative measures shall be posted at each entrance and elevator lobbies.

Occupants will be instructed to advise the Whitby Fire and Emergency Services immediately via-911 - of any fire situation and to warn other occupants of imminent danger verbally. Assistance and guidance shall be sought by Whitby Fire and Emergency Services as needed.

Emergency Lighting Shutdown

In case of emergency lighting shut down, the service company shall be notified immediately and broken units shall be repaired and restored as soon as possible.

Fixed Extinguishing System

At Any Time Kitchen Hood and/or Suppression System is out of Service – Cooking Operations Shall be Suspended.

Emergency Generator, Fire Pump and Fire Hydrants Shutdown

In the event that the emergency generator, fire pump or private fire hydrant becomes inoperative, all staff shall be made aware of the situation and repairs shall be effected as soon as possible.

Notify Whitby Fire and Emergency Services at (905) 433-1235 any time the above fire protection equipment is not operational.

Firefighters' Elevator Shutdown

If the firefighters' elevator is not operational, the Supervisory Staff and service company shall be notified immediately and the elevator shall be repaired and restored as soon as possible.

Where the firefighters' elevator is not operational for more than 24 hours, the Supervisory Staff shall notify:

1. the fire department - by calling (905) 433-1235, and
2. the building occupants - by posting notices in elevator lobbies.

Fire Extinguisher Service

When a fire extinguisher requires service, the General Manager will:

- Contact the Extinguisher Company.
- Arrange for a replacement extinguisher.

Portable fire extinguishers shall be recharged as soon as possible after use.

LONG-TERM FIRE PROTECTION SYSTEMS SHUTDOWN (more than 24 hours)

If shutdown of fire protection equipment is longer than 24 hours, the alternate measure for short-term shutdown shall be implemented, and

YOU MUST NOTIFY THE WHITBY FIRE & EMERGENCY SERVICES IN WRITING.

NOTE: ALL SHUTDOWNS WILL BE CONFINED TO AS LIMITED AN AREA AND DURATION AS POSSIBLE.

FIRE WATCH

A Fire Watch by a designated, qualified person with the objective of detecting a fire in its early stages and of sounding the alert shall be appointed to conduct an hourly tour of the entire building. Individuals assigned to Fire Watch must be familiar with fire safety practices, know how to use a portable fire extinguisher, know the emergency procedures for the building and how to contact the fire department.

Persons conducting the fire watch must record their hourly patrols in a Fire Watch Log Book and be provided some means of communication (a cellular phone or two-way radio) 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 using a whistle or sounding device.

A person performing Fire Watch must be ON SITE 100% of the duration of the impairment. A trained substitute must relieve the person performing Fire Watch duties.

Person(s) assigned for Fire Watch duties must have NO OTHER responsibilities assigned to them.

The Fire Watch Log Book must be filled out hourly detailing the reason for the Fire Watch, name of the persons conducting the Fire Watch, date, time, areas patrolled, status, etc...

APPENDIX A

INFORMATION ON THE OPERATION OF FIRE ALARM CONTROL PANEL

NORMAL: All indicators are normally OFF except for the green A.C. light. Note that the Fire alarm control panel is initially in TROUBLE after power-up until SYSTEM RESET is pressed.

ALARM: Operate Alarm Initiating Devices to activate indicating Appliances. Signals will sound, common alarm & initiating zone indicators will illuminate red.

SILENCING OF ALARM: Press Signal Silence button to silence all audible signals. The associated amber indicator will illuminate.

Note: The signal silencing function may be inhibited for one minute. The Signal silence button will not operate until the inhibit period expired.

NOTE: the fire alarm signals cannot be silenced until the fire department has responded and the fire has been extinguished and/or investigated and approval to reset has been granted by the fire department.
The fire alarm can be silenced by the Supervisory Staff only after permission given by the Fire Department official.

AUTO ALARM SILENCE: This fire alarm control panel may be set for automatic signal silence.

WATERFLOW: indicating appliances and other output circuits that are activated in response to an alarm initiated by a designated Waterflow Zone cannot be silenced (manual or automatic).

SUPERVISORY: Activation of any initiating devices for supervisory will sound the buzzer continuously. Common supervisory and initiating zone indicators will illuminate amber (steady). Common Supervisory and Zone Supervisory indicators remain "ON" when the buzzer is silenced.

SYSTEM RESET: Press the RESET button momentarily to restore normal operation. All alarm indicators will extinguish & all latched functions are restored.

NOTE:

- **the Fire Alarm Control Panel cannot be reset until the fire department has responded and the fire has been extinguished and/or investigated and approval to reset has been granted by the Fire Department.**

- **the fire alarm can be reset by the Supervisory Staff only after permission given by the Fire Department official.**
- **if the fire alarm was activated by pulling a manual pull station, that pull station must be closed so that the internal trip switch must be depressed.**

TROUBLE: Any system trouble will sound the buzzer intermittently and Common Trouble indicator will flash amber until the fault is corrected. Individual amber indicators will flash for any trouble on particular zone(s), and Ground Fault, Battery Trouble., Remote Failure & Test/Config Mode all indicate specific types of trouble. Call for service.

FIRE DRILL: Press the Fire Drill button momentarily to sound all audible signals without initiating an alarm. Press the button again for normal system operation. Note: Auxiliary relays will not operate when Fire Drill is operated.

GENERAL ALARM: Press the General Alarm button momentarily to initiate a general alarm. Signals will sound with the selected Evacuation Tone. To restore to normal operation, Reset the System.

ACKNOWLEDGE: In a System configured for TWO STAGE OPERATION, press the Acknowledge button; the associated amber indicator will illuminate indicating that the Alarm has been Acknowledged. The signals will remain in the Pre-alert Stage; and the System will not execute an Automatic General Alarm (evacuation stage). Any subsequent Alarm will restart the Pre-Alert timer period from the beginning until the System enters into the Evacuation Stage. The System cannot be Acknowledged once it is in the Evacuation Stage.

VISUAL INDICATOR TEST: Press the Lamp Test button to test all indicators. All indicators should be lit and the buzzer will sound.

QUEUE BUTTONS: These are used to select a particular Queue to review using the cursor buttons and LCD Display.

MENU BUTTON: This button is used to initiate the FX-2000 Menu System

APPENDIX B

OPERATION OF FIRE EMERGENCY SYSTEMS IN THE BUILDING

FIRE ALARM AND EMERGENCY VOICE COMMUNICATION SYSTEM

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

All fire alarm and one-way emergency voice communication systems shall be maintained in full operating condition at all times.

A single stage system sounds a general alarm throughout the facility that may require total evacuation of the building, operation of the fire alarm is activated by a manual pull station or a sprinkler head.

The building can also be evacuated by means of a one way emergency voice communication microphone located in a panel adjacent to the annunciator located in the main entrance.

PORTABLE EXTINGUISHERS

Portable extinguishers are intended as a first aid measure to cope with fires of limited size. The basic types of fires are classes A, B, and C. Portable extinguishers are rated for the corresponding classes of fire.

STANDPIPE AND HOSE SYSTEMS

A standpipe system is an arrangement of piping, valves and hose outlets installed in a building in such a manner that water can be discharged through a hose and nozzle for extinguishment of fire. The system is connected to a water supply which permits an adequate supply of water to the hose outlets.

AUTOMATIC SPRINKLER SYSTEM

An automatic sprinkler system is a series of underground and overhead piping assigned in accordance with fire protection engineering standards. The system is connected to a water supply such as a storage tank or municipal water supply. The system includes a controlling valve, a series of sprinkler heads and a device for actuating an alarm when the system is in operation. The system is usually activated by heat from a fire and discharges water over the fire area.

SMOKE CONTROL SYSTEM

Smoke Control System is designed to create pressure in stairwells and elevators' shafts, to prevent penetration of smoke and provide safer evacuation condition. The system consists of pressure fans and vents, which keep the pressure on the designated level.

FIRE PUMPS

Fire pumps are used to ensure that the water required for firefighting and automatic sprinkler and standpipe and hose systems is available.

EMERGENCY POWER

Emergency power is required to ensure that continued operation of fire and life safety equipment and systems in case of loss of normal hydro-electric power.

ELEVATORS

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

APPENDIX C

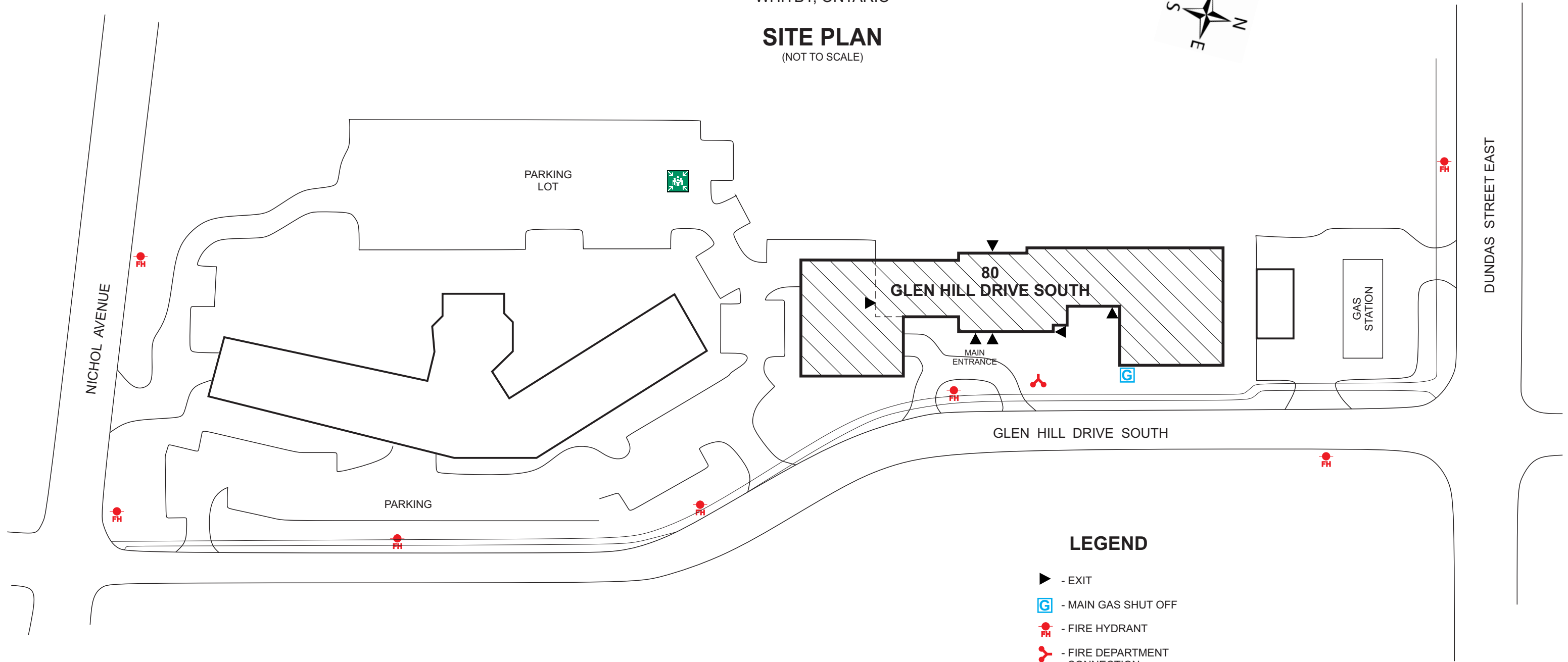
SCHEMATIC DIAGRAMS

FIRE SAFETY PLAN






80 GLEN HILL DRIVE SOUTH
WHITBY, ONTARIO

SITE PLAN

(NOT TO SCALE)



LEGEND

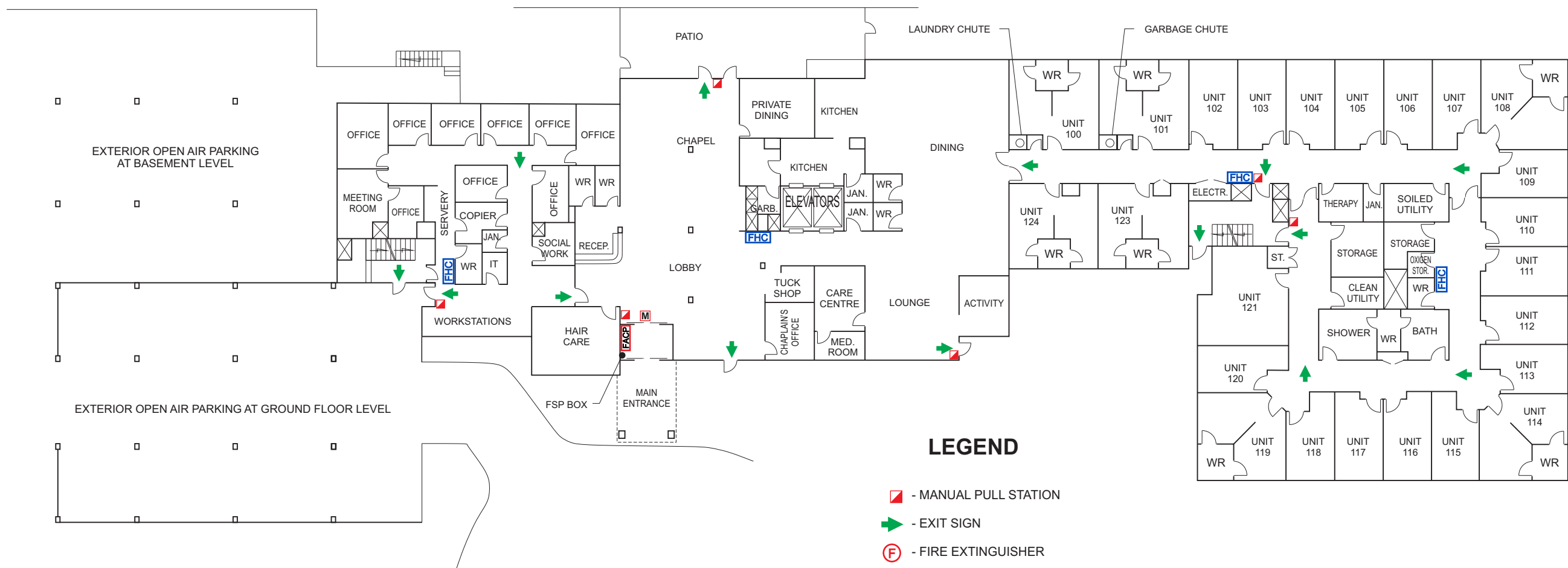
-  - EXIT
-  - MAIN GAS SHUT OFF
-  - FIRE HYDRANT
-  - FIRE DEPARTMENT CONNECTION
-  - EVACUATION ASSEMBLY AREA

FIRE SAFETY PLAN

80 GLEN HILL DRIVE SOUTH
WHITBY, ONTARIO

GROUND FLOOR PLAN

(NOT TO SCALE)



LEGEND

- - MANUAL PULL STATION
- ➔ - EXIT SIGN
- Ⓡ - FIRE EXTINGUISHER
- FHC - FIRE HOSE CABINET
c/w FIRE EXTINGUISHER
- FACP - FIRE ALARM CONTROL PANEL
- M - ELECTROMAGNETIC LOCK
- ➔ - STAIRS UP

EXTERIOR OPEN AIR PARKING
AT BASEMENT LEVEL

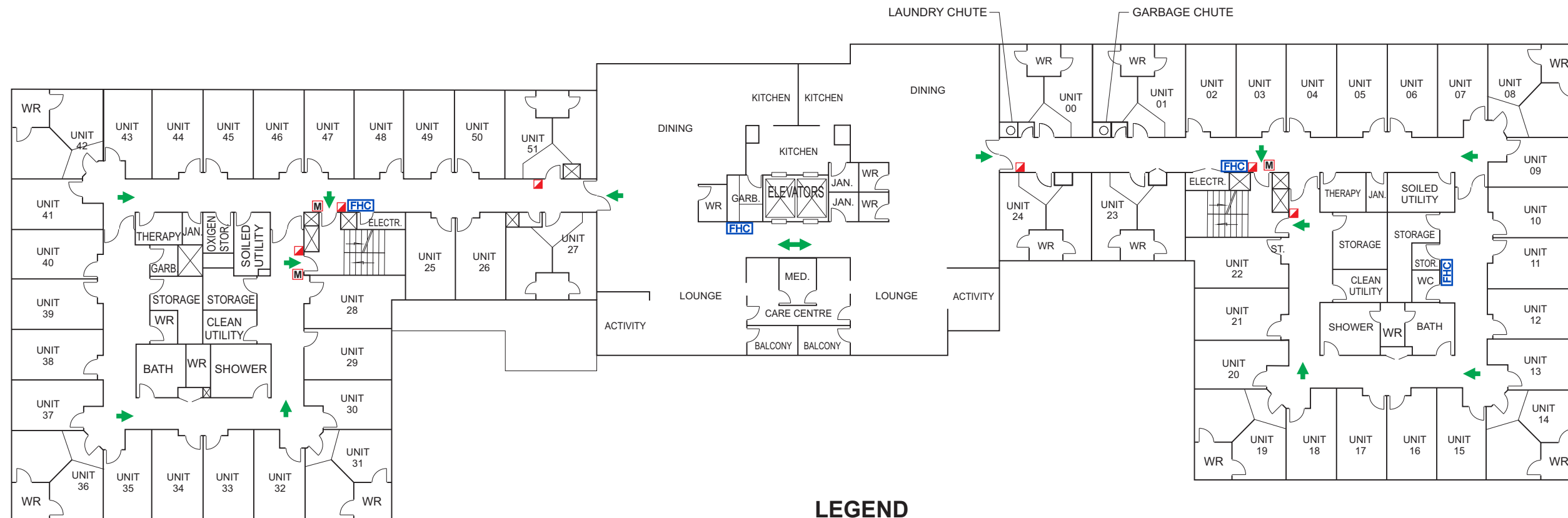
EXTERIOR OPEN AIR PARKING AT GROUND FLOOR LEVEL

FIRE SAFETY PLAN







80 GLEN HILL DRIVE SOUTH
WHITBY, ONTARIO

TYPICAL FLOOR PLAN

2ND TO 3RD
(NOT TO SCALE)



LEGEND

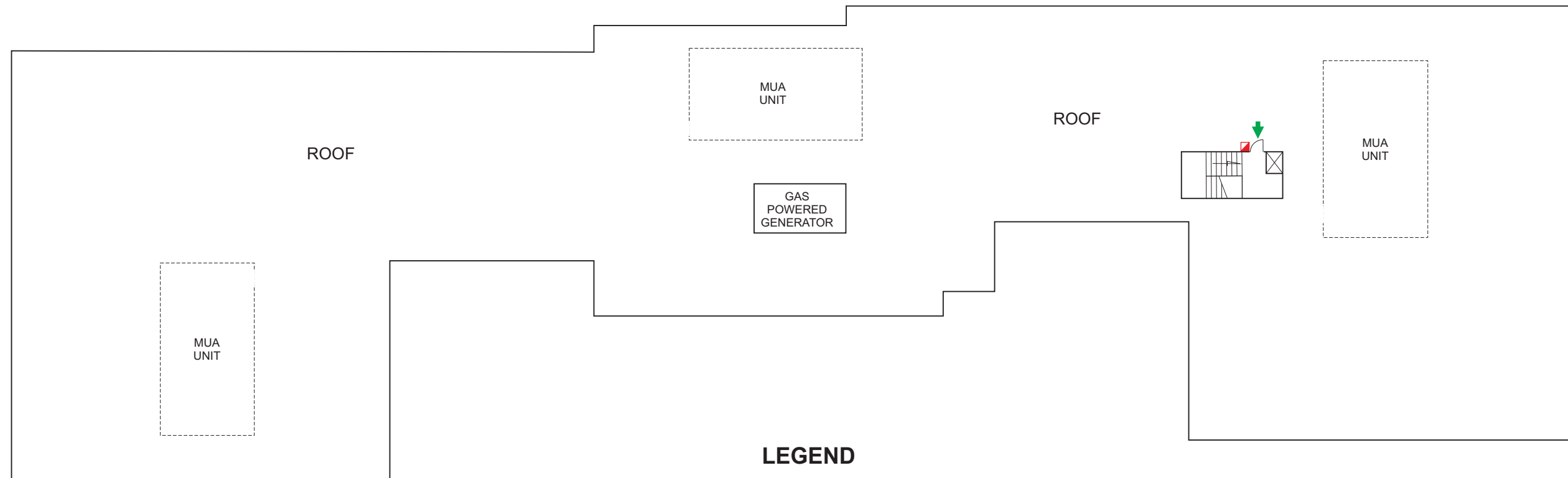
-  - MANUAL PULL STATION
-  - EXIT SIGN
-  - FIRE EXTINGUISHER
-  - FIRE HOSE CABINET
c/w FIRE EXTINGUISHER
-  - ELECTROMAGNETIC LOCK
-  - STAIRS UP

FIRE SAFETY PLAN







80 GLEN HILL DRIVE SOUTH
WHITBY, ONTARIO

ROOF PLAN

(NOT TO SCALE)



LEGEND

-  - MANUAL PULL STATION
-  - EXIT SIGN
-  - FIRE EXTINGUISHER
-  - FIRE HOSE CABINET
c/w FIRE EXTINGUISHER
-  - ELECTROMAGNETIC LOCK
-  - STAIRS UP

FIRE SAFETY PLAN



Long Term Care & Convalescent Care

264 King Street East Bowmanville Ont.

1 – 905 – 623 - 2553

This official document is to be kept readily available in the building at all times for the use by fire officials in the event of an emergency. The document will be kept in the main entrance of the building below the fire panel.

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	Fire Watch Form	Error! Bookmark not defined.
	Fire Drill and/or Incident Report	

Fire Plan Distribution List

Copies of the fire emergency plan for Glen Hill Strathaven are distributed as follows:

Internal: Administrators Office
 Staff Lounge
 All Nursing Stations

A copy of the fire emergency procedures and other duties for supervisory staff as laid down in the fire safety plan shall be given to all supervisory staff.

External: Clarington Emergency and Fire Services

ZONE PLANS ARE POSTED THROUGHOUT THE BUILDING

Record of Amendments

Please document all additions, deletions and reviews to this plan.

Amendment	Subject	Page	Date Amended	Inserted by Initial
Full document				

MISSION

Guided by our Christian principles, Durham Christian Homes enriches the lives of the residents we serve and those who serve them in seniors' housing, assisted living and long-term care.

VISION

Durham Christian Homes will be an increasingly important presence in the communities we serve, celebrated for our vibrant continuum of residences, innovative services and partnerships.

VALUES

Motivated by our Christian faith, we believe in:

RESPECT	We honour the worth and celebrate the uniqueness of each and every person.
COMMITMENT	We aspire to be exceptional so we expect the best of ourselves and each other; improving by learning, growing and working together.
COMPASSION	We are caring, patient and kind in our words and actions.
WELLBEING	We care about each other in mind, body and spirit; deserving of joy, hope, comfort and security in our lives.
TEAMWORK	We all work together to succeed together.
ACCOUNTABILITY	We accept responsibility for the people and resources entrusted to us.
INTEGRITY	We are dedicated to being honest and open with one another.
COMMUNITY	We delight in service to others and the relationships that make us a caring family.

Enriching Lives. Serving Others.



1 INTRODUCTION

When fire occurs, the immediate action taken by the person discovering the fire and those responding to the emergency may make the difference between containment of the fire and disaster. It is with this in mind that an **FIRE SAFETY PLAN** is required for protection of Occupants, staff, visitors and property.

The resident / occupants accommodated maintain varied levels of individual skills based upon their physical, mental and emotional conditions. This imposes a great responsibility on all staff members in the event of fire or other emergency. The staff of this residence is required to take charge should an emergency situation occur.

The senior staff on duty is in the Charge Position until the arrival of fire/emergency personnel and/or administrative personnel. They will identify themselves to the Fire Department Incident Commander.

This confirms that the July 2015 Glen Hill Strathaven Residence staffing compliment for the overnight shift is five (5) Personal Support Workers on the first and second floor and one (1) Personal Support Worker on the third floor. In addition, there are four (4) Registered staff who are trained to perform supervisory duties with further supervisory staff on call as required.

It is recognized that a fire safety plan published for employees is not sufficient as a stand-alone document. Frequent practice training and discussions need to occur in order to prepare all personnel. All staff needs to be familiar with the building structure and function / location of the safety features / equipment. Preparedness and a thorough understanding of the plan are required to implement successful emergency assistance when called upon.

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

Terms of Reference

Staff should familiarize themselves with the following terms in reference to a Fire Plan.

- Approved:** Means approved by the Fire Chief of the local municipal fire department

- Alarm Signal:** Means an audible sound transmitted throughout a zone or zones or throughout the building to advise the Occupants that a fire emergency exists

- Alert Signal:** Means an audible signal to advise designated persons of a fire emergency

- Building Code Designations:** B2 – Long Term Care

- Care and Treatment Occupancies:** Occupants receive care and treatment. These facilities provide 24 hour care and treatment services provided by medical professionals.

- Chief Fire Official:** Means the Municipal Fire Chief or member/members of the Fire Department designated by the Municipal Fire Chief or a person appointed by the Fire Marshall.

- Contained Use Area:** Contained use area means a supervised area containing one or more rooms in which occupant movement is restricted to a single room by security measures not under the control of the occupant.

- Fire Detector:** Means a device which detects a fire condition and automatically initiates an electrical signal to actuate an alert signal or an alarm signal and includes heat detectors and smoke detectors.

- Fire Alarm System and Sequence of Operation**

In a two stage fire alarm system the operation of a detection device, such as a manual pull station or a fire detector, causes an **alert signal** to be sounded. This alert signal initiates staff to take appropriate action (as outlined in the fire safety plan) such as responding to the fire zone and investigating the cause of the alarm and notifying the fire department. Because the fire alarm system is monitored, the fire department will already be responding.

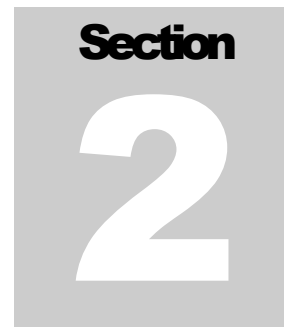
The alert signal is twenty strokes a minute and the alarm signal is a continuous signal, The alert signal will sound upon the activation of any manual pull station or fire detector. Currently in the building (nursing home), the fire alarm system will remain in the alert stage until it is found to be an actual fire. The manual station general alarm will then be activated by staff using a key operated switch, or the general alarm button will be pressed on the fire alarm systems main panel. This will sound the **alarm signal** throughout the building as continuous, to notify staff that an evacuation should be taking place.

In Group B2 major occupancies, hospitals and nursing homes, have an exception that permits the fire alarm system to remain in the alert stage in these occupancies and the general alarm signal may be activated by a key operated switch (manual pull stations) or by pressing the general alarm button on the fire alarms main panel.

Each manual pull station is equipped so that the use of a key will cause an alarm signal to sound upon turning of that key.

- Owner:** Means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.
- RN** Resident Nurse; one per shift; the position is Site Incident Command in event of fire emergency
- RPN** Registered Practical Nurse; acts as the Control Person in the "home" area.
- Supervisory Staff:** Means those staff persons who have some delegated responsibility for the fire safety of other occupants and staff under the fire safety plan. Staffs have received training regarding their responsibilities as outlined in the fire plan.
- Zones** The home has 30 fire zones in the Long Term Care home and 10 fire zones located in the Retirement home. Fire zones are separated by fire doors.

2 ADVANCED PLANNING



Advanced planning for **FIRE EMERGENCIES** in this residence is directed to the below objectives.

Objectives:

1. To familiarize building occupants with the emergency evacuation procedures by actual performance. **PARTICIPATION IS MANDATORY.**
2. To identify problems in procedures and make adjustments.
3. To ensure **ALL EMPLOYEES ARE KNOWLEDGEABLE OF THEIR DUTIES IN AN EMERGENCY** for the ultimate safety of all individuals within this residence.
4. To install and maintain **FIRE PREVENTION SAFEGUARDS AND DEVICES.**
5. To ensure the **MANDATORY ACTIVE PARTICIPATION OF EACH EMPLOYEE IN FIRE DRILLS AND SAFETY PROGRAMS.**

Fire Drill Frequency:

The home will conduct **ONE FIRE DRILL FOR EACH SHIFT (3 shifts) ON A MONTHLY BASIS** to ensure familiarity with the evacuation procedures.

Fire drills will **INVOLVE ALL STAFF AND MANAGERS on duty at the time of fire drill.** Upon indication of a fire alarm signal, the staff will proceed with the steps outlined in the emergency procedures.

At the end of each fire drill, a debriefing session will be held to identify any deficiencies or problems in the evacuation procedure.

The Environmental Service Manager will maintain a written record of all fire drills and the debriefing session.

Section
3

3 **AUDIT OF BUILDING RESOURCES**

Description of Building	
<i>Refer to the attached schematic floor plan drawings in Section 18 for the detailed layout of the building.</i>	
Location	<p>This Residence is located at 264 King Street East Bowmanville Ontario</p> <p>Surrounding streets for identification are: North – Gailbrath South – King Street East – Mearns</p>
Description	<p>This is a three (3) story with basement institutional building.</p> <p>Building Code: Group B, Division 2, Major Occupancy</p> <p>The basement is primarily used for maintenance rooms, mechanical rooms, laundry room, hair salon, offices, group activity rooms, dining room and the kitchen.</p> <p>The first to third to fourth floors contain primarily resident care suites. The core of each floor does contain dining and Lounge areas.</p> <p>There is a vacant Retirement building attached to the Long Term Care Residence, it has 4 stories and a basement with a total of 48 suites. The lower level contains a dining room, two lounges, and activity rooms. The Retirement building is vacant however the following suites are used for storage: 302,303,305,309 and 311</p>
Fire Alarm System	The building is equipped with a two stage fire alarm system.
Total # of Occupants Rooms/Suites	Occupancy load is 210 persons. 97 suites
Main Gas Shutoff Location	<p>The main gas shutoff is RED located at the SOUTH EAST CORNER OF BUILDING OUTSIDE – NORTH WEST CORNER OF BUILDING OUTSIDE</p> <p style="padding-left: 40px;">To close turn the valve counter clockwise.</p> <p style="padding-left: 40px;">To re-open requires a certified technician only after the “all clear” has been issued.</p>

Gas Shut Offs	The gas shut off is outside the east electrical room. Kitchen and laundry also have gas shut offs. Each dryer has a separate gas shut off.
Main Electrical Disconnect Location	Located in the West and East electrical rooms
Domestic Water Shut Off	The domestic water shut off valve is located in the East electrical room; water shut offs for south and east halls. West sump pump room has water shut off for north and west halls
Building Resources	
Fire Department Access Route	Primary fire fighter entrance and main public entrance is via King Street located on the <u>South side</u> of the building
Rapid Entry, Lock Box	Located at main entrance to long term care, outside, just east of doors above two keypads. Keys in the box include the long term care master, retirement front door, and retirement master and entrance code for east keypad.
Fire alarm panel	The main fire panel is located on the first floor, East side, unit Cedar
Emergency Voice Communications	Telephones are located throughout the building, at all nursing stations, offices, laundry and kitchen. Paging system is located at all phones throughout the building. Speakers are located on 1 st , 2 nd & basement floors on Nursing side of building.
Elevators	Elevators are located in the front foyer of the nursing home, north west corner of the nursing home and front foyer of the retirement home. The nursing home elevator keys are located in each elevator.
Access and Egress Exits	There are seven (7) fire exits located throughout the building. There are five (5) indirect emergency exits from the ground level, which lead to main floor exits. As required by the building code, fire walls and fire doors are located in the three (3) floors and in the basement.
Areas of Safe Refuge	There are 30 fire zones on the Long Term Care side and 10 fire zones on the vacant Retirement Building. Throughout all points of egress to the outside. Once outside, all occupants should be assembled at the designated Assembly Area.
Designated Assembly Areas	South side of the facility designated as the "main parking area"
Emergency Lighting Descriptions and Locations	Emergency lighting pack in the generator room will remain illuminated for 30 minutes. There are also 30 minute emergency lighting packs in the retirement elevator room and the long term care laundry room
Emergency Generator Power	The generator will self-start and the home will have limited sources of power

	Elevators will operate from the generator – FRONT ELEVATOR AND RETIREMENT ONLY
Duration	Minimum 48 hours before re-fuelling generator.
Fire Alarm System Description & Type	<p>The building is equipped with Mircom FX-2000 two-stage conventional system, designed to cover the floor areas, sprinkler systems, air handling shut down and the mag lock and door holder release</p> <p>Smoke & Heat detectors are located throughout the building. Resident rooms and halls are equipped with smoke detectors. Heat detectors are located in the kitchen, laundry room and service rooms on ground floor. Retirement home has both smoke and heat detectors throughout the building.</p>
Initiating Device	Smoke detectors, heat detectors, manual pull stations and sprinklers.
<p>Sequence of alarm system operation in this building:</p> <p>The alert signal is normally twenty strokes a minute. The alert signal will sound upon the activation of any manual pull station, smoke detector, heat detector, sprinkler flow or kitchen suppression system.</p> <p>The alarm signal is a temporal signal.</p> <p>During a 1st stage (alert alarm), the sound you will hear will be bells sounding in a slow, pulsing pattern. Upon manual activation of the 2nd stage alarm (signaling evacuation) the system will sound as a temporal bell ringing, with one ring every second for three seconds then a pause for one second, and then repeat. The Administrator or designate may manually activate a 2nd stage signal indicating evacuation by pressing the “General Alarm” button located on the fire panel (below LCD display, red button,) or by turning the general alarm key in any manual station on site. Staff on duty to call 911 to report the location of fire and the conditions of the building.</p>	
Normal Mode	Fire alarm system is in normal when green, AC power or LED is illuminated and all other LEDs are extinguished – not showing a light.
In Alarm Condition	Upon alarm activation, a red LED will illuminate indicating the alarm zone at the panel and at the remote annunciators.
Electromagnetic Locking Devices (Mag Lock)	<p>Upon activation of any pull station or fire alarm, the system will release all doors and hold open magnetic locking devices. Mag locks cannot be engaged until the fire alarm is reset. The reset is located adjacent the fire panel which must be reset after each activation of the fire alarm system.</p> <p>In event of the fire alarm or power failure, the electromagnetic locking device must be reset.</p> <p>Located on stairwell doors, front entrance and two entrances into Retirement side.</p>
Magnetic Hold Open Devices	<p>Are installed on all fire/smoke separation doors in corridors on all floors.</p> <p>Activation of the fire alarm system will release the doors.</p>
Automatic Sprinklers	Sprinklers are located on the 3 rd floor of nursing side in hall, resident’s rooms and dining room. Also in the ground floor auditorium, dining room, south & east hall and rooms going off those halls. All sprinkler supervisory switches are connected to the fire alarm system addressed for each area and type of

	device.
Siamese Connection (Fire Department Connection)	Connection for the automatic sprinkler system is outside the main entrance at the front of the building east side
Standpipe System	Stand pipe & hoses are located throughout the building.
Portable Fire Extinguishers	3 A, 40 BC fire extinguishers are located throughout the building. <u>Maintenance ensures that the fire extinguishers are in good working condition, every month.</u>
Carbon Monoxide Detectors	Plug-in type detector units are located in the boiler room, kitchen and laundry room. The detectors are plugged into outlets which are supported by the generator during power failure.
Maintenance Carbon Monoxide Detectors	<p>Tests shall be in conformance with CAN/ULC S552-02 maintenance and testing in accordance with manufacturer's recommendations in regards to frequency of testing.</p> <p>There are battery operated carbon monoxide detector located:</p> <ul style="list-style-type: none"> • Laundry room • Boiler room • Dietary/Kitchen <p>Visual checks to ensure that the device is still attached to the wall or ceiling and the units are free of dust, grime and are free of paint. Maintenance is responsible to ensure during routine room service or upgrades that these devices are not painted or altered.</p>
Smoke Detectors and Heat Detectors	Smoke & heat detectors are located throughout the building and are connected to the fire alarm system. Resident rooms and halls are equipped with smoke detectors. Heat detectors are located in the kitchen, laundry room and service rooms on ground floor.
Fire Dampers	Fire dampers are located throughout the building (typically in the ceilings).

Commercial Cooking Equipment Extinguishing System	
Make and Model:	RG-6G
Type of Extinguishing Agent	Wet Chemical, 5 gallons
Area of Coverage	5 nozzles under the kitchen hood in the kitchen.
Manual Release Location	Located at the east wall of the kitchen.
Wet Chemical Cylinder Location	North wall of the kitchen. Pull station on South wall near kitchen entrance. Located behind cook station
Sequence of Operation	Upon activation of the wet chemical suppression system via fusible link or manual release station, the agent will discharge and the breakers (stove) will trip and the gas feed will shut off. Consequently the kitchen hood fan will remain operational. At the same time, a relay signal will be sent to the building fire alarm control panel which in turn activates the building main fire alarm system.

Section
4

4 AUDIT OF HUMAN RESOURCES

Important Numbers to Remember

Administrator: Michelle Stroud
Cell: 289 685 0978 Home: 905 623 5382

Executive Director: Ruth McFarlane **Cell: 416 825 9191**

Leadership Team	Name	Home Phone #	Cell / Pager Tel #
Administrator	Michelle Stroud	905 623 5382	289 685 0978
Business Manager	Jennifer Russell		905 925 5791
Director of Care	Tammy McKeown	905 240 1373	289 317 5397
Assoc. Director Care	Carla Lee		905 925 3687
Environmental Mang.	Craig Aimers	905 571 5772	289 423 5352
Staffing Clerk	Brittany Leddy		905 809 7655
Social Services	Jennifer Moniz		647 379 2211
Food Service Mang	Bhawna Subramaniam		289 892 6155
Recreation Manager	Christina Mcconachie		905 922 0550
Nursing Clerk	Sheila Langstaff	905 433 1520	
Assist food Manager	Janet Hall	905 983 5181	
maintenance	Ron Labrosse		905 926 6633

Emergency FAN OUT LIST will be kept at reception changes will be made to the document as employee changes occur.

Fire Department: All Emergencies Dial "9" then 911	Monitoring Service: ADT Security 1-800-268-7787 Facility code: 58425354	Alarm System ADT Security 1-800-268-7787 Facility code: 58425354
Clarington Emergency & Fire & Services, 2430 Highway 2, Bowmanville Phone: 905-623-5126 Fax: 905-623-4840	Fire Protection Contractor GC Electric	905 441 5035

Authority in the Event of Fire

The following is the order of authority to prevent any confusion in the event of fire.

1. Chief Fire Official from the fire department responding to incident
2. Site Incident Command – the person in charge of the incident at the building; this will **always** be the senior Registered Nurse. Managers on site are not in command position; they report to RN for direction.
3. The Registered Practical Nurse (RPN) on each unit is to receive and provide direction to other staff.

All staff responding to the incident as a result of the Fan-Out protocols initiated must report to the designated incident area and accept direction from the Site Command.

Staffing Table

The following table reflects the total number of persons on site by shift times.							
	Sun	Mon	Tues	Wed	Thur	Fri	Sat
8 am – 4 pm Administration	1	14	14	14	14	14	1
7 – 3 pm General Staff	51	51	51	51	51	51	51
3 – 11 pm General Staff	31	31	31	31	31	31	31
11 – 7 am General Staff	17	17	17	17	17	17	17

There is a Designated On-Call Manager is available 24 – 7.

In this home the Registered Practical Nurses on each unit will be the designated Control Positions in event of emergency and give direction to personnel in their area reporting to the Site Incident Command (RN).

Staffing Definitions:

Administration includes the general day / time Managers are present in the building and persons who may be considered support persons such as Maintenance Activity Assistant, Office Manager, Reception etc.

General Staff includes all frontline staff scheduled to be on shift during a specified period of time and are trained to respond to a fire emergency. This may include designations such as registered staff, care staff / attendants or personal support workers, housekeeping, laundry, maintenance or dietary staff.

Section
5

5 GENERAL EMERGENCY INSTRUCTION

Instruction in the Event of Fire in Your Area

REACT

... Quickly and implement the following

Remove persons in immediate danger

Ensure door(s) are **CLOSED** on exit

Activate fire alarm system

Call 911 from a safe location


Try to extinguish fire; evacuation


Occupants in immediate danger are to be moved horizontal to an adjacent fire compartment; safe area of refuge.


EMPHASIS IS ON EVACUATION, ONLY TRY TO EXTINGUISH A FIRE IF THE FIRE IS SMALL WITH LITTLE SMOKE AND YOU ARE TRAINED AND AVAILABLE TO EXTINGUISH


IF YOU DISCOVER FIRE

Remove persons in immediate danger

Ensure door(s) are **CLOSED** on exit 

Activate fire alarm system 

Call 911 

Try to extinguish fire; evacuation 

General Instructions for Staff

STAFF ... IF YOU DISCOVER "FIRE" OR SMOKE

- Remove persons in immediate danger if safe to do so and **CLOSE DOOR**
- Alert all nearby staff and occupants, yell out **CODE RED (3 times)** yell out **LOCATION OF CODE RED** simultaneously while on route to **NEAREST PULL STATION**
- RN goes to panel room and announces location of fire emergency and **CALLS 911 – GIVE ADDRESS OF BUILDING, LOCATION OF FIRE AND YOUR NAME**
- Staff to take direction from home area RPN, assisting with the fire containment and alerting all occupants of the building
- Follow instructions from Command positions and proceed as directed in the evacuation processes marking all rooms evacuated by pulling down the door tag to indicate the room has been searched and evacuated
- Evacuation of occupants in home area; **horizontal evacuation** refers to moving residents away from fire area, from a fire affected area to an adjacent fire compartment on the same floor **beyond fire doors**.
 - **Remove residents from immediate danger using the "T" evacuation pattern.**
 - **Evacuate affected room then evacuate rooms on either side and directly across from fire**
 - **Proceed to remove remaining residents from affected area**

STAFF IF YOU HEAR THE FIRE ALERT SIGNAL

- All direction will be provided by the **RN (Command Position)**
- Remain calm and do not panic.
- Shut off all equipment in use and remove equipment from corridors. Take office or room keys if readily available and safe to do so.
- Close all doors and windows in the area and turn off lights.
- Staff to take direction from the RPN on each home area
- Go to the nearest area of safe refuge or to nearest safe exit. If you encounter smoke use an alternate exit and if instructed proceed to the designated assembly area outside the building moving occupants in one direction, away from the fire.
- Do not return into building until it is declared safe to do so by the Chief Fire Official and the "All Clear" has been announced

Always let others know your whereabouts

DO NOT USE THE ELEVATORS

VISITOR EMERGENCY PROCEDURES

IF YOU DISCOVER A FIRE OR SMOKE

- Alert all nearby occupants, yell "**FIRE**" three (3) times
- LEAVE the immediate area of danger
- Close all doors and windows behind you
- **ALERT** all occupants of the building, use the closest manual pull station to activate the fire alarm system
- Use the nearest safe exit to leave the building, **DO NOT USE ELEVATORS**
- On exit, proceed to the designated **Assembly Area** located on the West side of the facility designated as parking area.

IF YOU ARE IN YOUR ROOM WHEN YOU HEAR THE FIRE ALERT/ALARM SOUND....."DING, DING, DING"

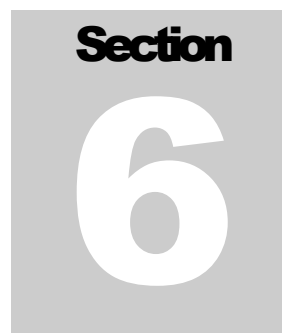
- Stay calm
- **LISTEN** and follow instructions that are coming over the public address system or prepare – be ready for staff that are coming to assist you.
- If you are to leave your room; it is **IMPORTANT** that before opening the door you touch the knob to feel for heat.
 - ❖ If the knob it is hot **DO NOT OPEN** the door. Remain in your suite and protect yourself from smoke. Put a towel or clothes at the bottom of the door and cover any heat registers. Call 911 and inform them of your location and suite number. Await further direction.
 - ❖ If it is not hot, brace yourself against the door and open slightly. Close the door immediately if you feel air pressure or a hot smoke draft. If it is safe to exit, close doors and windows behind you; and exit to the closest safe route away from danger.
- Exit your room to the nearest safe fire exit and proceed to the designated **Assembly Area** located on the West side of the facility designated as parking area."

IF YOU ARE NOT IN YOUR SUITE WHEN THE **ALERT** SOUNDS

- Stay Calm
- Use the nearest safe exit to leave the building,
- If you encounter smoke use an alternate exit.
- Proceed to the exterior **Assembly Area**.
- Await direction to move from this area; under no condition re-enter the building until the Chief Fire Official has given an "**All Clear**"

DO NOT USE ELEVATORS

Emergency Instructions and procedures shall be prominently displayed on each floor area.



6 SPECIFIC STAFF INSTRUCTIONS

In the event of a fire or emergency, ALL STAFF MEMBERS must be prepared to act in a safe and efficient manner.

The purpose of this Fire Plan is to ensure that every staff member is aware of what his/her assignments are during an emergency situation. Every staff member has a responsibility for the protection of the lives of all our occupants, visitors and fellow workers. Every staff member is also responsible for the prevention of property loss due to fire.

It is the responsibility of all staff to report any conditions that may increase the risk of fire to administration immediately.

The greatest danger in most fires is panic. Do not alarm the Occupant by excited emotions. Remain calm and move with assurance.

If the fire alarm is activated a telephone call must be made to the Fire Department. Your communication should be clear and short:

**"THIS IS GLEN HILL STRATHAVEN LOCATED AT 264 KING STREET EAST
BOWMANVILLE**

WE HAVE AN ALARM – INDICATE AREA OF ALARM

Emergency Telephone Use

Use any telephone to contact the Fire Department if front lobby is affected by fire or smoke.

- 1. Primary use of communication is the Registered Staff hand held portable phones**
- 2. In the event of power failure use: cell phones to contact 911.**

Site Command Position - Senior Registered Nurse (RN)**Days and Evenings****UPON HEARING THE "ALERT" SIGNAL**

1. The RN will go directly to the annunciator panel located between main front doors or at nursing stations to determine the location of the fire.
2. **CALL 911 – Dial 9 - 911**
3. Using the voice communication system; **PAGE CODE RED THREE (3) TIMES** indicating area of emergency
4. In constant communication with home area RPN of affected area –
5. RN will make decisions on what available resources are required in affected area based on information provided by Control Position/RPN.
6. Upon confirmation of a fire, all staff will evacuate Residents in home area, ensuring each room is tagged when evacuated
7. Staff responding to Command Person will be directed to:
 - Monitor emergency exits
 - Scribe information (log all events)
 - Assist on units
 - Answer phones
 - Account for residents in common areas
8. Have the Emergency List available for the Fire Department at the reception desk. The list identifies residents in occupied suites must be updated at 11:00 p.m. each night. Identify any residents who have ambulating problems that are in the direct area of the emergency. Make ready for a head count.
9. Assign registered staff to prepare medications and Medication Administration Record, Health Cards, Care Plans and emergency evacuation name tags (name tags are located in a binder at reception) for removal and transport to a secure area (as required). It is the responsibility of the registered staff person removing and transferring personal health information and medications in an emergency to keep all information and medication supervised and to secure these items as soon as possible.
10. Report to the Chief Fire Official on their arrival at the scene and maintain the Command Position until otherwise directed by the Chief Fire Official.
11. See after the Fire Reporting

YOU ARE THE COMMAND PERSON – YOU MUST REMAIN CALM

DO NOT USE ELEVATORS

Site Command Position - Senior Resident Nurse (RN)**Night Shift****UPON HEARING THE "ALERT" SIGNAL**

1. The RN will go directly to the closest annunciator panel to determine the location of the fire.
2. **CALL 911**
3. Using the voice communication system in the; **PAGE CODE RED THREE (3) TIMES** indicating area of emergency
4. In constant communication with unit RPN of affected area
5. RN will make decisions on what available resources are required in affected area based on information provided by Control Position/RPN.
6. All staff not in affected area will report to affected UNIT immediately. Upon confirmation of a fire, all staff will evacuate Residents in home area, ensuring each room is tagged when evacuated.
7. Have the Emergency List available for the Fire Department at the reception desk. The list identifies residents in occupied suites must be updated at 11:00 p.m. each night. Identify any residents who have ambulating problems that are in the direct area of the emergency. Make ready for a head count.
8. Assign registered staff to prepare medications and Medication Administration Record, Health Cards, Care Plans and emergency evacuation name tags(name tags located in a binder at reception) for removal and transport to a secure area (as required). It is the responsibility of the registered staff person removing and transferring personal health information and medications in an emergency to keep all information and medication supervised and to secure these items as soon as possible.
9. Initiate staff fan out list located at reception OR delegate another staff member
10. Report to the Chief Fire Official on their arrival at the scene and maintain the Command Position until otherwise directed by the Chief Fire Official.
11. See After the Fire Reporting.

YOU ARE THE COMMAND PERSON – YOU MUST REMAIN CALM

DO NOT USE ELEVATORS

UNIT Control Position - Registered Practical Nurse (RPN)**Day and Evening Shift*****IF ON BREAK YOU MUST REPORT TO YOUR UNIT*****UPON HEARING THE "ALERT" SIGNAL**

1. Go to the unit/check fire panel to confirm origin of emergency
- Put on the orange vest on located in medication room to ensure everyone sees and the knows the Control Position in the home area
2. Provide direction to care staff during emergency - if fire is not evident; instruct staff to check ALL rooms on unit to confirm presence of smoke / fire. If no smoke or fire is evident, staff are to report to RN, try to determine what caused alarm to activate (i.e. smoke detector activated, pull station activated etc.). DO NOT SILENCE OR RESET alarm until authorized by fire incident commander. Provide reassurance to residents no emergency found
3. **IF FIRE ON YOUR UNIT:**
 - initiate evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)
 - ensure all doors are closed and indicate if room is vacant using the vacant magnetic strips located on the resident room doors
4. Communicate with RN identifying location of fire and assess what immediate resources are needed
 - Assign a staff member to "scribe" (document) a resident head count using the 24 hour report sheet accounting for any absent residents
 - Continue directing staff to evacuate residents to next safe fire zone
5. **IF EMERGENCY NOT IN YOUR HOME AREA:**
 - Initiate resident head count using 24 hour report accounting for any absent residents/staff
 - Ensure all doors are closed and indicate if room is vacant using the vacant magnetic tags located on the resident room doors
 - Assign staff to monitor emergency exits
 - Take and follow all instruction from RN in command
 - Reassure and supervise all residents
 - Prepare for emergency evacuation if required
7. You remain in the Control Position until otherwise directed by Command Position and the emergency/code is terminated and announced.
8. After the code is terminated and announced report to the Command Position for follow-up and provide all scribed reports of the emergency.

YOU ARE THE CONTROL PERSON – YOU MUST REMAIN CALM**DO NOT USE ELEVATORS**

UNIT Control Position - Registered Practical Nurse (RPN)**Night Shift*****IF ON BREAK YOU MUST REPORT TO YOUR UNIT –******RPN on first floor REPORTS TO RECEPTION AND WAITS FOR EMERGENCY SERVICES AND 2 RPN'S REPORT TO AFFECTED UNIT*****UPON HEARING THE "ALERT" SIGNAL**

1. Go to an area fire panel to find locate and confirm emergency.
 - Put on the orange vest on located in medication room to ensure everyone can see/identify the Control Position in the home area.
2. **REPORT TO** the unit area of emergency.

Obtain update from staff on site and take control and provide direction to care staff during emergency. Provide direction to care staff during emergency - **upon confirmation of fire**, prepare for evacuation of zone - **if fire is not evident**; instruct staff to check ALL rooms on unit to confirm presence of smoke / fire. If no smoke or fire is evident, staff are to report to RN, try to determine what caused alarm to activate (i.e. smoke detector activated, pull station activated etc.). DO NOT SILENCE OR RESET alarm until authorized by fire incident commander. Provide reassurance to residents no emergency found
3. **IF FIRE ON YOUR UNIT:**
 - Initiate evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors). **Residents who are mechanical lifts – lower beds and sheet drag to safe fire zone.**
 - Ensure all doors are closed and indicate if room is vacant using the vacant magnetic strips located on the resident room doors
 - Communicate with RN identifying location of fire and assess what immediate resources are needed
 - Assign a staff member to "scribe" (document) a resident head count using the 24 hour report sheet accounting for any absent residents
 - Continue directing staff to evacuate residents to next safe fire zone
4. Using the 24 hour report sheet complete a resident head count accounting for any absent residents.
5. Care staff are to reassure and supervise all residents moved to safe fire zone and wait for further instruction.
6. Be prepared for full evacuation of area/site if required.
7. You remain in the Control Position until otherwise directed by Command Position and the emergency/code is terminated and announced. After the code is terminated report to the Command Position for follow-up and provide all scribed reports of the emergency.

YOU ARE THE CONTROL PERSON – YOU MUST REMAIN CALM**DO NOT USE ELEVATORS****REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING**

Care Staff (Personal Support Workers)**Day and Evening Shift**

IF ON BREAK YOU MUST REPORT BACK TO YOUR UNIT FOR DIRECTION – 2 PERSONAL SUPPORT WORKERS PER UNIT MUST BE ASSIGNED TO GO DIRECTLY TO AFFECTED UNIT

UPON HEARING THE "ALERT" SIGNAL

1. Search the immediate area for signs of smoke / fire.
2. In your immediate work area, ensure residents are not in danger, **CLOSE DOORS** and indicate if room is vacant using the vacant magnetic strips located on the resident room doors. Place residents into safe areas. Secure all equipment and chemicals, remove carts from corridors. Shut off all electrical equipment.
3. Close all doors and windows in your area and ensure resident / staff safety.
4. If there is no danger in your immediate area; listen for any instruction from RPN;
 - Check all resident rooms, including vacant rooms using the vacant magnetic strips located on the resident room doors to indicate whether they are occupied or vacant.
 - Close all doors and windows in the area
5. Take direction from home area RPN
6. Reassure residents; have residents to remain in home area; provide supervision as required at exits as assigned.

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any occupants in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location of Code Red on route to NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures.
- e) Ensure you have announced by yelling to every person and alerting them to the fire location and begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed and indicate if room is vacant using the vacant magnetic strips located on the resident room doors**
- f) Take direction from RPN identified by the orange vest

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Care Staff (Personal Support Workers)**Night Shift**

IF ON BREAK YOU MUST REPORT TO YOUR UNIT –

ALL EMPLOYEES REPORT TO AFFECTED HOME AREA

UPON HEARING THE “ALERT” SIGNAL

1. Search the immediate area for signs of smoke / fire.
 2. In your immediate work area, ensure occupants are not in danger, **CLOSE DOORS** and indicate if room is vacant using the vacant magnetic strips located on the resident room doors. Place residents into safe areas. Secure all equipment and chemicals, remove carts from corridors. Shut off all electrical equipment.
 3. Close all doors and windows in your area and ensure occupants safety.
 4. If there is no danger in your immediate area; listen for further instruction from the RN.
- All staff not in affected area will report to affected home area immediately.

IF “FIRE” IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any occupants in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location of Code Red on route to NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures.
- e) Ensure you have announced by yelling to every person and alerting them to the fire location and begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors) Residents who are mechanical lifts = lower beds and sheet drag to safe fire zone.**
 - **ensure all doors are closed and indicate if room is vacant using the vacant magnetic strips located on the resident room doors**
- f) Take direction from RPN identified by the orange vest

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Housekeeping Staff***IF ON BREAK YOU MUST REPORT TO YOUR UNIT*****UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of smoke/ fire.
2. In your immediate work area, ensure occupants are not in danger and place them into safe areas. Secure all equipment and chemicals, remove carts from corridors. Shut off all electrical equipment.
3. Close all doors and windows in your area and ensure occupants safety.
4. If there is no danger in your immediate area; proceed to affected area; check all occupant rooms, including vacant rooms using the flex-tab system indicate whether they are occupied or vacant. Close all doors and windows
5. Take direction from Control Position (RPN) on home area identified by wearing orange vest

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location of Code Red on route to NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures.
- e) Ensure you have announced by yelling / alerting every person of the fire location and begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed and indicate if room is vacant using the vacant magnetic strips located on the resident room doors**
- f) Remove occupants closest to the area of emergency first and away from the affected area beyond the fire separation doors. In the event that a horizontal evacuation is not possible remove occupants vertically by evacuating the building via the fire exit / stairwells.
- g) Take direction from RPN identified by the orange vest

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Dietary Staff**IF ON BREAK YOU MUST REPORT TO AFFECTED UNIT – COOK AND K SHIFT STAFF STAY IN KITCHEN****UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of smoke / fire.
2. In your working area, ensure any occupants in the area are not in danger and place them into safe areas.
3. Dietary staff in kitchen area are to turn off all electrical equipment. Shut off range/stove.
4. Close all doors and windows in your area and ensure occupants safety.
5. If there is no danger in the area;
 - proceed to affected unit/area using the closest safe exit/stairwell
 - Report to the unit Control Position (RPN) identified in orange vest
 - Proceed with instruction to search for fire and assist with emergency evacuation
 - Remove residents closest to the area of emergency first and away from the affected area beyond the fire separation doors.

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location** of Code Red on route to **NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures. Ensure you have announced by yelling / alerting every person of the fire location
- e) Begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed**
 - **if in a Home area indicate if the room is vacant using the vacant magnetic strips located on the resident room doors**

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Physiotherapy / Activity Staff***IF ON BREAK YOU MUST REPORT TO AFFECTED UNIT*****UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of smoke / fire.
2. In your working area, ensure any occupants in the area are not in danger and place them into safe areas.
3. If program in progress in auditorium, check washrooms across from auditorium for residents.
4. Turn off all electrical equipment.
5. Close all doors and windows in your area and ensure occupants safety.
6. If there is no danger in the area;
 - proceed to affected unit/area using the closest safe exit/stairwell
 - Report to the unit Control Position (RPN) identified in orange vest
 - Proceed with instruction to search for fire and assist with emergency evacuation
 - Remove residents closest to the area of emergency first and away from the affected area beyond the fire separation doors.

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location** of Code Red on route to **NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures. Ensure you have announced by yelling / alerting every person of the fire location
- e) Begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed**
 - **if in a Home area indicate if the room is vacant using the vacant magnetic strips located on the resident room doors**

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Laundry Staff***IF ON BREAK YOU MUST REPORT TO AFFECTED UNIT*****UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of smoke / fire.
2. In your working area, ensure any occupants in the area are not in danger and place them into safe areas.
3. Turn off all electrical equipment. Shut off washers and dryers. Close chute and lock. Close chute door. Secure all equipment and remove carts from corridors and place behind closed doors.
4. Close all doors and windows in your area and ensure occupants safety.
5. If there is no danger in the area;
 - proceed to affected unit/area using the closest safe exit/stairwell
 - Report to the unit Control Position (RPN) identified in orange vest
 - Proceed with instruction to search for fire and assist with emergency evacuation
 - Remove residents closest to the area of emergency first and away from the affected area beyond the fire separation doors.

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location** of Code Red on route to **NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures. Ensure you have announced by yelling / alerting every person of the fire location
- e) Begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed**
 - **if in a Home area indicate if the room is vacant using the vacant magnetic strips located on the resident room doors**

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Hair Salon Staff***IF ON BREAK YOU MUST REPORT TO AFFECTED UNIT*****UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of smoke / fire.
2. In your working area, ensure any occupants in the area are not in danger and place them into safe areas.
3. Turn off all electrical equipment.
4. Close all doors and windows in your area and ensure occupants safety.
5. If there is no danger in the area;
 - proceed to affected unit/area using the closest safe exit/stairwell
 - Report to the unit Control Position (RPN) identified in orange vest
 - Proceed with instruction to search for fire and assist with emergency evacuation
 - Remove residents closest to the area of emergency first and away from the affected area beyond the fire separation doors.

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors.
- c) **Yell out CODE RED (3 Times), yell out location** of Code Red on route to **NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures. Ensure you have announced by yelling / alerting every person of the fire location
- e) Begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed**
 - **if in a Home area indicate if the room is vacant using the vacant magnetic strips located on the resident room doors**

YOU MUST REMAIN CALM
DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Managers/Supervisors and Direction to Volunteers***IF ON BREAK YOU MUST REPORT TO THE AFFECTED UNIT/AREA*****UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of fire in your immediate work area.
2. Secure all equipment in use to safe storage out of any corridors. Turn off appliances in use.
3. Close all doors and windows in your area and ensure resident safety.
4. Move any residents in the immediate area of danger to refuge in a safe fire zone area. If there is no danger in your immediate area;
 - listen for any instruction;
5. Follow the instruction of the Command Position:
 - Volunteers report to reception / main floor
 - Managers/Supervisors are to report to the affected unit/area and are to:
 - report to the Control Position identified in the orange vest
 - follow instructions of Control Position to search for fire and assist with emergency evacuation
 - Remove residents closest to the area of emergency first and away from the affected area beyond the fire separation doors. In the event that a horizontal evacuation is not possible remove occupants vertically by evacuating the building via the fire exit / stairwells.

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors
- c) **Yell out CODE RED (3 Times), yell out location of Code Red on route to NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures. Ensure you have announced by yelling / alerting every person of the fire location
- e) Begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed**
 - **if in a Home area indicate if room is vacant using the vacant magnetic strips located on the resident room doors**

DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Maintenance Manager**UPON HEARING THE "ALERT" SIGNAL**

1. Search the immediate area for signs of smoke / fire in your immediate work area.
2. Secure all equipment in use to safe storage out of any corridors. Turn off appliances in use.
3. Close all doors and windows in your area and ensure occupants safety.
4. Move any occupants in the immediate area of danger to refuge in a safe fire zone area. If there is no danger in your immediate area;
 - proceed to affected unit/area use the closest safe exit /stairwell and report to Command Position
 - take direction / instruction from the Command Position to report to affected area
5. Obtain emergency supplies and keys at Command and proceed to the indicated area of fire emergency.
6. Communicate to the Command Position via phone the exact location of the fire emergency and occupant status.
7. Remove occupants closest to the area of emergency first and away from the affected area beyond the fire separation doors to safety. In the event that a horizontal evacuation is not possible remove occupants vertically by evacuating the building via the closest safe fire exit stairwells. Do not cross a fire area.
8. Communicate with Command Position throughout the emergency.
9. Instruction for Command Position may be to remain at reception and prepare to assist incoming emergency responders

IF "FIRE" IS IN YOUR IMMEDIATE WORK AREA

- a) **SOUND ALARM USING CLOSEST SAFE FIRE ALARM PULL STATION**
- b) Remove any residents in the danger area and close doors
- c) **Yell out CODE RED (3 Times), yell out location of Code Red on route to NEAREST safe PULL STATION**
- d) If it is safe to do so, attempt to extinguish the fire following basic procedures. Ensure you have announced by yelling / alerting every person of the fire location
- e) Begin evacuation procedures:
 - **evacuation of rooms adjacent and across from fire origin to next fire safety zone (behind fire doors)**
 - **ensure all doors are closed**
 - **if in a Home area indicate if room is vacant using the vacant magnetic strips located on the resident room doors**

DO NOT USE ELEVATORS

REMEMBER: IT IS IMPORTANT THAT SOMEONE KNOWS YOUR LOCATION. CHECK IN AT THE CONTROL STATION REGULARLY TO UPDATE YOUR WHEREABOUTS IN THE BUILDING

Administrator**UPON HEARING THE "ALERT" SIGNAL**

1. Check your immediate area for smoke or fire.
2. Close all doors in your area.
3. If residents in the area move them to safe fire zone; ensure there is supervision to prevent residents from moving before departing the area.
4. Report to affected unit/area.

IF BUILDING EVACUATION IS NECESSARY/ORDERED

1. Ensure all residents and all staff are accounted for. Maintain order.
2. Coordinate the assembly and relocation of all occupants as necessary.
3. Initiate:
 - "Emergency Call In/Fan Out" Procedure – IN ABSENCE OF ADMINISTRATOR - DOC WILL INITIATE
 - Code Green Evacuation measure as per Emergency Response Plan and assign positions for coordination of communication to family, transport, housing etc.
4. Provide information as requested by the responding Chief Fire Official.
5. Notify your Executive Director who will coordinate a corporate response and assistance.
6. Contact the MOHLTC and complete CIS report.

After The Fire Administrator

1. The Administrator must account for all occupants and staff.
2. Any person who has suffered any smoke inhalation or injury must be transported to emergency service immediately.
3. Seal off the fire area until the Chief Fire Official / Inspectors have completed their investigation. Do not touch, move or discard burned materials.
4. Have all staff who discovered the fire and/or who were in the area before or after the fire make independent statements of what they observed.
5. Complete the "Fire Alarm Incident Report".
6. Document - make notes of anything out of the ordinary; collect all reports from others.
7. Have all equipment used, serviced immediately including any fire extinguisher which may not appear "empty" - it must be replaced. If extinguishers need to be serviced off property, please ensure a proper temporary extinguisher is in place for use.
8. Make a list of all staff involved at the scene.

After the Fire Command Position

1. Reset manual pull station and annunciator panel in fire panel room - **FIRE ALARM SYSTEM SHALL NOT BE SILENCED OR RESET UNTIL THE FIRE DEPARTMENT ARRIVES.**

Press system Re-set

Reset Mag locks



Page ALL CLEAR slowly 3 times

2. Debrief with staff:
 - Account for the whereabouts of all residents and staff
 - Review any issues arising / problems that may have occurred
 - Ensure all required fire protection equipment is operational, if not it must be immediately serviced and a fire watch in place
 - Obtained any scribed reports
 - Report to the Administrator

Section
7

7 EVACUATION - FIRE ALERT/ALARM

The general stages of evacuation are the movement of occupants to a temporary safe area of refuge, either horizontally or vertically. Once the decision is made by the Fire Commander (RN) in consultation with Fire Department of the fire emergency to begin a "limited evacuation", such evacuation will proceed in a calm and organized manner. If it becomes necessary, as you proceed through the various stages of a limited evacuation, the final stage will result in a total evacuation. **Total evacuation is to be considered as a last resort.**

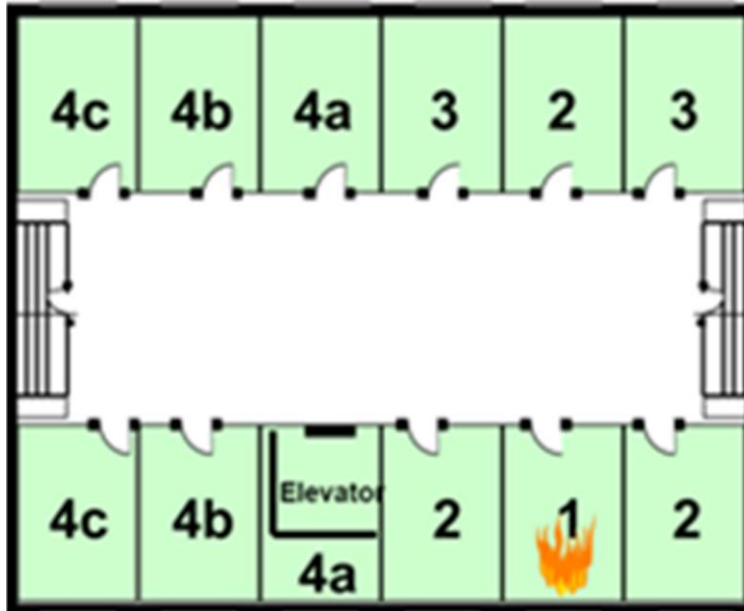
	Horizontal Evacuation refers to the moving of occupants from a fire affected area to a safe area on the same floor. Horizontal evacuation should be started without delay when it has been determined that the fire cannot easily be extinguished or contained or if smoke is threatening that zone.
	Vertical Evacuation refers to the moving of occupants from a fire affected area to a safer area on another floor below the fire floor, via the stairs. Never evacuate below ground. Do not use Elevators.
Total Evacuation of all occupants from the building would be the final stage if deemed necessary by the person in charge or the Chief Fire Official.	

Stages of a Limited Evacuation

1st Stage	Remove occupants from area of fire / danger to the corridor Close the door once the room is evacuated Call 9-1-1 Proceed to Stage 2
2nd Stage	Continue to evacuate occupants from rooms on each side of the origin of the fire Horizontal evacuation – All occupants will be removed from the fire zone to the opposite end of the floor
3rd Stage	Take occupants from the floor of the fire danger to other floors BELOW THE FIRE – NEVER to a BELOW GROUND AREA Never enter an area that does not allow exit from the area
4th Stage	If conditions warrant, the person in charge may wish to evacuate outside the building

Priority Sequence of Evacuation

- 1 Room of fire origin room#1
- 2 Room next to and opposite fire origin Rooms #2 - beside and across; this is considered the "T"



Always remove residents in immediate danger and then complete a "sweep" of the floor area moving residents as you go, ensuring everyone moves in one direction. You may cross the room of origin when door is closed and it is safe to do so.

Resident evacuation methods can include:

- Moving beds – lower bed until wheels reach ground, unplug call bell and electric bed operator from wall
- Sheet drag – lower bed to lowest position and drag resident on sheet
- 2 person carrier
- Use of evacuation sleds
- Use of evacuation chairs

Levels of Evacuation Hierarchy

Residents in immediate area of fire origin / danger are always moved first.

If residents are in one area, use below hierarchy to evacuate.

1. Ambulatory	Self- mobilize with independent and will follow direction or can be directed.
2. Semi-ambulatory	Dependent on assistive device wheelchair, walker, cane, arm of another person. This resident is easier to evacuate than a person who requires more than one staff for mobility and assistance
3. Non-ambulatory	Unable to self-mobilize and totally dependent on others. Will usually require more than one staff member per resident to evacuate. May require special lifting and transporting techniques (bed).
4. Resistive or uncooperative behaviour/person	Unable to understand/follow direction and requires time and intervention; may endanger rescuer and others. Do not allow agitated or confused resident to delay an evacuation. Residents may present as uncooperative due to impairments with hearing, vision, cognition, intellectual, medication and fear <u>may</u> create resistance in any person.

In the event that the building is to be evacuated to alternate location, the Command Position (RN) and/or the Administrator will be notified by the Chief Fire Official.

Procedures outlined in the Emergency Response Manual – Code Green duties are to be followed for transportation and accommodation arrangements etc.

Follow the Code Green list of duties including:

- Contact Administrator if not on site
- Using Fan Out List, located at reception, begin calling staff to come in
- Designate communication persons to contact all designated accepting facilities (see evacuation manual) and families
- Designate staff for evacuation by unit, with residents MARS, TARS, MEDICATIONS, CARE PLANS.
- Have Residents wait at reception or other designated safe and designated staff supervision, comfort and reassurance
- Retrieve emergency evacuation cart from fire place lounge. Designate staff to comfort, monitor, track and transport residents while awaiting transport

8 EMERGENCY TELEPHONE PROCEDURES

Once the Fire alarm is activated, the telephone becomes a crucial instrument for notifying various people involved in the task of evacuation and fire-fighting, therefore, please follow these instructions:

1. Discontinue any telephone conversation immediately.
2. Do not accept incoming calls.
3. The SIC / RN will call or delegate to another person to call the Fire Department.
4. On confirmation of fire, Fan-Out procedures are activated for immediate assistance and in case of total evacuation, the Site Incident Command or designated person will escalate Fan-Out list for expanded assistance based on need.

Fan-Out (Staff Call Back to Duty) Procedures

The decision to carry out total evacuation shall only be made by the General Manager or Chief Fire Official. The Emergency Fan-Out List will be used in circumstances where additional staff are required to carry out evacuation and assistance. This system has been devised to provide deployment in the shortest possible time.

The designated communications officer will commence calls as per the fan out list. The person making the call will inform the staff member of "**CODE RED**" condition.

When staff receives the call they are asked to attend the scene of the disaster as soon as possible and contact the charge person for instructions when they arrive on shift.

FAN-OUT STAFF LIST: will be kept at reception, changes will be made to the document as employee changes occur.

The staff may need to use an alternate phone to initiate the emergency call back list. The staff may do so from their cell phone or from an occupant's room or other designated area.

Section

9

9 FIRE EXTINGUISHMENT, CONTROL OR CONFINEMENT

People should not attempt to fire extinguishment unless they are trained and the fire is small enough that they or others are not endangered.



In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or smoke presents a hazard to the operator, then the door to the area should be closed to confine and contain the fire. Leave the fire area, pull the fire alarm, ensure 9-1-1 has been called and the Fire Department will manage the fire.

Fire Classifications & Extinguishers

There are Four (4) basic types of extinguishers:

1. **Class A:** This type is used for Class A fires – solid combustibles. A Class A extinguisher is pressurized water and is the best cooling agent for this type of fire. By adding water to the fire heat is removed; thereby destroying one of the elements of the fire.
2. **Class B:** Flammable liquids can be extinguished with the dry chemical extinguisher.
3. **Class C:** The Class C fire extinguisher is used for electrical fires as a smothering agent; often times you will find the last two (2) extinguishers together, as a BC extinguisher; they are both a dry chemical extinguisher.
4. **Class K:** The Class K extinguisher is used for fires that involve vegetable oils, animal oils, or fats in cooking appliances. This is for commercial kitchens.

NOTE: Some extinguishers are marked A, B, C – check rating codes as to effectiveness in each type of fire.

EXTINGUISHER			
CLASS OF FIRE		ABC	K
TYPE OF FIRE	Solids	YES	NO
	Flammable liquid	YES	NO
	Flammable gases	YES	NO
	Electrical equipment	YES	NO
	Cooking oils, fats	YES	YES

Fire extinguishers can mean the difference between a small and a large fire.

1. Remove occupants from the fire area to a safe place.
2. Sound the alarm, evacuate the immediate area and use the extinguisher.

For a fire extinguisher to be effective, the following conditions must be met:

- the extinguisher must be right for the type of fire
- it must be located where it can be easily reached
- it must be in good working order
- the fire must be discovered while it is small

Discovering a Fire

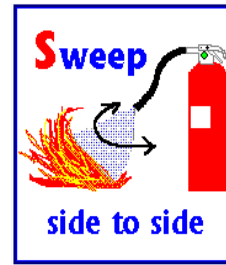
Anyone discovering a fire should ask themselves:

1. Has the alarm been sounded – go to closest safe pull station.
2. Can I safely evacuate the immediate area and isolate the fire?
3. What is burning? Then determine the type of extinguisher you should use.
4. Do I know how to use this extinguisher?

REMEMBER LIFE SAFETY
*** THE RESIDENT AND YOUR OWN * IS TOP PRIORITY**

Pass-Word

When using the extinguisher, remember the "PASS – WORD".



Extinguisher Precautions

1. Do not point the extinguisher nozzle into top of the fire. Always **AIM** at the base and sweep.
2. **ALWAYS ENSURE THE FIRE ALARM HAS BEEN SOUNDED BEFORE ATTEMPTING TO EXTINGUISH.**
3. **ALWAYS** evacuate Occupant in immediate danger.
4. **NEVER TURN YOUR BACK** on a fire, that fire may flare again and you will be the victim.
5. **ALWAYS** remember where your fire separations are located.
6. **ALWAYS** approach fire away from wind or drafts.
7. **ALWAYS** approach fire with your extinguisher operating.
8. **NEVER** block your exit out – keep the door to your **BACK**.

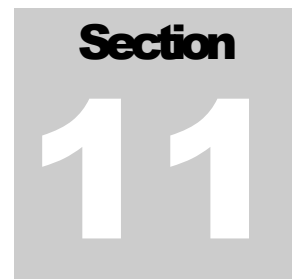
REMEMBER SAFETY AND EVACUATION OF ALL PERSONS FROM THE DANGER AREA IS THE PRIORITY

Section

10

10 FIRE PRECAUTIONS

1. Carelessness is probably the most frequent cause of fires. All personnel in the residence are obligated to help maintain the facilities in the safest possible condition.
2. This Residence is a **SMOKE-FREE** building; the Residence maintains zero tolerance of smoking in any internal area within the Residence and may allow smoking in designated outside areas only for Occupant, staff and/or visitors.
3. It is every staff member's responsibility to educate all occupants, visitors and co-workers of the Smoking Policy and the enforcement of the policy.
4. The residence a **NO OPEN FLAME** policy in all areas of the building.
5. Never overload electrical outlets or use frayed/worn electrical cords.
6. Extension cords shall not be used a permanent wiring
7. Power bars shall not be linked to one another
8. Materials shall not be stored in corridors or stairwells
9. Refuse/recycle materials must not be accumulated within a restricted and unsafe area.
10. All items, such as, cleaning rags or flammable liquids must be safely stored within metal containers in an approved area. Items are to be identified on the outside of the container.
11. All fire hazards are to be reported immediately to the Administrator / General Manager / Designate.
12. Stairwell and designated fire doors are to be closed at all times. No doors within the building are to be propped open with door stoppers.
13. Learn to use your nose – the smell of heat, gas or burning items is usually obvious long before a fire of any consequence is started. If you suspect something burning, do not hesitate to call an alarm.
14. **ALL STAFF MUST KNOW THE LOCATIONS OF THE FOLLOWING:**
 - ▶ Fire alarm pull station
 - ▶ Fire extinguishers and use
 - ▶ Fire zones
 - ▶ Telephones to dial for emergency assistance
 - ▶ Fire exits

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11 RESPONSIBILITIES OF THE ADMINISTRATOR / GENERAL MANAGER

The Administrator has numerous responsibilities related to fire safety and must ensure that the following measures are incorporated in the fire safety plan.

1. Establishment of emergency procedures to be followed at the time of an emergency
2. Appointment and organization of designated supervisory staff to carry out fire safety duties
3. Instruction of supervisory staff, volunteers and occupants so that they are aware of their responsibilities for fire safety
4. Holding of fire drills / maintain records and log
5. Control of fire hazards in the building
6. Maintenance of building facilities to provide for safety of the occupants, staff and visitors
7. Assuring that checks, inspections and tests, as required by the fire code, are completed on schedule and that maintenance records are retained
8. Notification of the Chief Fire Official regarding changes in the fire safety plan.
9. Be in complete charge of the approved fire safety plan and the specific responsibilities of the personnel. Designate and train other Managers to act in this position
10. Educate and train all building personnel in the use of the existing fire safety equipment and in the actions to be taken under the approved fire safety plan
11. Prepare and post on each floor or zone, a schematic and emergency procedure for use by the Occupants, Visitors and Staff of each exit, primary and secondary, in case of an evacuation
12. Ensure that the schematic diagrams show type, location and operation of all building fire emergency – life safety systems Example: Location of fire alarm control panel, fire hose cabinets and water control valves

Section
12

IN-SERVICE TRAINING OF STAFF

The purpose of the section is to provide the trainer with background information that is relevant to training staff in the execution of their duties and responsibilities as outline in the Fire Safety Plan. This information augments detailed information about fire and life safety systems and fire prevention measures.

Employee training and orientation play a vital role in effectively carrying out the necessary emergency procedures. The benefit of developing an employee fire safety training orientation program is twofold.

- 1) It ensures all staff members are made aware of their roles and tasks during a fire emergency condition so that confusion and havoc are limited.
- 2) A well trained and organized staff will reduce evacuation time and the spread of fire and smoke, increasing the safety of all residents and staff members, and reducing loss of life and property.

An effective fire safety program involves three main components; fire prevention, emergency response and recovery. Strathaven fire safety plan places the greatest emphasis on prevention. However, when a fire emergency does occur, both the physical environment and human element will determine the outcome. In such cases, employees are the first line defense. In order for the fire safety plan to protect our residents, employees and property from fire, each employee's commitment to and enthusiasm for the program is necessary.

Training Program

1. Environmental Manager and Supervisor will ensure that new staff are provided with an orientation to all aspects of fire safety
2. A periodic review of above material shall be provided for all staff
3. Environmental Manager will make use of any additional available resources such as the Office of the Fire Marshal, and the local Fire Department
4. Training sessions for supervisory staff will be held on a regular basis
5. Record will be kept, with names of staff trained for each session
6. Supervisory staff shall be instructed in the fire emergency procedures as described in the plan before they are given any responsibility for fire safety

Orientation Program

All new employees review fire safety plan with specific fire safety procedures given to employee with relation to his/her work related areas.

Each department received individual training as follows:

- Procedures in relation to discovery of fire
- Procedures in relation to fire alarms
- Walk through of individual areas, pointing out fire protection equipment, i.e. pull stations, hose cabinets, fire extinguishers, fire exits

General Objectives

- Do not try to move through heavy smoke
- Do not use elevators
- Stay low when exiting a fire area/floor
- Use firefighting equipment only if trained
- When alert/alarm rings...immediately stop what you are doing; ensure the resident is safe or equipment is use is turned off and the area safe before departure
- Extension cords are not to be used a permanent wiring
- Power bars are not to be linked to one another
- Materials will not be stored in corridors or stairwells
- Report any fire hazards IMMEDIATELY
- Know your fire procedures
- If you do not know what to do...ASK

What Every Employee Must Know:

- location of extinguishers
- location of all emergency exits/stairwells
- location of fire alarm pull stations in the areas you frequent
- the alarm sound and stages;
 - alert – intermittent ringing – 1st stage
 - alarm - a continuous bell – 2nd stage – means evacuation)
- evacuation "T" strategy
- to identify a searched and vacant room with the magnetic tab. Tab is placed on the door to indicate whether room is either vacant or occupied
- the identify and location of heat sensors, smoke detectors and sprinklers
- location of designated smoking areas for residents and visitors
- the emergency codes and what each code means – posted throughout building
- how to contact fire warden and or reception in case of emergency
- and be alert for signs of fire at all times
- how to practice good fire prevention
- location and layout of building, stairwells, fire exits and designated names of rooms, departments in the building
- location of first aid station
- location of all eye wash stations
- location of MSDS sheets

Every employee must:

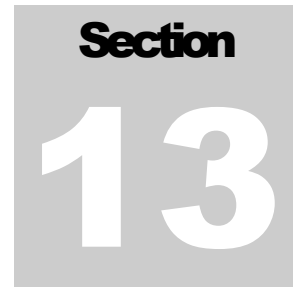
- review the fire, evacuation and emergency preparedness plan
- know your roles and responsibilities for your position based on the shift and time of shift
- understand you are to follow Command and Control Position instruction as provided and indicated in the Fire Plan
- Life Safety Plans are available for your review at any time

Fire Prevention

- Don't allow rubbish to accumulate
- Check problem smokers on a regular basis
- Ensure the smoking policy is obeyed
- Report all fire or safety hazards to environmental supervisor
- Watch for and do not use worn or damaged electrical cords or equipment (Tag-DO NOT USE) and report to Environmental Services Department
- Discard used smoking materials in proper designated containers
- Review fire safety plan on regular basis. Document discussions and implement changes if required. Copy of the current and immediately preceding training records shall be retained in the building for minimum of 2 years and be made available for examination by Chief fire official on request
- Attend in-service sessions on "Fire Safety" annually or more frequently as required
- Participate in fire drills according to homes policy
- Make sure exits are free from obstruction at all times

Some Must Do's	Some Do Not Do
<ul style="list-style-type: none"> • Know and understand fire procedure. Attend fire safety in-service sessions annually • Participate in monthly fire drills • Review fire manual annually and more frequently if required • Know location of fire exits • Know location of fire pull stations • Know location of extinguishers • Enforce and obey home smoking policy • Fire doors are listed electromagnetic locking devices which release upon activation of fire alarm system • Study methods of lifting and moving residents • Know appropriate evacuation areas 	<ul style="list-style-type: none"> • Do not let door wedges or other items hold doors open; remove offending items • Do not block or obstruct an exit • Do not allow hazards to go unreported • Do not use elevator during a fire • In event of fire, do not allow someone to undo what has been done • Do not re-enter a unit or the building after evacuation

13 FIRE DRILLS



The purpose of the fire drill is to ensure that the occupants and staff are totally familiar with emergency evacuation procedures resulting in orderly evacuation with efficient use of exit facilities.

The home will conduct **ONE FIRE DRILL FOR EACH SHIFT (3 shifts) ON A MONTHLY BASIS** to ensure familiarity with the evacuation procedures.

Fire drills will **INVOLVE ALL SHIFT STAFF**. Upon indication of a fire alarm signal, the staff will proceed with the steps outlined in the emergency procedures.

At the end of each fire drill, a debriefing session will be held to identify any deficiencies or problems in the evacuation procedure.

The Environmental Service Manager will maintain a written record of all fire drills and the debriefing session.

Fire drills must include an element of evacuation for practice.

A fire drill for supervisory staff shall be carried out at least once during each 12 month period for an approved scenario representing the lowest staffing level complement in the occupancy. The requirement for the drill shall follow Fire Marshal's Directive; 2014-002.

Following each drill, all staff participants / volunteers should attend a debriefing to report on their actions and the reactions of the drill.

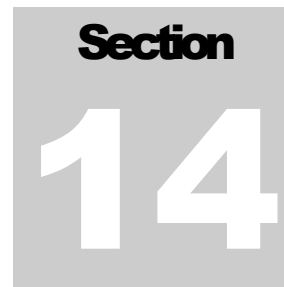
Fire Drill Records must be kept for three (3) years and must be signed by staff participating in the drill.

Standards:

Long-Term Care Residence: Fire Drills will be completed at minimum once each shift per month for a total of thirty-six fire drills per year.

In the interest of safety for all persons, a fire drill is to practice preparedness in the event of a real emergency therefore all staff, visitors and resident participation is required. An exception may be if a drill would endanger a resident and staff simulation to be able to practice and meet the needs of the resident will occur.

14 MAINTENANCE PROCEDURES



Fire Protection System and Emergency Lighting

CHECK, INSPECT, TEST REQUIREMENTS OF THE FIRE CODE

To assist in fulfilling our obligations, included is a list of the portions of the fire code which require that checks, inspections and/or tests be made of equipment and facilities from time to time. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests.

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

DEFINITIONS OF KEY WORDS ARE AS FOLLOWS:

CHECK: Means - visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.

INSPECT: Means - physical examination, to determine that the device or system will apparently perform in accordance with its intended operation of function.

TEST: Means - operations of a device or system to ensure that it will perform in accordance with its intended operation or function.

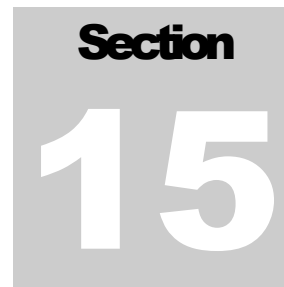
This section is to serve as a quick guide to the inspection, testing and maintenance of the fire protection systems in the building. The Ontario Fire Code should be referenced for specific requirements.

Schedule of Maintenance & Service Requirements

Reference Environmental Service Manual for full details		
ITEM	FREQUENCY	RESP. PERSON
RANGE HOOD SUPPRESSION		
1. Check by licensed technician	Every 6 Mths	Service Provider
2. Filter check & wash	Wk.	Dietary Staff
3. Kitchen ventilation Hood	Annually	Service Provider
PORTABLE EXTINGUISHERS		
1. Inspect all portable extinguishers - documentation	Mth	Maintenance Manager
2. Subject to maintenance	Annually	Qualified Service Provider
3. Hydrostatically test carbon dioxide and water type extinguishers	Every 5 yr.	Qualified Service Provider
4. Empty stored pressure type extinguishers and subject to maintenance	Every 6 yr.	Qualified Service Provider
5. Hydrostatically test dry chemical and vapourizing liquid type extinguishers	Every 12 yr.	Qualified Service Provider
6. Recharge extinguisher after use or as indicated by an inspection or when performing maintenance	As Required	Qualified Service Provider
FIRE ALARM SYSTEMS		
1. Check fire alarm AC power lamp and trouble light; Check trouble conditions;	Daily am/pm checklist	Designated Staff Initial required
2. Check all fire alarm components including standby power batteries	Mth	Designated Manager
3. Test Fire Alarm	Mth	Designated Manager
4. Test voice communications to & from floor areas; to from central alarm and control facility	Mth	Designated Manager
5. Test of the fire alarm by person acceptable to the authority having jurisdiction for service	Annual	Qualified Service Provider
EMERGENCY LIGHTING AND EXIT SIGNS		
1. Check all emergency lighting - 3 battery operated emergency lighting packs	Mth Annual	Designated Manager Qualified Service Provider
SPRINKLER / STANDPIPE SYSTEMS		
1. Test of the sprinkler system by person acceptable to the authority having jurisdiction for service	Annual	Qualified Service Provider
2. Sprinkler water flow actuated devices	Every two months	Designated Manager
3. Sprinkler valve supervisory switches	Every six months	Designated Manager
3. Fire Department connections / Private Hydrant	Monthly Annual	Designated Manager Qualified Service Provider
4. Standpipe and Hose Systems	Mth Annual	Designated Manager Qualified Service Provider

SERVICE EQUIPMENT, DUCTING & CHIMNEYS		
1. Check hoods, filters and ducts subject to accumulation of combustible deposits and clean as necessary	Weekly	Dietary Staff
2. Inspect all fire dampers and fire stop flaps	Annual	Qualified Service Provider
3. Inspect chimneys, flues & fluepipes; clean as required	Annual	Qualified Service Provider
4. Inspect disconnect switch for mechanical air conditioning / ventilation	Annual	Qualified Service Provider
5. Inspect controls for air handling systems used for venting	Annual	Qualified Service Provider
6. Clean lint traps	EACH USE	All Staff
7. Generator testing inspected, tested and maintained	Monthly Bi-annually	ESM/Designate Designated contractor
MEANS OF EGRESS		
1. Ensure street, yards & private roadway designated as Emergency routes are kept clear at all times	As required	Maintenance
2. Inspect all doors in fire separations	Monthly	Maintenance
3. Check all doors in fire separations to ensure they are close	Daily	All Staff
4. Maintain exit signs to ensure that they are clear and legible	Daily	All Staff
5. Maintain exit lights to ensure they are illuminated and in good repair	Daily	All Staff
6. Maintain corridors free of obstructions	At all times	All Staff
FLAME RESISTENCE OF TEXTILES		
Drapes, curtains, netting, and other similar or decorative materials, including textiles and films, shall meet the requirements of CAN/ULC-S109, "Flame Tests of Flame-Resistant Fabrics and Films"	As required	ESM/Designate
Flame retardant treatments shall be renewed as often as required to ensure that the material will pass the match flame test in NFPA 705, "Recommended Practice for a Field Flame Test for Textiles and Films".	As required	ESM/Designate

15 ALTERNATIVE MEASURES FOR FIRE SAFETY



In the event of any shutdown of fire protection equipment and systems or part thereof, the Fire Department and Administrator / General Managers will be notified and instructions will be posted as to alternate provisions or actions to be taken in case of an emergency. These provisions and actions must be acceptable to the Chief Fire Official.

In the event of malfunction every attempt to minimize the impact on Administrator / General Managers is considered and where necessary, the use of watchmen, bull – horns, walkie-talkies, etc., will be employed to notify concerned parties of emergencies. Assistance and direction for specific situations will be sought from the Fire Department.

Fire Watch Policy

In the event the fire protection and/or monitoring system is not fully functional / operational for any reason, a "fire watch" must be implemented. Personnel are assigned specific areas of the building to visually monitor and walk on a minimum 30 minute rotation to ensure the safety of people and property. Any issues of concern throughout the fire watch are to be reported to the Designated Manager / Control Person. Each "fire watch" is to be documented using the Fire Watch Log (as indicated below – see forms appendix). This record is to be maintained with Fire Drill Reports.

16 FIRE SAFETY FEATURES/HAZARDS

FIRE ALARM SYSTEM

The fire alarm system may be activated by one of the following methods:

1. **SUPERVISED SPRINKLER SYSTEM** – automatically triggers sensor
2. **PULL STATION** – manually triggered
3. **SMOKE DETECTORS** – automatic activation
4. **HEAT DETECTORS** – automatic activation
5. **KITCHEN SUPPRESSION SYSTEM** – automatic activation

Zone doors automatically close when the alarm is sounded to limit the spread of fire or smoke.

When a fire is detected the fire alarm bell will sound automatically throughout the building; and transmit a fire alarm signal to a local emergency number.

Trouble in the system will sound a special alarm. This may occur when any unusual condition is present, i.e. power failure, short circuit, blown fuse, broken wires, and decline in battery function. An amber light identified as “trouble” indicator will be present in the panel.

NOTE: THIS SITUATION MUST BE REPORTED IMMEDIATELY TO THE APPROPRIATE PERSONNEL (ENVIRONMENTAL MANAGER / ADMINISTRATOR) AND ALTERNATIVE MEASURES (Section 3) – MUST BE INITIATED.

The trouble alarm may be silenced by opening the panel and pressing the silencing signal. However, do not, under any circumstances, push the reset button.

When the **FIRE ALARM** system is activated, the annunciator panel in the fire panel room and between the main doors will show the area of the problem. **DO NOT, UNDER ANY CIRCUMSTANCES, SILENCE OR RESET ALARM UNTIL FULL INVESTIGATION HAS BEEN CONDUCTED AND INSTRUCTION IS GIVEN BY THE FIRE DEPARTMENT.**

False Alarms

A false alarm state may be caused by faulty electronic circuitry, ground faults, water damage, etc.

Staff are instructed to consider all fire alarm states as potentially fire related.

Only after a complete investigation and ruling out of fire as cause, (by Fire Captain) shall the following procedures be taken:

After Ruling-Out Fire

1. In the fire panel room at panel press "**system reset**" button on the fire panel for three (3) seconds.
2. Reset Mag locks located on the wall beside the fire alarm panel panel, labeled mag-lock
3. Announce All clear three (3) times.

Malfunctioning Equipment

An attempt to minimize the impact of malfunctioning equipment will be made. Assistance and direction for specific situation will be sought from the Fire Department.

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

1. Notify the Fire Department, 905 433 1234 (DO NOT USE 9-1-1) and our monitoring company. Give your name, address and a description of the problem and when you expect it to be corrected. The Fire Department is to be notified in **writing** of shutdowns longer than 24 hours.
2. Post notices on all floors by elevators and in the lobby entrance, stating the problem and when it is expected to be corrected.
3. Have staff or other reliable person(s) patrol the affected area(s) at least once every hour
4. Notify the Fire Department, Monitoring Company and Residents when repairs have been completed and systems are operational.

NOTE:

All shutdowns will be confined to as limited an area and duration as possible. These provisions and actions must be acceptable to the Fire Department. Assistance and direction for specific situations will be sought from the Fire Department

Should any part of the commercial hood suppression system not operate as intended, no cooking shall take place until it has been repaired and verified by the contractor.

Hazards

Compressed Gas Cylinders

Cylinders containing compressed gas will be protected against mechanical/physical damage. Cylinders must be stored on racks, or other devices designed to hold them securely.

Compressed gas cylinders, when not in use, will be equipped with valve caps

Compressed gas cylinders will not be stored in corridors. Storage rooms will have an ambient air temperature not exceeding 52 Celsius (125 F)

Oil or grease will not be used in the lubrication of valves or fittings on oxygen cylinders or equipment that transfers, or distributes oxygen.

Oxygen

Oxygen does not burn. Oxygen, however, causes any combustible material to burn faster and with higher intensity than in air. No smoking, or open flames will be allowed near oxygen storage or use.

NO SMOKINGS signs will be posted in areas where oxygen is being administered. Residents must be instructed on the dangers and precautions associated with the use of oxygen.

Fire Prevention for Places of Public Assembly

The following rooms or fire compartments will observe the fire prevention measures in this section.

Dining rooms, lounges, gathering places, chapels etc.

- 1) Keep all hallways, aisles and corridors free from obstructions such as chairs, desks, file boxes etc.
- 2) Do not allow accumulation of paper and boxes in the office area. Inactive files must be stored in designated, approved storage rooms.
- 3) Ensure that all stairwell doors remain closed at all times. They must never be propped open
- 4) Smoking is permitted only outdoors and in designated smoking areas. Many fires are related to careless smoking practices
- 5) Avoid placing combustible materials directly in contact with an electrical outlet
- 6) Do not hang anything from a fire sprinkler head
- 7) Open-flames will not be permitted in public assembly occupancies, unless approved by the Administrator
- 8) Open-flames such as candles will not be permitted in public assembly rooms in such quantities and in such a manner as to create a fire hazard. The use of candles and other sources of open flame must at **ALL TIMES** remain under the direct visual supervision of staff. Open-flames will not be permitted in or adjacent resident sleeping rooms
- 9) Devices having open flames will be securely supported in a non-combustible holder and located so as to prevent accidental contact with combustible materials
- 10) Flaming meals or drinks will not be served in the home environment

17 EMERGENCY LIFTS & CARRIES

Preliminary planning and rehearsal of the most effective responses to a fire or another emergency situation are essential. There is scant time to act in an actual emergency situation let alone to plan a course of action.

Many methods might be used to move occupants or give them assistance, support and added speed; however, experience and practice will increase anyone's ability to move heavier and disabled people under adverse conditions. The emergency lifts and carries listed in the latest edition of the publication "**Emergency Removal of Administrator / General Managers and First Aid Fire Fighting in Hospitals**" by National Safety Council, 425 North Michigan Avenue, Chicago, IL 60611, U.S.A., should be used as a basis for planning and training staff.

Suitable additional methods may also be developed and used depending on the available appliances and equipment, e.g. chairs and wheelchairs.

Human Crutch



This method is only for persons who can weight bear and help themselves.

Universal Carry



With the evacuee in a prone position – grab his ankles, pull his/her legs over the side of the bed – get the evacuee in a sitting position. Get behind the evacuee using a bear hug grip from behind him/her. Ease the evacuee off the bed and lower him/her to a blanket. If the evacuee is extremely heavy, let him slide down your leg. Wrap evacuee a blanket at the end above his shoulders. Get evacuee in a half sitting position and pull the blanket to safety.

Blanket Drag



An alternative method to the drag carry is where the rescuer can use a blanket to support and pull the casualty

Chair Lift



This lift can be done by one or two rescuers. Get the evacuee to a sitting position; using a bear hug hold from the front, ease the evacuee onto a straight back, sturdy chair. If the evacuee needs restraint, use a blanket or sheet to tie him/her to chair. When there is one rescuer – tilt chair back to you and drag to safety. When there are two rescuers – one rescuer grasps the upper back of the chair and tilts the chair back; the other rescuer grasps the front legs of the chair and picks up the chair and it is carried to safety.

Two-Hand Seat Carry



This is another way to carry a conscious evacuee who can neither walk nor support the upper body. Make a hook with your fingers by folding them towards your palm and grab onto your rescue partner's "hook". If you don't have any gloves, use a piece of cloth to protect your hand from the other person's nails. This is yet another good reason to wear gloves!

Four-Hand Seat Carry



This is also a good carry for a conscious evacuee who can use hands and arms for support.

Swing Cradle

This lift requires two rescuers. Rescuer B grasps the ankles of the occupant and swings his/her legs over the edge of the bed. Rescuer A brings the evacuee to a sitting position. Both rescuers sit on the bed beside occupant. The evacuee's arms go behind the rescuers and the evacuee grasps the rescuers' arms at the biceps. The rescuers' other hands go under evacuee's knees and lock together.

CO-ORDINATE!! On the command of three (3), pick the evacuee up and carry him/her to safety.

NOTE: *The Swing Carry may be used in ordinary daily activities.*



Side Assist

The rescuer stands beside the evacuee. The rescuer draws the evacuee's left arm around his back and secures the evacuee's left hand with his left hand. The evacuee is snug against the rescuer's body. The rescuer puts his right arm behind the evacuee and grasps the evacuee's right forearm. The rescuer assists the evacuee with walking.



The side assist and bear hug holds are for ambulatory Evacuees. If you feel that an "Ambulatory Evacuees" is going to be too slow, or difficult to handle, use one of the other carries.

Bear Hug

The rescuer stands behind the evacuee. The rescuer puts his/her arms around the evacuee and grasps the evacuee's wrists and crosses them over his/her chest. The rescuer uses his/her knees to prod the evacuee on. The rescuer must keep his/her head to one side to avoid being butted.



Cradle Drop

With the blanket on the floor, the rescuer kneels on floor about one (1) foot from bed. The rescuer places his arm under evacuee's neck and grasps the opposite shoulder. The rescuer with his right arm under, between the knees and buttocks of the evacuee eases the evacuee to the edge of the bed. The rescuer rolls back and allows the evacuee to slide down his body to the blanket. Always protect evacuee's head. For this lift, the evacuee should be of equal size or smaller than the rescuer.



Double Cradle Drop

This rescue lift requires two rescuers. Rescuer A puts his left arm under evacuee's neck and grasps the evacuee's opposite shoulder and Rescuer A's right hand is placed under the small of the evacuee's back. Rescuer B puts his left arm under the evacuee's buttocks and right arm under the evacuee's knees; co-ordinate the lift. The rescuer rolls back and lets the evacuee slide down the rescuer's body to the blanket.

NOTE: The three previous lifts Universal Carry and Cradle Drop Double Cradle Drop are excellent methods for one or two rescuers to perform in an evacuation. ***The evacuee is always being lowered to the floor.***

Evacusleds: Located on the 2nd floor – beds are marked to indicate evacusleds.










Evacusleds will be used for horizontal and vertical evacuation. These are site specific decisions.

Step 1: Lock and lower bed.

Step 2: At the head of the bed pull the orange cord STRAIGHT up with a quick tug over the patient's head, ease white cords around mattress corners. Repeat at foot end. Velcro together



<p>Step 3: Find 2 cleats on the side of the sled. Find the white cord. Gently tug straight down on the white cord to secure patient. Do this on both sides.</p>	
<p>Step 4: Evacused may be deployed from side of the bed or foot end of the bed</p>	
<p>Step 5: Grasp carry handles below cleats, pull foot end of mattress to floor at a 45 degree angle, guide head gently to the floor</p>	
<p>Step 6: Pull the orange towing cord at the end of the mattress, pull/roll feet first. Roll down the hall with foot end raised up so sled rolls on the wheels. Make wide turns.</p>	
<p>Step 7: Roll the patient to the preassigned stairwell. Make wide turns to get around corners</p>	
<p>Step 8: Descend 2-3 steps. Pull the evacused straight out over the top stair, you will feel gravity starting to work as you roll over the stair</p>	
<p>Step 9: With your hand, push straight into the foot end of the Evacused and into the stair to slow down and stop the sled.</p>	

Glen Hill Strathaven is equipped with evacuchairs – these are located at the top of each stairwell.



If the Resident being transferred is under 200 lbs it can be used by one person. If over 200 lbs then one person at the head using the handles and one person at the foot using the tracks that come out to hold.

- 1) Unfold and deploy
- 2) Pull the red release tabs to unfold and release handle
- 3) The track release bar is at the back – pull until it engages
- 4) Set the wheel locks
- 5) Pull out the foot rest
- 6) Place restraints around the person
- 7) Disengage the wheel locks

Pull the chair back toward you, guide the tracks down and apply downward pressure on the handle while taking down the stairs

Section**18**

18 SCHEMATIC DIAGRAMS

The following list of equipment is shown on the schematics (where applicable):

- Fire Alarm Panel
- Fire Alarm Annunciator Panel
- Emergency Voice Communications Centre
- Fire Department Siamese Connections
- Electrical Room
- All Exits
- Fire Extinguishers
- Emergency Lights

Schematics Included:

1. First Floor
2. Second Floor
3. Third Floor
4. Basement

19. FORMS APPENDIX

Section
19

Information and forms are available in National Emergency Response Plan Manual (NESM)	
NESM-F-01	Fire Safety Plan Policy & Checklist
NESM-F-02	Fire Safety Maintenance Policy
NESM-F-02.01	Daily Safety (AM/PM) Checklist Fire Safety Maintenance
NESM-F-02.02	Emergency Light Checklist
NESM-F-02.03	Fire Extinguisher Checklist
NESM-F-03	Fire Drill & Incident Reporting Policy
NESM-F-03.01	Fire Drill Reporting Form
NESM-F-04	No Open Flame Policy
NESM-F-06	Fire Safety Instruction – Occupant and Visitor
NESM-F-07	Fire Safety Instruction - Staff
NESM-F-08	Emergency Response Plan
FORMS INCLUDED IN THIS FIRE PLAN ARE:	
Code Red report	Code Red Fire Alarm Report
Fire watch	Fire Watch Log
Preventative Maintenance	Monthly / Daily / Weekly schedules

CODE RED – FIRE ALARM REPORT

Time Alarm Sounded: _____ Shift: _____ Date: _____

Home Area/Floor: _____ Time Incident Manager/Fire Warden Arrived: _____
 (if you are on the area the alarm is activated, what time did the person in charge arrive a scene?)

	ACTION TAKEN	YES	NO	N/A
R (remove residents)	Were residents in immediate danger moved? (residents in the room of origin, room directly across and on either side of room of origin are moved first)			
	Did staff remove residents past the fire doors? (residents who were in the zone of origin (other surrounding rooms) are moved from area to beyond the closet fire doors to safety)			
	Were all doors/stairwells monitored for security and safety of residents? (staff member was assigned to monitor stairwell doors to prevent resident injury)			
	Were residents accounted for? (some one has checked sign out logs, done attendance of residents in safe zone and knows residents who are still in room to report to fire department)			
E (ensure doors closed)	Did all self closing doors close and latch? (fire separation doors in the corridors and at stairwells)			
	Were room doors closed? (close all resident room doors, common area room doors)			
	Were the evacuation tags used to identify vacant rooms? (tags on resident doors were flipped up to mark that the room had been searched and no resident is in room)			
	Were hallways cleared of equipment? (carts etc were removed from hallways for safe egress)			
A (activate alarm)	Alarm activated automatically? (at scene of fire – the alarm was activated by a smoke alarm)			
	Alarm pull station activated? (at the scene of fire – a staff member /resident pulled the pull station to activate alarm)			
C (call fire department)	Was the fire department called to confirm the status of the fire? (did the Incident Manager / Fire Warden direct someone to call 911 – in a known drill this is a motion only, when an alarm this is actually completed)			
T (try to extinguish)	Were extinguishers in the immediate area brought to the scene? (staff should pick up fire extinguisher from the home area/floor only and report to Incident Manager/ Fire Warden)			
	Did staff continue to evacuate residents to safety? (staff remove residents from immediate zone until directed otherwise by Fire Department or Incident Manager / Fire Warden)			

Did all staff respond to the alarm?
(staff on breaks/lunch returned to duty) Yes No

Were residents reassured during the drill? Yes No

Were there any resident incidents during the alarm?
(note resident falls, resident who get agitated due to alarm bells etc) Yes No

Explain: _____

GLEN HILL STRATHAVEN

GLEN HILL STRATHAVEN		PREVENATIVE MAINTANENCE					
MONTHLY INSPECTIONS		MONTH:					
HVAC EQUIPMENT		DEFICIENCES/COMMENTS/ACTION REQUIRED					
Cooling Tower							
Fan coils							
Air condition Units							
Strorage Tanks							
Expansion Tanks							
GENERATOR							
Diesel Storage Tanks							
Run Full Load x 30 min							
Transfer Switch							
FIRE SAFETY							
Fire Seperation Doors							
Fire Extinguishers							
Fire Hose & Cabinet (Clean)							
Fire Sprinkler Valve							
Flow Test (service Contract)							
KITCHEN EQUIPMENT							
Blender							
coffee Machine							
Convection Oven							
Dishwasher							
Food Warmers							
Fidge/Freezer/Walk In							
Grease Trap							
Ice Machine							
Meat Slicer							
Mixer							
Processor/Chopper							
Range & Range Hood							
Robo-Coupe							
Soup Kettle							
Steamer							
Steam Tables							
GLEN HILL STRATHAVEN		PREVENATIVE MAINTANENCE					
MONTHLY INSPECTIONS		MONTH:					
LAUNDRY EQUIPMENT		DEFICIENCES/COMMENTS/ACTION REQUIRED					
Drains							
Dryers							
Washers							
Vents							
HOUSEKEEPING EQUIPMENT							
Carpet Cleaner							
Floor Buffer/Scrubbers							
Housekeeping Carts							
Vacuums							
SPA/SHOWER ROOMS							
Shower Chairs							
Tubs							
Shower Heads & Faucets							
Floor Drains							

EMERGENCY RESPONSE PLAN

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Code GREEN

CODE GREEN EVACUATION 2

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- ERP-07-01 – Code Green Checklist
- ERP-07-02 – Municipal / Regional Assistance List
- ERP-07-03 – Evacuation Transportation Assistance List
- ERP-07-04 – Emergency Evacuation Locations
- ERP-07-05 – Resident Identification Card Template

EMERGENCY RESPONSE PLAN

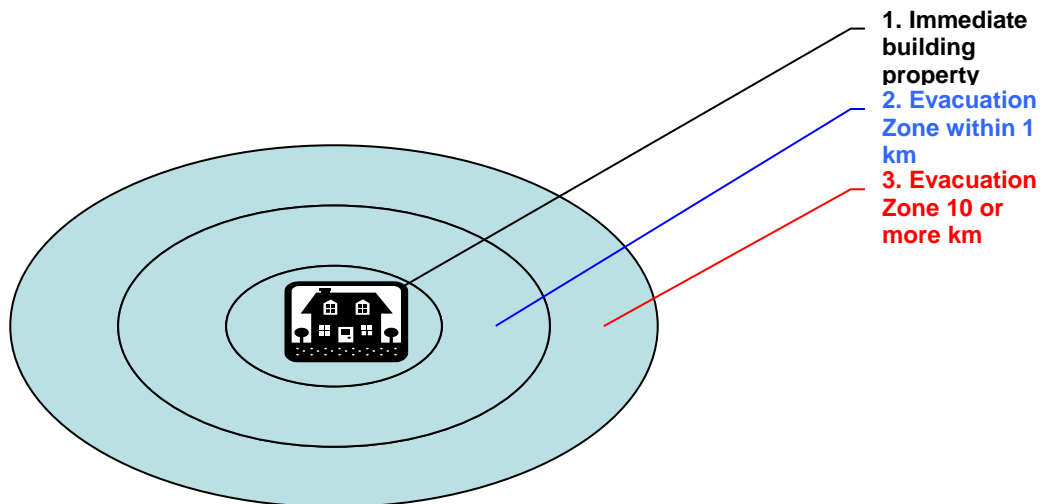
CODE GREEN EVACUATION

Circumstances Requiring Evacuation

- Fire
- Explosion
- Flood
- Bomb Threat
- Loss of heat, power or water for an extended period of time
- Community disaster e.g. toxic spill, loss of utilities or gas leak
- Any other reason the IC coordinates an evacuation

Planning Evacuation Locations

When planning Evacuation Sites; consider the safe area around your environment and determine sites which may be a greater distance in the event of a loss of utilities or a need to evacuate all sites within a sector.



Types of Evacuation

1. **Simple Evacuation:** This involves removing people from an area where a dangerous situation has occurred to a safe area.
2. **Partial Evacuation:** This involves movement of people within the building from a dangerous situation to a safe area/zone.
3. **Total Evacuation:** This involves total evacuation of the building. The decision to evacuate will be made by the Administrator/Designate in conjunction with EMS.

EMERGENCY RESPONSE PLAN

Designated Evacuation Area on Site

1st → THE DESIGNATED OUTSIDE ASSEMBLY AREA IS:

Main parking lot

2nd - → LOCATION IN THE EVENT THE 1ST DESIGNATED LOCATION IS DEEMED UNSAFE

South parking lot

Priority of Evacuation

1. Those individuals in immediate danger.
2. All ambulatory residents to be moved under supervision to a safe area.
3. Residents in wheelchairs are moved to a safe area. Residents who usually use walkers may need assistance in wheelchairs.
4. Residents who are totally dependent on staff to mobilize and/ or resistant residents are moved last and may be carried or placed on a blanket and dragged to a safe area.
5. Consideration of pets in the home

Responsibility during Evacuation

The Administrator/Designate will do the following:

1. Implement the Emergency Plan; proceed to Emergency/Outbreak Management Team roles and responsibilities.
2. Direct the roles of Emergency/Outbreak Management Team in conjunction with EMS.
3. Contact corporate contacts/office.

IF THE ADMINISTRATOR IS NOT PRESENT, THE STAFF PERSON IN CHARGE WILL ASSUME THE ABOVE RESPONSIBILITIES

Message Centre / Machine

Change the message to indicate: "Glen Hill Terrace or Glen Hill Strathaven" has an emergency, please contact "Durham Christian Homes head office" at "905 430 1666" for additional information. Staff are caring for residents at this time in a safe location.

Standard Signage

Place signage at entrance doors to direct people to a specific location and or a contact number for information; it is best to have all traffic directed to one location and one contact to screen visitors.

EMERGENCY RESPONSE PLAN

FORMS LISTING

Forms are standardized to ensure the quality of content and structure is consistent across all sectors; please complete the forms as instructed for use and inserted in an emergency

FORM #	ISSUE / REVISION DATE	FORM NAME	INSTRUCTION FOR USE
ERP-07-01	April 2021	Code Green Evacuation Checklist	Reference for the use during an evacuation to assist with evacuation process. Ensure multiple copies are in SEOC Kit
ERP-07-02	April 2021	Municipal / Regional Assistance List	This list needs to be customized with the contacts for your community included.
ERP-07-03	April 2021	Evacuation Transportation Assistance List	This list needs to be customized and the contacts, types of transportation required for your community. Be sure to include accessible & truck transport.
ERP-07-04	April 2021	Emergency Evacuation Locations	This list needs to be customized and the contacts for your community included.
ERP-07-05	April 2021	Resident ID Card Template	Prepare on admission and place in emergency box; update with quarterly review or more frequently if the home has had significant change over in residents.

**EMERGENCY RESPONSE PLAN
Code GREEN Checklist**

Name of Home: Glen Hill Terrace or Glen Hill Strathaven	
Completed By:	
Date:	
Evacuation Type: (Please check)	
Simple/Partial but an immediate evacuation to interior safe zone	
Full evacuation to exterior safe zone on property	
Full evacuation & abandoning site with limited time to allow for a controlled and executed evacuation. This checklist applies to a controlled evacuation.	

In the event the Administrator/Designate has determined and/or has been informed in consultation with designated emergency response personnel an evacuation is required in response to the emergency, the Administrator/Designate shall activate the plan.

- The Administrator/Designate will assess the impact on the facility, establish and announce the activation of the Emergency/Outbreak Management Team, and take immediate steps to protect the health and safety of building occupants.
- The Administrator/Designate will direct that staff, residents, and visitors be informed of the event via the public address system, email (Cliniconex) or word of mouth that the ERP is in effect, by announcing

“Attention all staff, Code Green”
“Attention all staff, Code Green”
“Attention all staff, Code Green”

- When the code announcement is made, the Administrator/Designate and on duty staff will begin Incident Management System process to determine the following concerns:
 - If an immediate threat of risk to residents and property and immediate departure is required: meet all residents and staff in the pre-determined /designated meeting area. Complete accounting for all persons on duty and all residents on site according to daily census.
 - Location of the Emergency/Outbreak Management Team & reporting if not previously established under Code Orange
 - If home requires full evacuation and abandonment of property; proceed to below checklist steps.

**COMMUNICATION UPDATES required regularly between all members of the
Emergency/Outbreak Management team.**

EMERGENCY RESPONSE PLAN
Code GREEN Checklist

THE Administrator/Designate will make contact with CEO for the following:

- Media support - newspaper, radio & television to provide a statement of direction
- Financial support - cash for immediate needs; take any petty cash in the home; contact DRO for funding needs to resolve
- Logistic support - assign contacts for resources and supplies;
 - take staff schedules and phone lists from the home for use
- If required, set up IT communication operations off site for copying, telephones etc.
- Obtain security for building once vacated

The Administrator/Designate will assign a Communications Lead (CL) to delegate/complete the following tasks:

- Designate Scribe
- Designate Control person at entrance and control / record entrances & departures
- Inform all staff and volunteers who the site CL is by name and this contact name is to be provided to all contacts at sites / with services they are assigned to communicate with.
- Assign staff/volunteers a list of resident's for evacuation.
Delegates will print resident profile page from PCC and place on each resident. Staff may be required for transit / continued supervision with the assigned resident to safe shelter.
 - LIST OF RESIDENTS /STAFF transported to shelter; one copy remains at site; one with staff in transit
 - Provide paper, pens, IPADS, laptops for documentation on further incidents; resident wellbeing

The CL will delegate staff / volunteers / corporate to specific tasks / assignments for evacuees.

- Contact to emergency evacuation sites; document identified contact person(s) with the temporary shelter & exchange site CL identity.
- Contact to emergency transportation; document identified contact person(s) with the transportation company & exchange site CL identity.
- Contact to regional / municipal authorities; document identified contact person(s) with the transportation company & exchange site CL identity.
- Delegate contacts to families:

EMERGENCY RESPONSE PLAN

Code GREEN Checklist

Determine if family can provide lodging and care to resident; prepare for transition.

- Inform of resident location
 - Obtain /provide detail instruction of how they may assist
 - If family is NOT unable to go to evacuation site, advise on instruction for contact when / how
- Upon departure of all residents & staff to safe shelter, the CL will do a final listing to ensure all resident and staff / volunteers reporting to duty have been accounted for.

The CL will delegate the following tasks which may have not been completed in evacuation transit:

- On completion of resident safe transport & shelter; prepare the following items required for the residents at locations.
- Kardex/Family Contact
 - Care Plan binders
 - Arrange all wheelchairs & walkers for delivery to locations for use
 - Arrange MAR, medication and treatment supplies for delivery to evacuation locations for residents in locations
 - Arrange required personal supplies which may be required
 - Arrange for special dietary requirements
 - Possibly resident file if warranted by shelter site (LTC or hospital)
- Contact expected supplier delivery / pick up & stop action on delivery / pick up or re-route delivery
- On final abandonment of property
- Secure entrance / exit
 - Inform corporate of vacated property
 - Ensure security in place and required access keys are available to them.

Cancellation of Code GREEN

The decision to cancel the CODE GREEN may only be made by the Administrator/Designate in consultation with the advice of Emergency Services and following considerations surrounding the threat.

“Attention all staff, Code Green has ended; All Clear”

“Attention all staff, Code Green has ended; All Clear”

“Attention all staff, Code Green has ended; All Clear”

Immediately following the cancellation of the CODE GREEN:

- An all clear will be announced, THREE TIMES, using the telephone / PA system.
- Staff will return to their normal duties.
- A staff debriefing will take place with representatives as directed by the Administrator/Designate, and Emergency Services if available.
- Complete Incident Report
- Provide detailed accounting to corporate

**EMERGENCY RESPONSE PLAN
MUNICIPAL / REGIONAL CONTACT LIST**

Name of Home: Glen Hill Terrace/Glen Hill Strathaven

Last Updated: April 2022

Service: Fire Alarms

COMPANY:	GHT: Dunwell	GHS: GC Electric
TELEPHONE:	GHT: 647-891-3473	GHS: 905-683-3353

Service: Nurse Call System

COMPANY:	KR Communication for GHT and GHS	
TELEPHONE:	24 Hr Support: 519-684-7570	

Service: Mag Locks

COMPANY:	GHT: KR Communications	GHS: GC Electric
TELEPHONE:	GHT: 519-684-7570	GHS: 905-683-3353

Service: Electrical/heating/venting air

COMPANY:	GHT: Nekison	GHS: Pure Mechanical
TELEPHONE:	GHT: 416-259-4631	GHS: 905-447-6913

Service: Laundry equipment

COMPANY:	GHT: Nekison	GHS: Dalex
TELEPHONE:	GHT: 416-259-4631	GHS: 1-800-387-3507

Service: Elevator Service

COMPANY:	GHT: Schindler	GHS: TK Elevator
TELEPHONE:	GHT: 647-332-9278	GHS: 1-800-233-5757

Service: Generator Service

COMPANY:	GHT: GENERAC	GHS: Power Station
TELEPHONE:	GHT: 1-888-436-3722	GHS: 1-800-979-7786

April 2022

**EMERGENCY RESPONSE PLAN
EVACUATION TRANSPORT CONTACT LIST**

Name of Home: Glen Hill Terrace

Last Updated: April 2022

Host: **Glen Hill Terrace**

Glen Hill Strathaven

COMPANY:	Kathryn Pilkington	Christine Langton
TELEPHONE:	647-295-2465	647-326-9113
Total # Transport		

Host:

COMPANY:		
TELEPHONE:		
Total # Transport		

Host:

COMPANY:		
TELEPHONE:		
Total # Transport		

EMERGENCY RESPONSE PLAN
EVACUATION LOCATION CONTACT LIST

Name of Home: Glen Hill Terrace

Last Updated: April 2022

Host:

✦ MEALS **✦ SLEEPING** **★ TEMPORARY REFUGE**

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

Host:

✦ MEALS **✦ SLEEPING** **✦ TEMPORARY REFUGE**

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

Host:

✦ MEALS **✦ SLEEPING** **✦ TEMPORARY REFUGE**

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

Host:

✦ MEALS **✦ SLEEPING** **✦ TEMPORARY REFUGE**

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

**EMERGENCY RESPONSE PLAN
RESIDENT EMERGENCY IDENTIFICATION TAG TEMPLATE**

<Insert Home Name>	
<Insert Home Address>	<Insert Home Phone #>
Resident Name: _____	Date of Birth: _____
Allergies: _____	Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> insulin
OHIP Number: _____	Dr.: _____
Major Medical Diagnosis:	
1- _____	2 - _____
3 - _____	4 - _____
5 - _____	6 - _____
7 - _____	8 - _____
Vital Equipment Required for Care: _____	
Weight Bearing: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Non Mobility/Transfer Aid used: _____	
Dietary - Type: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: _____	
Texture: <input type="checkbox"/> Regular <input type="checkbox"/> Minced Meat <input type="checkbox"/> Minced <input type="checkbox"/> Pureed	
Vision: <input type="checkbox"/> Full <input type="checkbox"/> Impaired	Hearing: <input type="checkbox"/> Full <input type="checkbox"/> Impaired <input type="checkbox"/> Rt. <input type="checkbox"/> Lt
Language: _____	Continent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foley Brief Size: _____
Next of Kin Name: _____	Phone Number: _____

<Insert Home Name>	
<Insert Home Address>	<Insert Home Phone #>
Resident Name: _____	Date of Birth: _____
Allergies: _____	Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> insulin
OHIP Number: _____	Dr.: _____
Major Medical Diagnosis:	
1- _____	2 - _____
3 - _____	4 - _____
5 - _____	6 - _____
7 - _____	8 - _____
Vital Equipment Required for Care: _____	
Weight Bearing: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Non Mobility/Transfer Aid used: _____	
Dietary - Type: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: _____	
Texture: <input type="checkbox"/> Regular <input type="checkbox"/> Minced Meat <input type="checkbox"/> Minced <input type="checkbox"/> Pureed	
Vision: <input type="checkbox"/> Full <input type="checkbox"/> Impaired	Hearing: <input type="checkbox"/> Full <input type="checkbox"/> Impaired <input type="checkbox"/> Rt. <input type="checkbox"/> Lt
Language: _____	Continent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foley Brief Size: _____
Next of Kin Name: _____	Phone Number: _____



The Guide on the Policy, Process, and Procedures during Emergency Evacuations

**Instructions,
Information, and
Materials**

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Appendix **11**

INTRODUCTION

Emergency Evacuations Background

In an emergency, the health, safety, and comfort of long-term care (LTC) residents is the first priority.

Emergency evacuation is a complex process that has two critical parts:

1. All LTC homes are legislatively required to have emergency plans and procedures prepared and approved by the Ministry of Long-Term Care's (the "ministry") Inspections Branch. (See below for a detailed explanation.)
2. During an emergency, a home must:
 - a. Start the process as per their emergency plans and procedures and
 - b. Trigger the ministry's administrative emergency evacuation process.

Purpose

The purpose of this guide is to formalize the administrative elements of the emergency evacuation process including materials to utilize in evacuation situations between the Home in an emergency, the Recipient Home or Unit, the Home and Community Care Support Services, and the ministry.

The content of this guide is provided to support homes in the event that their emergency plan has been initiated and is subject to applicable law. The ministry may revise and/or provide clarifications with respect to this guide from time to time.

Objective

The guide will

1. identify the process of transmitting information;
2. provide materials to complete during the evacuation process;
3. provide information regarding licences, specifically temporary emergency licences; and
4. outline the terms and conditions under which the ministry will license eligible beds and reimburse LTC Homes for eligible expenses related to the admission and accommodation of residents during emergency evacuations from existing LTC Homes or the community.

In addition, the guide will describe

- the issuance of Temporary Emergency Licence(s), with applicable licence conditions (more information under licensing below), which typically includes a condition that the Director may revoke the licence effective on the day that the affected resident(s) are all discharged from the Recipient Home(s);
- information on the provision of applicable funding; and
- the necessary permission under s. 104(3) of the LTCHA (BIA approval) in respect of the temporarily closed beds, and to the associated BIA Agreement to be created, effective until the day when the Source Home/Beds re-opens and the Temporary Emergency Licence is revoked or surrendered.

Home Emergency Evacuation Plans and Procedures

Licensees are required under s. 87 of the *Long-Term Care Homes Act, 2007* (LTCHA) and s. 230 of the Regulation to ensure that there are emergency plans put in place for Long-Term Care (LTC) homes, including procedures for evacuating and relocating residents, and evacuating staff and others in case of an emergency (LTCHA, s. 87(1)(b)).

Homes are encouraged to append this guide to their existing emergency plans/evacuation procedures and to refer to this document should an emergency arise at the LTC home and re-

location of residents to an alternate location is needed.. This guide will not cover details of the Home's Emergency Evacuation Plans and Procedures, please contact the Inspections Branch for information.

Long-Term Care Homes Act, 2007

Temporary emergency licences

112 (1) Subject to any restrictions or requirements that may be prescribed by regulation, in order to accommodate persons affected by a temporary emergency, the Director may issue a temporary emergency licence,

- (a) authorizing premises to be used as a long-term care home on a temporary basis; or
- (b) authorizing temporary additional beds at a long-term care home.

Conditions of temporary emergency licence

(1.1) Except as otherwise specified in writing by the Director, it is a condition of the temporary emergency licence that the only persons who may be admitted to a bed under the authority of the licence are persons affected by the temporary emergency.

Rules for temporary emergency licence

(2) The following apply with respect to a temporary emergency licence:

1. The licence may be revoked by the Director at any time on the giving of the notice provided for in the licence, as well as being revocable under section 157.
2. The licence may be issued for a term of no more than one year and may not be renewed.
3. No interest in a temporary emergency licence, including a beneficial interest, may be transferred.

Background

When there is an emergency evacuation from a LTC Home or a community, there needs to be a process initiated by the Source Home or community that prompts the appropriate authorities (Ministry of Long-Term Care [Director, Ministry Branches], Placement Coordinator, etc., as applicable) to take actions within their authority to help ensure that residents are re-located in manner that:

- i. resident health and safety are maintained;
- ii. applicable legislation (LTCHA) is complied with; and
- iii. appropriate funding is provided.

Note: If residents are moved into existing and available beds at other LTC homes with no intention of returning to the home after the emergency or evacuation ends, a temporary emergency licence is not needed.

Definitions

- **Evacuation:** refers to removal of a resident(s) from a LTC Home due to an emergency (including any exceptional situations that arise presenting a direct or indirect threat to health or safety) that necessitates the urgent relocation of residents in the LTC Home.
- **Displaced Resident (Evacuee):** refers to a Resident from a Source Home or an Evacuee from the Community who has become displaced/re-located due to an emergency and has been placed as a resident in a/another LTC Home (the "Recipient Home").
- **Evacuee from the Community:** is a person who has been displaced/re-located from their current residence (other than a LTC Home) due to an emergency unforeseen circumstances, and placed as a resident in a Recipient Home.

LTCHA: means the *Long-Term Care Homes Act, 2007* and any regulation under that Act, including Ontario Regulation 79/10.

Source Home: refers to a LTC Home that has become uninhabitable, in whole or in part, due to an emergency and, as a result, its residents must be evacuated from the LTC Home.

Recipient Home: refers to either an existing licensed LTC home that is authorized by a temporary emergency licence under s. 112(1)(b) of the LTCHA to operate additional beds at the home on a temporary basis, or a Stand-Alone Temporary LTC Unit.

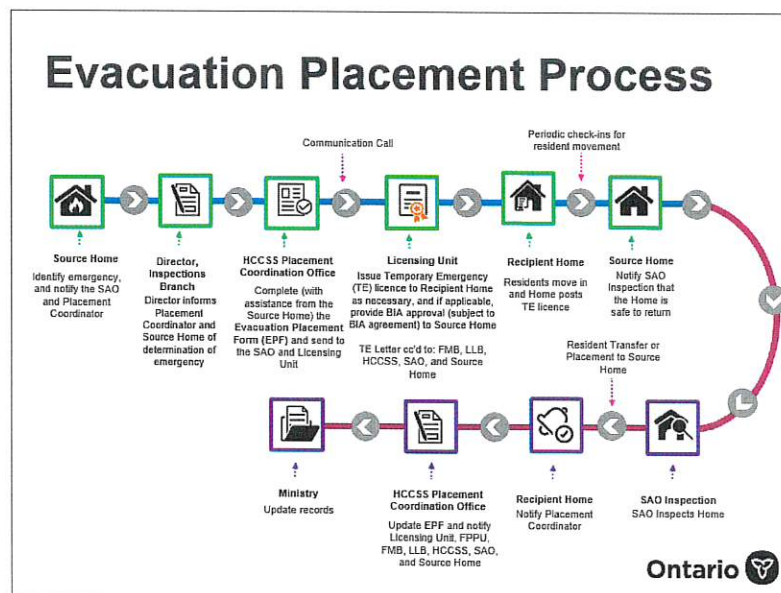
Resident: means a person admitted to and living in a LTC home in accordance with the LTCHA.

Stand-Alone Temporary LTC Unit: refers to premises that are authorized by a temporary emergency licence under s. 112(1)(a) to be used as a long-term care home on a temporary basis, and may include a unit within a residential facility (or part thereof) that is normally not licensed to operate LTC beds (e.g. a hospital, a retirement home, or a community centre), that is licensed as an LTC home under the LTCHA for the temporary operation of LTC home beds.

PROCESS AND DESCRIPTION OF MATERIALS

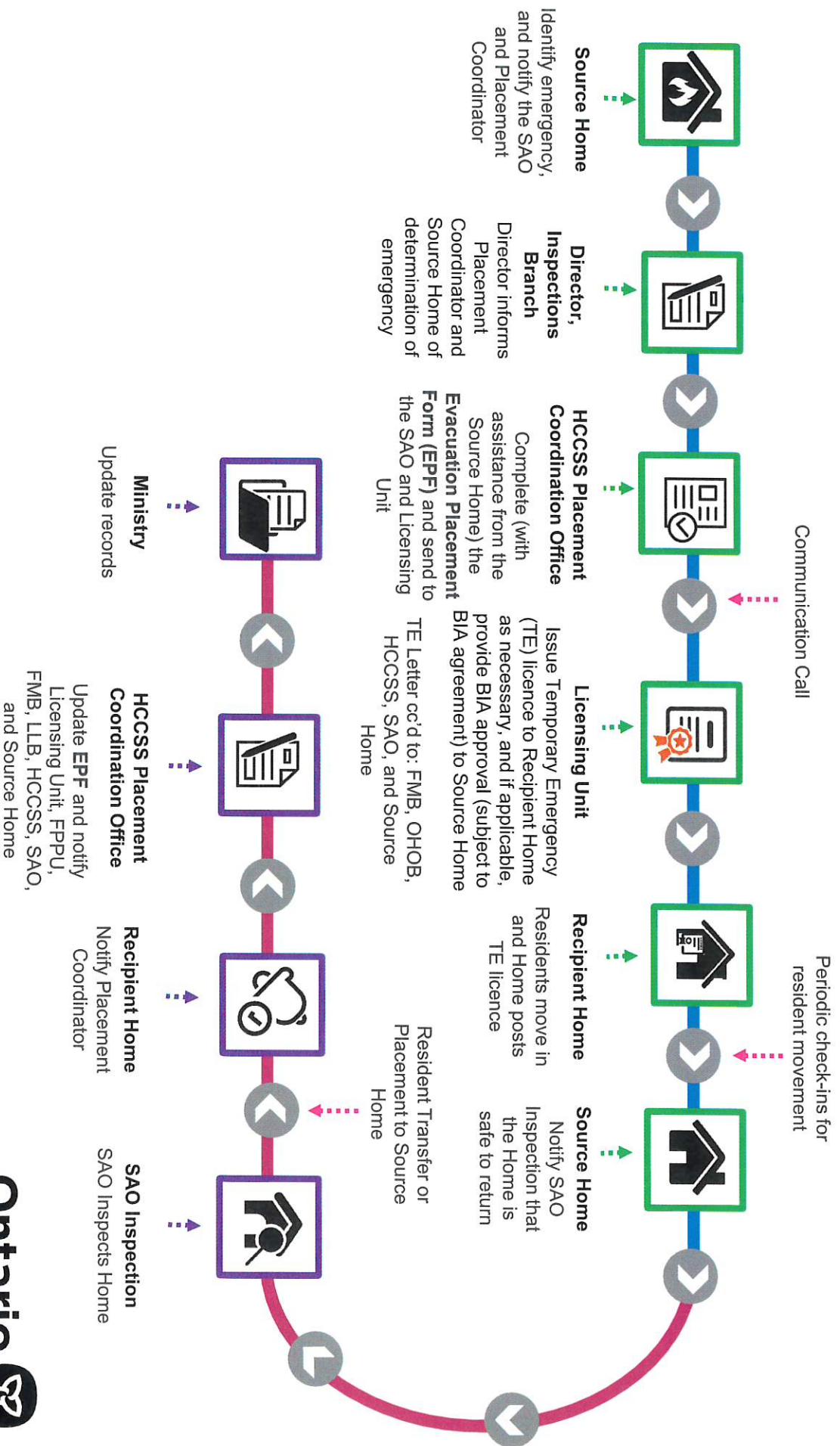
Evacuation Placement Process

The image below shows the evacuation placement process and the information to be transmitted during unplanned evacuations from existing LTC Homes or the community. The process will provide guidance to help ensure that every participant is aware of their role, what information they need to send, and to whom they need to send that information. For detailed steps, please see "*Responsibilities by Party in Order of Action*".



Note: The process map above applies only to evacuations from an LTC Home. Evacuees from the community should continue to follow the current process that the Home and Community Care Support Services (HCCSS) and ministry branches have in place. The process is adapted to the displaced resident initiating the process by contacting the HCCSS who then informs the ministry.

Evacuation Placement Process



ROLES AND RESPONSIBILITIES

Collaboration

It is expected that all parties involved in the relocation of residents from the Source Home or the community will work collaboratively to facilitate a smooth transition for the resident(s). The Source Home, the Recipient Home(s), the designated Placement Coordinator (PC), and the Service Area Office (SAO) have a role in the process to ensure that the information on the EPF is correct and up to date.

Responsibilities by Party in Order of Action

1. Source Home

- In an emergency, the Home commences and follows its emergency plans and, where necessary, starts evacuating residents to the Recipient Home(s) or Stand-Alone Unit(s) (Determined with the placement coordinator). (Homes are encouraged to have emergency locations identified as part of their larger emergency procedures/plans.)
- The Licensee/Home must immediately report the emergency, including any related evacuation to the Director, LTC Inspections as per s. 107(1) of the Regulation under the LTCHA.
- The Licensee/Home initiates the emergency licensing process by notifying the placement coordinator and SAO of the Home's need for evacuation (internally, the home will initiate an Emergency Management Communication Tool* ticket).
- The Home will provide the necessary information to the placement coordinator to complete the EPF.
- The Home will maintain ongoing communication with the placement coordinator and the SAO throughout the duration of the evacuation and provide updated documentation as necessary.
- Once the emergency is over, the Home notifies the recipient home and ministry branches that it is safe for the resident(s) to return to the source home. If required, it will submit clearance documentation to the SAO.
- If documents are destroyed due to the emergency, the Source Home should still complete the EPF to the best of their ability.

Note: The Emergency Management Communication Tool is used to manage system wide emergencies, such as fires, floods, natural disasters. It is a communication tool used to help coordinate system wide responses. <https://emct.disasterlan.ca/>

2. Placement Coordination Office (PCO)

- The Source Home informs the PCO (HCCSS) of an emergency and the need for evacuation.
- When the Director of LTC Inspections makes a s. 208(1) determination (under O. Reg. 79/10) that residents of a long-term care home urgently need to be relocated to another home to protect their health or safety and advises the Placement Coordinator (PC) of the determination, the PC should follow the truncated placement/admission-related process/rules set out in s. 208(1) of the Regulation to expedite the re-location of residents to another LTC home or Stand Alone Temporary Unit.

Note:

1. Residents may need to be relocated more than once, and not all to the same location.
2. If the Source Home is not able to move residents to the locations identified in its emergency plans, the PCO should aid the Source Home in identifying additional locations for capacity.

- The PCO needs to ensure that the Template EPF is available on a site where all Placement Coordinators have access to in the event of an evacuation. *Note: The Licensing Unit has the original copy of the template.*
- The PCO is required to start filling out the EPF for each Recipient Home with the assistance of the Administrator(s)/Licensee(s) of the Source and Recipient Home (The Recipient Home is determined between the Source Home and the PCO.). (Note: At the same time, the PCO will follow all internal processes including organization and coordinating emergency response.)
- In the event of a large evacuation, the PCs will complete the EPF to the best of their ability with help from the Source Home.
- The PCO forwards the EPF to the SAO. The PCO is required to do so within one day of any updates being made to the Form. *Note: Please ensure that privacy protocols are being followed.*
- The PCO is required to update the EPF when the resident(s) transfers at any time:
 - back to the Source Home or community,
 - to another Recipient Home,
 - from a temporary licensed bed to a regular licensed bed within the same Recipient Home,
 - to a hospital, or community (e.g. retirement home), or
 - the resident has died.
- The PCO should periodically check with to the SAO to confirm no changes.
- Once updated with new information, the PCO sends the completed EPF to the Recipient Home, the Licensing Unit, the HCCSS('), the SAO, and Financial Management Branch (FMB).

3. Director (LTC Inspections) and Service Area Office (SAO)

- Depending on the circumstances, pursuant to s. 208(1) of O. Reg. 79/10 under the LTCHA, the Director may make a determination that residents of a long-term care home urgently need to be relocated to another LTC home to protect their health or safety.
- If this determination is made, the Director will advise the PCO and Source Home of the determination in writing (i.e. letter or email).
- When this determination is made, the provisions under s. 208 of O. Reg. 79/10 apply and can be relied on by the Placement Coordinator and Licensee to facilitate the relocation of residents to another LTC home.
- After the SAO receives the completed EPF, the EPF is reviewed to confirm it is fully completed and the SAO forwards it to the ministry's Licensing Unit.
- The local SAO will initiate a Communication Call* once the EPF is sent by the HCCSS to all applicable parties.
- The SAO will check in periodically with the placement coordinator to confirm the status of the Source Home. If there are any changes to the EPF it will be sent to the Licensing Unit.
- The SAO will review clearance documents and complete inspections when necessary.

*A Communication Call is a regular (daily, weekly or monthly) teleconference call with all the parties involved to ensure that everyone is aware of the current status of the emergency and any evacuation from the Source Home or community.

4. Licensing Unit (LU)

- Once the LU receives the completed EPF it prepares any necessary Temporary Emergency Licence(s) (if applicable) and sends it to the Administrator(s) of the Recipient Home(s) directly. The Licensee(s) of the Recipient Home(s), the Licensee and Administrator of the Source Home, respective placement coordinator(s), FMB, and PC(s) will also be copied. This step is imperative to ensure that ministry funding related to the displaced residents is forwarded to the receiving home.

- The Licensing Unit will provide a revocation letter for the Temporary Emergency Licence once all the residents are back in their (Source) home location.
- The Licensing Unit will prepare the BIA agreement and approval, as appropriate, for all the beds out of operation due to the emergency.

Note on privacy: The Licensing Unit will mark emails as “high sensitivity” and “classify and protect” files saved in the shared drive as indicated in the Licensing Privacy Policy.

5. Recipient Home

- The Recipient Home will be notified by the PCO and prepare with the Source Home for the evacuees.
- The Recipient Home must immediately report any intake of evacuees to the Director (LTC Inspections) as per s. 107(1) of the LTCHA Regulation.
- The Recipient Home will receive the Temporary Emergency Licence, as applicable, and post it in the home.

6. Financial Policies and Procedures Unit (FPPU)

- Once the evacuation is complete, FPPU works with the PCO to share a “top-up co-payment template” with homes/PCO to use as a tool to submit their claims relating to eligible expenditures, preferred accommodation or other related claims.
- Then, FPPU seeks Director approval for claims submitted and provides direction to FMB on the amounts and the Recipient LTC homes/Stand Alone Temporary Units to be paid. Depending on the duration of the temporary placement, an agreement is reached with the homes/PCO on the frequency of template submissions to FPPU and issuance of payments.

7. Financial Management Branch (Long-Term Care – LS&TS)

- After the EPF is received, Financial Management Branch will start the reimbursement process for the homes claiming expenses once they are confirmed by FPPU.

8. Recipient Home/ Source Home

- If a resident is ready to leave the Home or the Stand-Alone Unit, the PC must be notified for the PC to complete the remainder of the EPF. (Being ready to leave is determined by the SAO confirming that the Source Home is safe.)

9. All Branches

- Once the completed EPF (Part 1 and Part 2) is received by all applicable units they will note the actual Effective and Expiry Date of the Temporary Emergency Licence and update their records. The expiry date of the temporary licence will come from either the licence or the Director’s revocation letter. The EPF form supports the information in the revocation letter.

LICENSING

Temporary Emergency Licence

Definition

A Temporary Emergency (TE) Licence is issued by the Director under the Act where there are circumstances affecting a licensed LTC home or community that make it necessary to remove one or more residents from the home to protect the health and safety of the residents of the home or community.

When is a Temporary Emergency Licence needed?

The accommodation of a Displaced Resident from the Source Home requires a Temporary Emergency licence:

- i. At a licensed LTC home:
 - If residents are accommodated above the licensed capacity of a Recipient Home: A Temporary Emergency licence is required.
- ii. At a New Stand Alone Temporary LTC Unit:
 - A Temporary Emergency licence is required.

A request for a Temporary Emergency licence should only be initiated if residents are expected to be out of the Source Home for more than 24 hours.

Length

Temporary Emergency Licences can be issued for a maximum of one year by the Director under the Act.

Beds in Abeyance (BIA) Implications

The beds in the Source Home must be put in abeyance from the day of the evacuation, subject to a Director's permission under s. 104(3) and a Beds in Abeyance (BIA) Agreement between the ministry and the licensee of the Source Home.

Conditions

1. Except as otherwise specified in writing by the Director, it is a condition of a Temporary Emergency licence that the only persons who may be admitted to a bed under the authority of the licence are persons affected by the temporary emergency.
2. The Temporary Emergency licence may be revoked by the Director at any time on the giving of the notice provided for in the Temporary Emergency licence, as well as being revocable under section 157.
3. The Temporary Emergency licence may be issued for a term of no more than one year and may not be renewed. The Source Home/PC should let the Licensing Unit know how long the emergency is expected to last.
4. No interest in a Temporary Emergency licence, including a beneficial interest, may be transferred.

Cancellation

The below is a list of possible scenarios when a Temporary Emergency licence will be revoked, subject to a revocation notice provision being set out by the Director as a condition of the licence.

1. the reason for the evacuation is resolved and the resident(s) is/are transferred back to the Source Home or the community;
2. the Displaced Resident is transferred from the temporary emergency bed to a regular licensed bed at the same Recipient Home;
3. the Displaced Resident is transferred from the first, emergency placement to another Recipient Home, either into an existing regular or temporary bed; or
4. the Displaced Resident is still in the temporary emergency bed when the Temporary Emergency Licence expires (licence is deemed revoked). When this is the case, the Temporary Emergency Licence is either replaced by a Temporary Licence (the process for which needs to be initiated at least 3-6 prior to its approval) or may be subject to discharge or transfer, subject to applicable requirements.

BIA

Definition

BIAs are licensed or approved LTC Home beds that are unoccupied and unavailable for occupancy for 14 consecutive days or more, with the written permission of the Director under s. 104(3) of the Act. Support of any BIA request should be requested from the HCCSS by the Licensee which then may send the request to the Director.

In the case of an emergency the beds are generally put into abeyance from the day of the evacuation until the residents' return (even if its less than 14 days) to ensure that funding is properly allocated.

BIA approval (even in an emergency) is at the discretion and approval of the Director.

Conditions:

1. BIAs are approved by the Director for temporary withdrawal from the LTC Home operations and funding system on the condition that they must be returned to the system within a specified period or surrendered to the ministry.
2. Generally, beds are only permitted to be put into abeyance when there is a reasonable expectation that they will return to occupancy.
3. The BIA Policy provides the framework and sets out the procedures for decision-making regarding applications for placing and retaining LTC Home beds (other than Occupancy Reduction Protection Beds) in abeyance.

Overview Page

A one-page overview is available for printing under Appendix C.

FUNDING

Where a BIA approval is given, funding for the Source Home will be applied as per the *Beds in Abeyance Policy*.

Licensee Requirements

1. The Licensee of the Recipient Home must have a valid and current Direct Funding Agreement (DFA) with the ministry to be eligible to receive funding under this policy. If there is no existing DFA in place, one must be executed, in the form required by the ministry, before this policy is applied.
2. The Licensee must meet the insurance requirements described in section 11.4 of their L-SAA Agreement to receive funding under this policy.

Conditions for Funding

Where a resident(s) is transferred to a licensed LTC Home and is accommodated **within** the licensed capacity of a Recipient Home, the Case-Mix Index (CMI) of the Recipient Home shall be applied to determine funding of the licensed bed.

Where a resident(s) is transferred to a Stand-Alone Temporary LTC Unit or a licensed LTC Home where a Temporary Emergency Licence is issued to accommodate the transfer, a CMI equal to one shall be applied to determine funding of the bed.

Additional Eligible Expenditures

Recipient Homes will be reimbursed for eligible expenses incurred due to the accommodation of residents from the Source Home or the community.

1. Eligible Expenses for Evacuation Scenarios:

A Recipient Home is only entitled to reimbursement for Eligible Expenses that are approved at the discretion of its HCCSS(') and the ministry, considering proper standards of care for residents.

- Eligible expenses may include expenses that are incurred by the Recipient Home in respect of Displaced Residents or Evacuees from the Community, and supplementary eligible costs as a result of resident displacement, that the ministry and the HCCSS are satisfied were necessary for the purpose of accommodating such Residents in the Recipient Home.
- Eligible expenses may also include forgone revenues from preferred accommodation premiums, if applicable, (calculated using only the premium for the preferred accommodation co-payment that is regularly charged by the Recipient Home, and not including the basic accommodation portion of the co-payment). The LTC Home must establish to the satisfaction of the ministry that the foregone revenue was not reasonably able to be charged to the applicable Resident(s).

Eligible Expenses shall not include expenses:

- incurred in respect of a period of time before or after the applicable evacuation;
- already covered by one of the four Level of Care (LOC) funding envelopes or any other source of funding, (for example: staffing charges already covered by one of the LOC envelopes); or
- for the purchase of tobacco products, alcoholic beverages, food or drinks, and all other similar purchases.

Note: In other unforeseeable circumstances i.e. pandemics, there maybe funding reconciliation changes. Please contact the Financial Management Branch.

Claims Procedure for Supplementary Costs and Lost Preferred Revenue

1. To claim reimbursement through this policy, a LTC Home is required to submit an itemized list of claimed Eligible Expenses to their respective HCCSS(') and include all applicable substantiating documentation (receipts, invoices, etc.).
Policy Link:
http://www.health.gov.on.ca/en/public/programs/ltc/docs/eligible_expenditures_ltc_policy.pdf
2. Staff at each HCCSS(') will verify and validate expenses identifying those that are recommended by the HCCSS(') to be paid by the ministry.
3. Staff at each HCCSS(') will complete and submit a form provided by the Financial Management Branch, the total amounts that are recommended by the HCCSS to be paid to each Recipient Home by the ministry along with all applicable substantiating documentation (receipts, invoices, etc.).
4. If the ministry is satisfied that the claim meets the conditions set out in this Policy, the ministry shall pay the LTC Home in respect of the claim, subject to the terms of the DFA.

Payment Process:

1. Payments will be reflected in the Recipient Home's monthly payment notices.
2. Payments by the ministry under the terms of this Policy are made on or about the twenty-second (22nd) day of the month following which the ministry determines the amount of funding payable, subject to applicable conditions and requirements.
3. Please see below claim submission timelines:

Period during which Expenses were Incurred	Claims Due to the Ministry	Anticipated Payment Month
Q1 – April, May, June	By August 31	October
Q2 – July, August, September	By November 30	January
Q3 – October, November, December	By February 28	May
Q4 – January, February, March	By May 31	July

Questions?

If you have any questions, please see contact information below.

For any questions regarding:

1. The Guide – Licensing Unit – 416-326-2866 (Margaret Allore) or ltchomes.licensing@ontario.ca
2. Funding – Financial Management Branch – (416) 212-0536 (Richard Lee)

APPENDIX

- A. Contacts Page
- B. Evacuation Placement Form
- C. Temporary Emergency and Beds in Abeyance Overview

Appendix A: Contacts Page

(Print Version)

SAO Managers		
Central East	Valerie Johnston	Valerie.johnston@ontario.ca
Central West	Dorothy Ginther	Dorothy.Ginther@ontario.ca
Hamilton	Barbara Parisotto	Barbara.Parisotto@ontario.ca
London	Lorene Ross	Lorene.Ross@ontario.ca
Ottawa	Carole Comeau	Carole.comeau@ontario.ca
Sudbury	Monika Gray	Monika.Gray@ontario.ca
Toronto	Theresa Berdoe-Young	Theresa.Berdoe-Young@ontario.ca

Licensing Unit		
Manager	Margaret Allore	Margaret.allore@ontario.ca

Financial Management Branch		
Senior Manager	Chandike Tennakoon	chandike.tennakoon@ontario.ca

CODE GREEN EVACUATION EMERGENCY SHELTER

Short term Shelter

During an emergency evacuation of a long term care home, an immediate temporary space is required to house residents. There are several large gathering rooms within Durham Christian Homes (Providence Place and Tekoa Manor) that can be utilized such as:

- Guest suites
- Billet by residents of Tekoa Manor/Providence Place
- DCH Auditorium
- DCH Activity Room
- DCH Board Room
- DCH Billiards Room
- DCH Gymnasium

Mid Term Shelter

- As above, with a reduction in the number of residents per space to allow for lodging
- Residents stay at the homes of family members

Long Term Shelter

- Accommodations within other long term care homes
- Accommodations at other approved locations:
 - Glen Hill Strathaven with increased bed capacity back to 3 and 4 bed resident rooms
 - Glen Hill Strathaven retirement residence
 - Former Sunny Crest Long Term Care Home
 - Public and High Schools (during summer months)
 - Community Centres



June 23, 2022

Christine Langton
Glen Hill Strathaven
264 King Street E
Bowmanville, ON
L1C 1P9

Dear Christine:

Re: Emergency Accommodation

We are currently developing our Disaster Plan and endeavouring to create a list of available emergency beds, which could accommodate our residents in the event they have to be temporarily relocated.

In the event of a disaster would your organization be able to accommodate some residents on a short term or long-term basis? If so, how many and for how long?

We have accommodation space for 10 people in the event of a community disaster.

I look forward to hearing from you.

Yours truly,

A handwritten signature in black ink, appearing to read "Lesreen Thomas".

Lesreen Thomas
AXR Operating (National) LP Inc. Bay Ridges

Per: 

Christine Langton

Facility Transfer Agreement

2022

Facility Transfer Agreement

This is a mutual agreement between AXR Operating (National) LP Inc. Bay Ridges and Glen Hill Strathaven to provide assistance in the event an evacuation of either facility is required.

Please note that each resident's original "home" facility is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of said facility, regardless of the resident's relocation status during a disaster. All costs incurred for care and services provided are the responsibility of the resident's "home" facility.

Responsibilities of the Evacuating Facility include, but are not limited:

- Ensure appropriate care and services for
- Promptly notify the Receiving Facility of the potential to evacuate
- Promptly notify the Receiving Facility when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the Receiving Facility
- Supplement the Receiving Facility's staff
- Provide the following items:
 - Resident medications and medication storage unit
 - Medical supplies and equipment
 - Food and water
 - Medical records
 - Blankets as needed
 - Staff

Responsibilities of the Receiving Facility include, but are not limited to:

- Provide a person of contact upon notification of imminent evacuation
- Receive residents and direct to area where they will be sheltered
- Coordinate appropriate use of medical supplies and services
- Integrate Evacuating Facility's staff into resident care planning
- Integrate Evacuating Facility's kitchen staff
- Provide dietary needs using food supplies from Evacuating Facility

In the event of a disaster or other emergency that damages both facilities, the senior management of both facilities will determine to what extent each facility may assist the other. This agreement is effective upon signature of both facility leadership/administrators.

Facility Transfer Agreement

2022

Term of Agreement

This agreement shall be automatically renewed on a month to month basis without action by either facility. Either party may terminate this agreement with a thirty (30) day written notice

Lesreen Thomas
Executive Director
AXR Operating (National) LP INC
Bay Ridges

Christine Langton
Executive Director
Glen Hill Strathaven

Name, Staff Position, Facility

Name, Staff Position, Facility

[ensure agreement is approved by staff with the authority to enter into an agreement on behalf of your facility/company]



Signature

Signature

June 23, 2022

June 23, 2022

Date

Date

Adapted from the 2008 Long Term Care Facilities Disaster Planning Guidance Template



GLEN HILL TERRACE

A DURHAM CHRISTIAN HOMES COMMUNITY

2021

RESIDENT EMERGENCY SHELTER AGREEMENT

THIS AGREEMENT is made as of the 12th day of January 2018.
BETWEEN

Glen Hill Strathaven (Hereinafter called the "HOME")

AND

Extendicare Oshawa (Hereinafter called the "RECEIVING FACILITY")

Whereas the receiving facility is licensed or accredited under all applicable laws and regulations and by all applicable authorities to provide shelter, nourishment and medical care services, and has experience in providing such services to residents of long term care facilities;

And whereas the home wishes to retain the receiving facility to provide such shelter, nourishment and medical services, upon and subject to the terms and conditions of this agreement;

Now therefore the receiving facility and the home agree as follow:

1. The temporary placement of residents at the receiving facility shall be for the period of 7 days, unless otherwise mutually agreed by both parties at the time of placement. The home shall be solely responsible for coordinating necessary arrangements to transfer the residents to a more permanent location, if required.
2. It is further understood that the home shall be responsible to arrange alternate placement, in consultation with appropriate government officials, if the receiving facility is unable to honor the agreement.
3. The provisions hereof shall be governed by and interpreted in accordance with the Nursing Home Act requirement and regulations.
4. The services to be provided by the receiving facility, without limiting the generality of the foregoing, will include the following:
 - a. To accommodate up to a maximum of 10 residents of the home.
 - b. To provide room and board to the residents of the home
 - c. To order, administer medication and provide required treatment of the residents in accordance with the attending Physician orders.
 - d. To maintain an open line of communication with the home's staff with respect to residents' condition
 - e. Document residents' progress and record changes on the residents care plan
 - f. To report to the Administrator of the home any resident injuries, admissions to hospital or death
 - g. To prepare and serve diets to the residents as prescribed by the attending physician.
 - h. To provide laundry and housekeeping services to the residents of the home.
 - i. To permit the residents' families regular visitation
 - j. To permit the home's staff to attend the needs of the homes residents, if possible



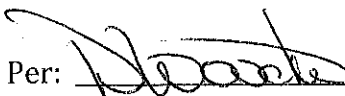
GLEN HILL TERRACE

A DURHAM CHRISTIAN HOMES COMMUNITY

- k. To maintain records of any costs incurred with respect to the care and services to residents of the home
 - l. To provide the home with any other relevant information as may be required from time to time
5. The homes responsibilities without limiting the generality of the forgoing, will include the following:
- a. To notify the receiving facility in advance and fax the list of residents to be admitted.
 - b. To make necessary arrangements to transport the residents to the receiving facility.
 - c. To notify the Ministry of Health and other appropriate agencies.
 - d. To notify the family members of respective residents' temporary placements
 - e. To notify residents' attending physician
 - f. To notify the pharmacy, laboratory and other community agencies
 - g. To ensure that all pertinent individual resident records, including the care plans and MAR sheets accompany the residents to the receiving facility
 - h. To ensure that residents are accompanied by the Home's assigned staff (during transfer)
 - i. To deliver and make available residents' clothing, linen supplies, incontinent products, blankets and any other items that may be required to ensure care, comfort and safety of the home's residents
 - j. To coordinate staffing needs for the care of the residents if needed
 - k. To maintain effective communications with the receiving facility, residents, families and the Ministry of Health
 - l. To reimburse the receiving facility any costs incurred for the care and services provided to the residents
 - m. To coordinate the discharge of residents bath to the home accordingly
6. This agreement shall remain in effect for a period of (3) three years upon the date of execution of the agreement.
7. Notwithstanding Section 1 hereof, either party may terminate this agreement by providing sixty (60) days written notice. Any notice that may be given pursuant to or concerning this agreement shall be in writing.
8. It is understood that Glen Hill Strathaven is prepared to accommodate 10 residents from the receiving facility in accordance with this agreement

The Home and the Receiving Facility acknowledge, having both read and understood all terms and conditions of the agreement, and that it represents the entire agreement between the parties.

Extendicare Oshawa
As the "RECEIVING FACILITY"

Per: 
Signing authority

Glen Hill Strathaven
as the "HOME"


Administrator

Facility Transfer Agreement

This is a mutual agreement between Glen Hill Strathaven and Fosterbrooke to provide assistance in the event an evacuation of either facility is required.

Please note that each resident's original "home" facility is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of said facility, regardless of the resident's relocation status during a disaster. All costs incurred for care and services provided are the responsibility of the resident's "home" facility.

Responsibilities of the **Evacuating Facility** include, but are not limited:

- Ensure appropriate care and services for
- Promptly notify the Receiving Facility of the potential to evacuate
- Promptly notify the Receiving Facility when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the Receiving Facility
- Supplement the Receiving Facility's staff
- Provide the following items:
 - Resident medications and medication storage unit
 - Medical supplies and equipment
 - Food and water
 - Medical records
 - Blankets as needed
 - Staff

Responsibilities of the **Receiving Facility** include, but are not limited to:

- Provide a person of contact upon notification of imminent evacuation
- Receive residents and direct to area where they will be sheltered
- Coordinate appropriate use of medical supplies and services
- Integrate Evacuating Facility's staff into resident care planning
- Integrate Evacuating Facility's kitchen staff
- Provide dietary needs using food supplies from Evacuating Facility

In the event of a disaster or other emergency that damages both facilities, the senior management of both facilities will determine to what extent each facility may assist the other. This agreement is effective upon signature of both facility leadership/administrators.

Facility Transfer Agreement

2022

Term of Agreement

This agreement shall be automatically renewed on a month to month basis without action by either facility. Either party may terminate this agreement with a thirty (30) day written notice

Charlene Smith, Executive Director
Revera Long Term Care
Inc., operating as Fosterbrooke

Name, Staff Position, Facility

Charlene Smith

Signature

June 14/22

Date

Christine Langton, Administrator
Glen Hill Strathaven

Name, Staff Position, Facility

Christine Langton

Signature

July 4, 2022

Date

Adapted from the 2008 Long Term Care Facilities Disaster Planning Guidance Template



GLEN HILL TERRACE
A DURHAM CHRISTIAN HOMES COMMUNITY

2021

RESIDENT EMERGENCY SHELTER AGREEMENT

THIS AGREEMENT is made as of the 12th day of January 2018.
BETWEEN

Glen Hill Strathaven (Hereinafter called the "HOME")

AND

Cedarcroft Place (Hereinafter called the "RECEIVING FACILITY")

Whereas the receiving facility is licensed or accredited under all applicable laws and regulations and by all applicable authorities to provide shelter, nourishment and medical care services, and has experience in providing such services to residents of long term care facilities;

And whereas the home wishes to retain the receiving facility to provide such shelter, nourishment and medical services, upon and subject to the terms and conditions of this agreement;

Now therefore the receiving facility and the home agree as follow:

1. The temporary placement of residents at the receiving facility shall be for the period of 7 days, unless otherwise mutually agreed by both parties at the time of placement. The home shall be solely responsible for coordinating necessary arrangements to transfer the residents to a more permanent location, if required.
2. It is further understood that the home shall be responsible to arrange alternate placement, in consultation with appropriate government officials, if the receiving facility is unable to honor the agreement.
3. The provisions hereof shall be governed by and interpreted in accordance with the Nursing Home Act requirement and regulations.
4. The services to be provided by the receiving facility, without limiting the generality of the foregoing, will include the following:
 - a. To accommodate up to a maximum of 10 residents of the home.
 - b. To provide room and board to the residents of the home
 - c. To order, administer medication and provide required treatment of the residents in accordance with the attending Physician orders.
 - d. To maintain an open line of communication with the home's staff with respect to residents' condition
 - e. Document residents' progress and record changes on the residents care plan
 - f. To report to the Administrator of the home any resident injuries, admissions to hospital or death
 - g. To prepare and serve diets to the residents as prescribed by the attending physician.
 - h. To provide laundry and housekeeping services to the residents of the home.
 - i. To permit the residents' families regular visitation
 - j. To permit the home's staff to attend the needs of the homes residents, if possible



GLEN HILL TERRACE

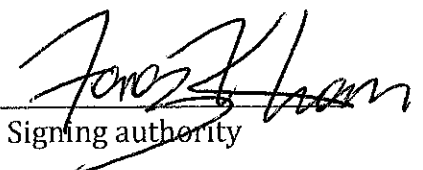
A DURHAM CHRISTIAN HOMES COMMUNITY

- k. To maintain records of any costs incurred with respect to the care and services to residents of the home
 - l. To provide the home with any other relevant information as may be required from time to time
5. The homes responsibilities without limiting the generality of the forgoing, will include the following:
- a. To notify the receiving facility in advance and fax the list of residents to be admitted.
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8. It is understood that Glen Hill Strathaven is prepared to accommodate 10 residents from the receiving facility in accordance with this agreement

The Home and the Receiving Facility acknowledge, having both read and understood all terms and conditions of the agreement, and that it represents the entire agreement between the parties.

Cedarcroft Place
As the "RECEIVING FACILITY"

Per:


Signing authority

Glen Hill Stathaven
as the "HOME"


Administrator



GLEN HILL TERRACE
A DURHAM CHRISTIAN HOMES COMMUNITY

2021

RESIDENT EMERGENCY SHELTER AGREEMENT

THIS AGREEMENT is made as of the 12th day of January 2018.
BETWEEN

Glen Hill Strathaven (Hereinafter called the "HOME")

AND

White Cliffe Terrace (Hereinafter called the "RECEIVING FACILITY")

Whereas the receiving facility is licensed or accredited under all applicable laws and regulations and by all applicable authorities to provide shelter, nourishment and medical care services, and has experience in providing such services to residents of long term care facilities;

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 - h. To provide laundry and housekeeping services to the residents of the home.
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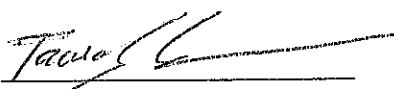
GLEN HILL TERRACE

A DURHAM CHRISTIAN HOMES COMMUNITY

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The Home and the Receiving Facility acknowledge, having both read and understood all terms and conditions of the agreement, and that it represents the entire agreement between the parties.

White Cliffe Terrace
As the "RECEIVING FACILITY"

Per: 

Signing authority

Glen Hill Stathaven
as the "HOME"



Administrator



GLEN HILL TERRACE

A DURHAM CHRISTIAN HOMES COMMUNITY

2021

RESIDENT EMERGENCY SHELTER AGREEMENT

THIS AGREEMENT is made as of the 12th day of January 2018.
BETWEEN

Glen Hill Strathaven (Hereinafter called the "HOME")

AND

Ballycliffe LTC (Hereinafter called the "RECEIVING FACILITY")

Whereas the receiving facility is licensed or accredited under all applicable laws and regulations and by all applicable authorities to provide shelter, nourishment and medical care services, and has experience in providing such services to residents of long term care facilities;

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 - h. To provide laundry and housekeeping services to the residents of the home.
 - i. To permit the residents' families regular visitation
 - j. To permit the home's staff to attend the needs of the homes residents, if possible




GLEN HILL TERRACE

A DURHAM CHRISTIAN HOMES COMMUNITY

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Ballycliffe LTC
As the "RECEIVING FACILITY"

Per: 
Signing authority

Glen Hill Stathaven
as the "HOME"



Administrator

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CODE WHITE VIOLENCE / AGGRESSION

Procedures

A code white is called when there is imminent risk to safety and/or life.

This procedure will be activated immediately following receipt of a Code White. The procedure will apply to all staff once the announcement of a **CODE WHITE** is made.

Violent Offender

In the event any person on the property presents a threat to the safety of others:

It is not an expectation for any staff member to place themselves at personal risk; staff are to contact 9-1-1- for assistance.

The IC will announce the code call:

"Attention All Staff, Code White; announce location"

"Attention All Staff, Code White; announce location"

"Attention All Staff, Code White; announce location"

- ✓ Immediately remove all persons out of the danger zone into a safe area
- ✓ Immediately report the threatening or active acts of violence or situation to policing authorities to determine actions
- ✓ If possible lock down the area where the danger present if a safe distance is maintained
- ✓ If the offender is interior / exterior of the building / property lock down points of entry / exit / windows to prevent access.
- ✓ Monitor presence of the offender from a safe distance without antagonizing the situation
- ✓ Obtain descriptive information as available; name, relationship, dress, physical stature etc
- ✓ Obtain any information on the offender from sources as available to provide to authorities.
- ✓ Advise their Administrator/Designate and complete an Incident Form and other required forms as provincially legislated (Ministry, OH&S etc.)

LOCK DOWN PROCESS

- Lock Down process may be applicable in a code white or on the event of other emergencies such as an animal threat.
- LOCK DOWN THE BUILDING FROM THE INTERIOR/EXTERIOR; depending on source of danger by LOCKING all main doors to prevent entrances / departures
- As appropriate; post warning; example: "DANGER DO NOT ENTER/EXIT DANGER ON PROPERTY" for all residents, guest's and staff.
- Announce the immediate threat to ALL residents, guests and staff and inform all the building is in a "lock down mode" until the danger or threat has passed.

EMERGENCY RESPONSE PLAN

"Attention everyone we are in lock down mode"

"Attention everyone we are in lock down mode"

"Attention everyone we are in lock down mode"

- Ensure you have staff available to monitor points of entry/exit from a safe point and allow entry/exit of persons who may not be aware of the situation.

As part of the emergency, the IC may determine in conjunction with emergency authorities to enact a **Code GREEN**; proceed to Code Green protocols & checklist.

In conjunction with authorities, the IC will determine the termination of a Code White; announcement to all persons must be declared as:

"Attention everyone Code White has ended; all clear"

"Attention everyone Code White has ended; all clear"

"Attention everyone Code White has ended; all clear"

Reporting

Never hesitate to report to a supervisor any act or threat or concern you have

In a violent incident staff are to:

- Contact 911 for assistance and to report imminent and immediate danger: (weapons involvement; physical injury related to violent behaviour; and obvious signs of abusive threatening behavior, threats of violence, assaults or other violent incidents)
- Critical information must be provided including the nature of the incident; whether other emergency services are required; whether perpetrator(s) are still present; whether weapons are involved; etc.
- The Employee and/or Resident Incident Report form shall be completed.
- The Supervisor, in consultation with Management will request the participation of other workplace parties to review the details surrounding the situation and determine the appropriate corrective action to resolve.

EMERGENCY RESPONSE PLAN

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Code Gray Checklist

EMERGENCY RESPONSE PLAN

CODE GREY AIR HAZARD

Definition

An uncontrolled potential air borne contamination is an emergency.

External Air Exclusion Plan (EAEP)

- Upon notification of a potential air borne contamination the Administrator/Designate will be contacted
- Administrator/Designate will advise staff, residents and visitors via the public address system by announcing:

“Attention all staff, Code Grey”
“Attention all staff, Code Grey”
“Attention all staff, Code Grey”

Persons are not to leave the building until conditions are safe and advised by the Administrator/Designate

- At the time the announcement has been made, a pool of on-shift staff must be formed to address the following concerns:
 - **Windows**
All windows in all areas, on all floors, must be closed. Persons in those areas need to be advised to keep windows closed.
 - **Exterior Doors**
Entering and exiting the building must be restricted both for personal safety and to minimize external air entry. All perimeter exterior doors must be monitored and controlled to prevent frequent, indiscriminate or unnecessary usage. Post warning signage to inform persons who may approach the doors for use. (Form)
 - **Ventilation Systems**
If all external ventilation systems need to be shutdown, proceed to:
Site Specific Information:
 1. The shut down for the HVAC system is located
 - a. Electrical room
 2. The shut down for kitchen range hood is located in fuse panel in kitchen

EMERGENCY RESPONSE PLAN

Internal Air Exclusion Plan (IAEP)

Natural Gas Supply

If/when advised by emergency services, **close all gas valves** and proceed to:

Site Specific Information:

- The main gas supply is located ***northwest corner and the other is on the south west corner***
- Using two hands, turn wheel clock wise
- The main gas valve MUST BE RE-OPENED by certified technician this equipment can only be restarted by qualified persons, and only after "all the **CODE GREY** all clear" is given.
- Ventilate the area / home

Carbon Monoxide Poisoning

Carbon monoxide is an odourless, tasteless gas that can cause illness and even death due to exposure. Carbon monoxide poisoning occurs most often in confined spaces, or when air must be re-breathed. Some health problems such as lung disease or respiratory problems can lead to carbon monoxide issues.

The symptoms of carbon monoxide poisoning such as headache, lethargy and nausea can be mistaken for other more common illnesses such as the flu.

Mild carbon monoxide poisoning brings symptoms such as elevated blood pressure, twitching muscles, flushing, and reduced neural activity. This level of exposure causes illness but not death.

As the severity of exposure or length of exposure increases so do the symptoms to include headache, lethargy, panic, convulsions, stomach pain, irregular heartbeat, chest pain, memory problems, and unconsciousness.

The Administrator/Designate will:

- Ventilate the area / home
- Isolate the source and determine risks
- Resolve the issue and have equipment serviced
- Seek emergency assistance as required; evacuation may be necessary
- Announce an "All Clear" after all issues are resolved and it has been determined safe to do so

Prevention is better than treatment in these cases; any gas sourced appliance or vehicle is a possible sources of contamination:

- Have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.

EMERGENCY RESPONSE PLAN

- Do not use portable flameless chemical heaters (catalytic) indoors. Although these heaters don't have a flame, they burn gas and can cause CO to build up inside your home, cabin, or camper.
- If you smell an odor from your gas refrigerator's cooling unit have an expert service it. An odor from the cooling unit of your gas refrigerator can mean you have a defect in the cooling unit. It could also be giving off CO.
- When purchasing gas equipment, buy only equipment carrying the seal of a national testing agency, such as the CSA Group
- Install a battery-operated or battery back-up CO detector in your home and check or replace the battery when you change the time on your clocks each spring and fall.
- Work in spaces that provide proper ventilation
- Monitor hazards in areas such as:
 - Kitchen – range and maintain vent hood free of debris and grease
 - Mechanical Rooms – do not block air flow
 - Cars, van, buses, parking garage – any vehicle left idling especially in an enclosed area or below an air intake vent
 - Fire place, furnaces
 - Gas Fire Place

FORM LISTING

The below information is available electronically.

Please have copies of all forms customized for your community available in the SEOC set up box in the event of an emergency you may not have time or available resources for printing.

FORM #	ISSUE / REVISION DATE	FORM NAME	INSTRUCTION FOR USE
ERP-09-01	April 2021	Code GRAY Checklist	Reference for the use during an emergency

CODE GRAY CHECKLIST

EMERGENCY RESPONSE PLAN

Code GRAY Checklist

In the event that an outside air contamination should occur, the IC should contact the Maintenance Supervisor or maintenance staff member, and based upon assessment of the information acquired, the External Air Exclusion (EAEP) plan will be activated.

- The SIC will assess the impact on the facility and if necessary establish and announce the activation of the SEOC, and take immediate steps to protect the health and safety of building occupants.
- The SIC will direct that staff, residents, and visitors be informed of the event via the public address system or word of mouth that the EAEP is in effect, by announcing

“Attention all staff, Code Grey”

“Attention all staff, Code Grey”

“Attention all staff, Code Grey”

- At the time the announcement has been made, a pool of on-shift staff must formed to address the following concerns:
 - **Windows**
All windows in all areas, on all floors, must be checked and closed. Persons in those areas need to be advised to keep windows closed.
 - **Exterior Doors**
Entering and exiting the building must be restricted both for personal safety and to minimize external air entry. All perimeter exterior doors must be monitored and controlled to prevent frequent, indiscriminate or unnecessary usage.
 - **Ventilation Systems**
If all ventilation systems need to be shutdown, turn “off” all electrical switches that supply the building air handling units and ventilation fans.
- Ensure that persons are not to leave the building until conditions are safe and advised by designate staff.

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EMERGENCY RESPONSE PLAN

HAZARDOUS SPILL

A hazardous spill is determined by when-where-what is the spill

Definitions

Minor Spill: A minor spill is one that usually presents little or no hazard to person or property, and is small enough to be safely cleaned up using the **Emergency Spill Kit**. Minor leaks or spills are normally reported by individuals detecting:

- An alarming or offensive odour,
- A small pool of liquid on the ground

If the minor leak or spill is in an open area and the vapours are being dispersed it will not be considered a significant hazard.

If the vapours from the minor leak or spill can collect in a confined space sufficiently to form an explosive mixture it will be considered a significant hazard and an evacuation must take place immediately.

Major spill is one that cannot be contained safely with the materials on the site and/or threatens the safety of people and/or the environment.

Major leaks or spill may be detected by:

- The existence of large vapour cloud
- A large pool or liquid on the ground

A major spill may trigger a Code Brown and evacuation of an area.

Gasoline, Diesel or Oil Spill

Any amount of a spill or discharge of a petroleum product requires clean-up immediately

- Check for any open flames or anything that might produce a spark and remove and/or extinguish them. A gasoline spill dissipates pretty quickly, releasing fumes that can be ignited.
- Ventilate the area. If you are in an enclosed area, such as a garage or basement, open any doors or windows. The fumes from the gasoline can make you dizzy and nauseous, so maintaining a good air flow in the area is essential
- Cover the spill with kitty litter. The litter will absorb the gasoline and the fumes emanating from it. If you do not have kitty litter, you can use baking flour. Let the litter or flour sit for about 20 minutes to ensure that the majority of the gasoline is absorbed.
- Sweep up the litter or flour into a dust pan. Dispose of it right away into a receptacle that will not have any sparks or embers dumped into it.

EMERGENCY RESPONSE PLAN

Oxygen Use and Safety Pre-Cautions

The home is always responsible for the safety of residents and staff in the home including ensuring safe storage and use of oxygen in resident rooms/private suites.

If oxygen is in use in the home, all practices must be in accordance with the homes policies including staff training to understand the hazards and safe use of oxygen.

Safety Precautions:

- Oxygen in use sign on the door of resident's room.
- No smoking
- The refill of portable units must be in accordance with the manufacturer's instructions. If staff from the home are required or contracted to provide support for oxygen, only staff who have received training are to refill portable liquid oxygen units
- Filling of oxygen tanks from concentrators must be in accordance with manufacturer's instruction.
- If staff are filling portable tanks they must be trained to do so and wear PPE

In the event of a spill or failure during fill, staff/resident is to seek assistance from staff and contact the service provider for assistance / repair on the unit

- Keep the area ventilated to minimize concentrated oxygen pooling in the room
- Remove residents for safety
- Ensure unit is serviced
- Seek medical attention if skin contact with liquid oxygen has occurred and caused a "burn"

Mercury Spill

Any equipment which contains mercury such as a thermometer or manual B/P cuff, if broken can result in mercury spilling onto a surface. The mercury must be contained and disposed.

Clean-Up Mercury Spill

- Wear disposable gloves
- Keep area well ventilated
- Use eye dropper to suck up beads or
- Duct tape to pick up beads
- Do not attempt to sweep, wipe, mop or vacuum up the mercury beads
- Place beads into a sealed container such as specimen container, zip lock bag
- Place into hazardous waste disposal; do not place in regular garbage

EMERGENCY RESPONSE PLAN

Environmental Emergencies Program

Should any staff witness a spill or sense that there are hazardous materials polluting the environment it is important that you report this immediately to the Administrator/Designate to determine the extent of danger associated with the spill.

“Attention All Staff Code Brown”

“Attention All Staff Code Brown”

“Attention All Staff Code Brown”

The on-site manager will investigate the incident to determine the extent of the situation and follow procedures.

Injury or Illness

Employees must notify their immediate supervisor of an illness or injury related to exposure to hazardous materials. All injuries that may be work related must be reported.

Chemical Exposure to Skin:

- Immediately flush with cool water for at least 15 minutes.
- If there are no visible burns, remove all jewelry and soap area.
- Seek medical attention if a reaction occurs or if there is any doubt about possible problems.

Chemical Exposure to Skin – Serious:

- Remove all contaminated clothing.
- Locate the nearest emergency shower and soak for at least 15 minutes.
- Contact emergency services (911) if transport to hospital is required.
- Seek immediate medical attention.

Chemicals in Eyes:

- Irrigate eyes for at least 15 minutes with tempered water from emergency eyewash station.
- Remove contact lenses if possible.
- Seek immediate medical attention.

EMERGENCY RESPONSE PLAN

SPILL CONTROL PROCEDURES

All hazardous spills need to be reported to a supervisor and arranged for immediate clean-up to protect the health and safety of residents, staff and guests to the home.

Immediate Steps:

- Understand what has been spilled to determine the substance hazard
- Keep others away from the area by sealing off with signage, use another person to prevent others from walking into a spill
- Do not touch an unknown spilled substance with unprotected hands
- If the spill is chemical, use MSDS sheets for reference to PPE and safety
- Prepare for clean-up of a spill
- Remove contaminated clothing/equipment and place in a plastic bag.
- Avoid eating or drinking any food or water that may be contaminated
- Seek first aid treatment as required
- If there is doubt of a spill and hazard contact emergency responders for assistance

A hazardous spill in the community which results in a Code Brown may impact on the home will be directed by local emergency authorities and the home will follow the direction as provided.

Spills which are hazardous and may affect the greater community and/or environment are assessed by emergency responders. Each province has a requirement to report hazardous spills and the home will be directed to contact the authorities.

What Do I Report?

When you call in a spill, you'll probably be asked for the following information:

- Date, time, and location of spill
- Type of contaminant spilled and quantity
- Cause of spill
- Area affected by spill
- Whether spill is continuing or has stopped
- Action taken to clean up and dispose of contaminant
- Name of person in charge of contaminant at time of spill

EMERGENCY RESPONSE PLAN

24 HOUR SPILL REPORTING PROVINCIAL CONTACTS

In an emergency...ONTARIO

To report an environmental emergency – a spill to air, land or water, or a drinking water incident:

Call the **Spills Action Centre**.

Toll Free: 1-800-268-6060 or Tel: (416) 325-3000

EMERGENCY RESPONSE PLAN

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- ERP-10-01 - Bomb Threat Checklist
- ERP-10-02 - Bomb Threat Interview Checklist

EMERGENCY RESPONSE PLAN

CODE BLACK BOMB THREAT

Procedures

This procedure will be activated immediately following receipt of a Bomb Threat. The procedure will apply to all staff once the announcement of a **CODE BLACK** is made.

"Attention All Staff, Code Black"

"Attention All Staff, Code Black"

"Attention All Staff, Code Black"

Receiving a Bomb Threat

By Telephone:

Bomb threats are normally transmitted by telephone, and the person receiving the call must obtain precise information and enter it on the Bomb Threat Checklist (Appendix BT1).

If you receive a bomb threat, stay calm and try to get as much information as possible. Although this might be difficult, try to note any unique features about the voice and any background sounds you hear over the telephone. Keep the caller on the line as long as possible and take detailed notes about what is said.

Try to detect and note the following:

- ◆ Is the speaker male or female
- ◆ Does the speaker have a distinctive accent
- ◆ Is the voice disguised, muffled or strange-sounding
- ◆ Is the voice shrill or deep
- ◆ Any background noises (e.g. traffic, bus passing, bell ringing, fax or printer sounds)
- ◆ Any indoor vs. outdoor sounds

DO NOT HANG UP THE PHONE – Line Required for Phone Trace

Contact 9-1-1 immediately

By Letter or Note:

When staff receive / find a note / letter, reduce the handling of the letter / note to a minimum, staff must secure the letter / note (utilize another staff member if required) and leave as is (e.g. if found in an elevator, leave the note for the police and secure the elevator).

Notification

The Receiver of the Threat Will:

- **REMAIN CALM**
- Use a different phone than the one on which the threat was received OR get another staff member to place the call. **(DO NOT USE YOUR CELL**

EMERGENCY RESPONSE PLAN

PHONE OR TWO-WAY COMMUNICATION DEVICES AS THESE COULD ACTIVATE THE DEVICE).

- Notify policing authorities; call 911.
- Advise there has been a bomb threat at:
80 Glen Hill Drive South or 264 King Street East Bowmanville.
- During "normal" business hours notify the Administrator/Designate
- During other hours of operation, notify the most senior staff member on duty, who will be acting as the Incident Commander (IC) of the threat.; have another staff member contact the On Call Manager.

IC Responsibilities

- Refer to Code Black Checklist
- Announce the Code Black (3 times) and any additional information required to remind residents to remain in their respective suites/rooms.

During a Code Black, the facility paging system will be used for emergency announcements only.

Bomb Search General Procedures

Once a decision is made that the bomb threat appears to be valid, the IC will work in full cooperation following the full instructions from regional EMS support.

- The Incident Commander (IC) in conjunction with EMS will decide whether a full or partial search and/or evacuation is required. This individual is also authorized to give the order to re-enter the premises, once the threat has been dealt with satisfactorily.
- The IC will assign staff members to:
 - Have all entrances "Locked Down" to prevent further entry.
 - Assign one staff to check all exits and ensure they are locked and that the alarm system is on and functional, unless evacuation is ordered.
 - Complete the Bomb Threat Check List (Appendix B).
- Residents and visitors are to remain in their rooms.

A Decision to Search

A search will be determined by emergency responders and the home may be requested to support by providing building schematics or search grid.

The home may be required to evacuate (Code Green) until such time as it has been determined the home is safe. Staff must report to emergency responders any unusual findings, such as bags, or boxes or items moved from a normal location if observed during the bomb threat or evacuation. Staff are not to touch or move any items found.

Action(s) if an Unidentified Object is Located Suspicious Objects:

EMERGENCY RESPONSE PLAN

Do not touch or move it.

- Do not assume it is the only device.
- Immediately contact the IC

While awaiting the arrival of the Emergency Services the IC will:

- Establish perimeter control of the area to ensure that no one approaches or attempts to move the object;
- Endeavor to establish ownership of the object.
- Determine the most direct route to the object; and
- Delegate someone familiar with the building and area where the object is located to meet Emergency Services personnel on their arrival and direct them to the suspected object.

Evacuation of the Building or Area

The decision to evacuate may only be made by the site IC on advice by the police and following consideration of the circumstances surrounding the threat. In the event circumstances dictate an immediate evacuation, then the IC will initiate **CODE GREEN**.

Cancellation of Code Black

The decision to cancel the **CODE BLACK** may only be made by the IC. They are to take the advice of Emergency Services and following considerations surrounding the threat.

"Attention All Staff, Code Black has ended; all clear"

"Attention All Staff, Code Black has ended; all clear"

"Attention All Staff, Code Black has ended; all clear"

If any devices were located they must have been removed, or the threat was determined to have been a false alarm before the **CODE BLACK** can be cancelled.

Immediately following the cancellation of the **CODE BLACK:**

- Staff will return to their normal duties.
- A staff debriefing will take place with representatives as directed by the IC, and Emergency Services if available.
- A Bomb Threat Report must be completed and provided to emergency authorities if requested.

EMERGENCY RESPONSE PLAN

FORMS / TEMPLATES

The below information is available electronically.

FORM #	ISSUE / REVISION DATE	FORM NAME	INSTRUCTION FOR USE
ERP-10-01	April 2021	Bomb Threat Checklist	Reference for the use during a threat
ERP-10-02	April 2021	Bomb Threat Interview Checklist	Form for completion during receipt to capture all information & assist staff to remain in control of the call; if completed shortly thereafter a call, the requested information may assist to trigger recall of the call information.
ERP-08-02	April 2021	Interior Building Search Grid	This template needs to be customized. Insert all suites/rooms/common areas/closets - any area that can be accessed by a person. When a search is required; the form is ready for staff to be assigned a search area / sign off.
ERP-08-03	April 2021	Exterior Building Grid Search	This template needs to be customized. Insert all the information about building and terrain which may be locations which requires perimeter property search.

EMERGENCY RESPONSE PLAN CODE BLACK CHECKLIST

Name of Home:	
Completed By (print name): Position:	
Date: (m/d/y)	Time of Call:

Bomb Threat Received By: (Please check)

Telephone	
Mail / Letter / Delivery	
Other:	

Always treat a threat as a real situation and immediately report to police authorities

Await and follow the full instructions of police authorities.

Threat by Telephone:

- Staff person receiving a telephone threat must remain calm, remain on the telephone begin to document any and all relevant information heard on the call. Document on the Bomb Threat Interview Checklist.
- Obtain the attention of another person to contact 911 using another land line NOT A CELL PHONE.
- Contact Manager on site or On Call to begin Emergency/Outbreak Management team response.

DO NOT HANG UP THE PHONE – Line May be required for Phone Trace

Threat by Mail / Delivery or Found Note:

- Staff must secure the letter or note (utilize another staff member if required) and leave as is (e.g. if found in an elevator, leave the note for the police and secure the elevator).
- Reduce the handling of the letter or note to a minimum, use gloves if necessary

Code Announcement:

- In conjunction with police and emergency response authorities, the IC will direct that staff, residents, and visitors to be informed of the event via the public address system, email (cliconex) or word of mouth by announcing

“Attention all staff, Code Black”
“Attention all staff, Code Black”
“Attention all staff, Code Black”

- When the code announcement is made, the IC and on duty staff will address the following concerns under the direction of the police authorities:

EMERGENCY RESPONSE PLAN CODE BLACK CHECKLIST

- If an immediate threat of risk to residents and immediate departure is required: proceed with a full evacuation:
 - Evacuate with the census report & emergency kit with resident name tags etc.
 - All residents / staff meet in the pre-determined /designated meeting area.
 - Complete an accounting for all persons on duty and all residents on site according to daily census.

- THE IC will:
 - Notify CEO/Designate when it has been deemed safe to do so; request assistance for media control.

Emergency/ Outbreak Management Team will communicate updates as soon as available

In the event of a threat and the emergency authorities determine to complete a search and to remain in place and assist in the search of the building; The IC will assign the Communications Lead (CL) to delegate/ complete the following tasks with staff resources:

- Designate Scribe
- Designate Control person at entrance and control / record entrances & departures if required
- Proceed with search procedures.

The IC will make contact with corporate for the following:

- Media support - contact newspaper, radio & television to provide a statement of direction
- Logistic support - assign contacts for resources and supplies

The IC will assign the CL to designate staff to complete the following:

- Staff may be asked to assist in a search as directed by emergency responders or provide building schematics or building grids

- Staff are to report any and all unusual or moved items if observed
 - Do not open locked drawers, doors unnecessarily.
 - Do not move anything.
 - Do not jar or shake any suspicious objects.
 - Do not stop the search if a suspected object is found, but continue to ascertain that the other areas are clear.

- Staff will quietly inform visitors of the Code Black without panicking the individuals.

The IC shall immediately ensure that all residents are removed from the vicinity of the suspicious object, leave one staff member at a safe distance to direct local authorities and to ensure that residents do not enter the unsafe zone.

EMERGENCY RESPONSE PLAN

CODE BLACK CHECKLIST

Action(s) if an Unidentified Object is Located

- Suspicious Objects:
 - Do not touch or move it.
 - Do not assume it is the only device.
 - Immediately contact the IC or supervisor.

- While awaiting the arrival of the Emergency Services the IC will:
 - Establish perimeter control of the area to ensure that no one approaches or attempts to move the object;
 - Endeavor to establish ownership of the object.
 - Determine the most direct route to the object; and
 - Delegate someone familiar with the building and area where the object is located to meet Emergency Services personnel on their arrival and direct them to the suspected object.

- Cancellation of Code Black**

The decision to cancel the **CODE BLACK** may only be made by the IC in consultation with the advice of Emergency Services and following considerations surrounding the threat.

“Attention all staff, Code Black has ended; All Clear”

“Attention all staff, Code Black has ended; All Clear”

“Attention all staff, Code Black has ended; All Clear”

If any devices which were located they must have been removed, or the threat was determined to have been a false alarm before the **CODE BLACK** can be cancelled.

Immediately following the cancellation of the **CODE BLACK:**

- Staff will return to their normal duties.
- A staff debriefing will take place with representatives as directed by the IC, and Emergency Services if available.
- A Bomb Threat Report must be provided to emergency authorities if requested.
- Complete Incident Report
- Provide detailed accounting to corporate. Complete any local/ jurisdictional/ provincial reports as required

EMERGENCY RESPONSE PLAN BOMB THREAT – INTERVIEW CHECKLIST

If a call is received and the incoming call identifies a bomb threat, the staff member receiving the call will begin documenting the information.

2. The staff member receiving the call is to gain the attention of a second staff member to contact of emergency authorities

➔ KEEP CALM: If you become anxious and excited you will cause others to panic.

DATE: D/MTH/YR	TIME OF CALL: AM / PM	END OF CALL: AM /PM
-----------------------	------------------------------	----------------------------

EXACT WORDS OF CALLER:

ASK THE CALLER TO REPEAT IN ORDER TO DELAY AND CLARIFY:
--

ASK THE FOLLOWING QUESTIONS:

1. When is device set to explode?
2. Where is it located? Is it inside something?
3. What kind of bomb is it?
4. Describe?
5. Why do you want to kill or hurt innocent people?

EMERGENCY RESPONSE PLAN BOMB THREAT – INTERVIEW CHECKLIST

DESCRIPTION OF THE CALLER'S VOICE: Please check appropriate description; add any information noted in the voice

Male	Female	Young	Mature	Accent
Muffled	Clear	Rough	Refined	Soft
Loud	Deep	Nervous	Slurred	Articulate
Recorded Voice	Happy/Laughter	Tearful/Upset	Hesitant	Reading Words
Other:				

UNUSUAL PHRASES USED:

BACKGROUND NOISES: Please check appropriate description; add any information noted.

Music	Car Engine	Traffic Noise	Horns	Aircraft
Machinery	Whistling	Bells	Echo	Telephone
Other:				

Call Received By: (Please Print Name)	Signature:
Position:	
Call Witness; if available: (Please Print Name)	Signature:
Form Completed By: (Please Print Name)	Signature:
Form Completed On:	Form Submitted On:

Please note any information that drew your attention in the call; add additional information below and on reverse of the form.

EMERGENCY RESPONSE PLAN

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CODE BLUE

Medical Emergency2

EMERGENCY RESPONSE PLAN

Medical Emergency

If a Code Blue relates to a resident, the home is to follow the direction provided by the resident in reference to their Advanced Care Directive.

A Code Blue is initiated by a staff in the event a resident / visitor / staff is exposed to a life threatening situation. Depending on the home, the resources of registered and trained staff may or may not be available; the available resource is assistance through 911.

Every home is required to develop a plan that enables staff to readily respond to the medical emergency.

The staff member who may discover an individual in distress will stay with the individual until assistance arrives.

As designated / assign a staff person contacting emergency assistance (911) will be required to do so in a clear, controlled manner and provide the following information.

- a. Name of Property / Community
- b. Street Address
- c. Location of the incident / room number of the resident/tenant
- d. Date of Birth of the individual if available
- e. Current status of the individual as applicable and may include:
 - i. breathing/not breathing,
 - ii. pulse/no pulse,
 - iii. Seizure activity etc.

All available staff will respond immediately to a Code Blue announcement as directed.

With overhead paging capabilities or hand held telephone units capable of broadcast, Code Blue will be announced three times as follows:

“Attention all staff Code Blue; Announce location of incident”
“Attention all staff Code Blue; Announce location of incident”
“Attention all staff Code Blue; Announce location of incident”

IC or Designate will terminate the Code Blue by announcing three times as follows:

“Attention all staff Code Blue has ended; All Clear”
“Attention all staff Code Blue has ended; All Clear”
“Attention all staff Code Blue has ended; All Clear”

Follow up with documentation protocols as required when the emergency has been resolved.

EMERGENCY RESPONSE PLAN

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- ERP-08-01 – Code YELLOW Checklist
- ERP-08-02 – Internal Building Search Grid
- ERP-08-01 – External Property Search Grid

EMERGENCY RESPONSE PLAN

CODE YELLOW MISSING RESIDENT

Durham Christian Homes recognizes each home provides various levels of resident care; all homes must recognize there is a need to provide a plan to address "missing persons". Included in the home's plan are risk level identifiers, stages of search and search plan grids to address the extent of the search.

Sign In/Out Protocol

All residents, visitors, staff and contractor/supplier/deliveries are required to sign into/out of a building in a Sign In/Out Register at all times. The register is maintained at front entrance / foyer.

The recording of everyone's presence and/or absence is for safety reason. In times of emergencies, this register is a first point of reference to review the number of people within a residence.

Our homes are responsible for the "presence and wellbeing of residents" and where residents may enter and exit the home either independently or with an escort, the sign in register is a first point of review when looking for a resident who has failed to appear at a designated time / event or be located.

Resident Risk Level Identification

The risk level will be assigned by the Director of Care (DOC) or designate to determine which stage of search procedure shall be initiated.

Risk Level One (1)

The resident is at great risk and deemed to lack the ability to cope independently due to a condition that may impair judgment

Risk Level Two (II) (may not require all stages of search)

The resident who, although able to cope independently, has left the residence without notifying anyone and/or signing out on departure; destination and purpose are unknown.

Risk Level Three (III) (may not require all stages of search)

Residents at least risk and are independent. They may have indicated their departure by notifying a staff member and signing out in the register but have failed to return at a pre-designated time/date.

Code Yellow Search Plan Stages

The Missing Resident Search Plan consists of four stages and shall be implemented upon the discovery of a resident missing from a designated event or occurrence for a routine check.

1. STAGE ONE SEARCH PLAN

EMERGENCY RESPONSE PLAN

A resident has failed to be located for a routine event (example: mealtime).

A general search coordinated by the DOC/Designate, of known areas of habit within the building/property; utilizes a staff member as a search person.

If a resident is not located proceed to stage two search plan.

If a resident has been located, it may be appropriate to document the incident for future reference.

At anytime during a search within the property if a resident is found in suspicious circumstances resulting in:

Resident injury - proceed to provide emergency assistance and document the conditions including pictures if possible.

Resident death has been determined - preserve the condition of person, any items and surrounding area as found; proceed to contacting local policing authorities as per protocol.

2. STAGE TWO SEARCH PLAN

The Search Coordinator / DOC or Designate has determined a more extensive detailed search plan and additional staff support is required; a code announcement is required.

Code Announcement:

“Attention all staff, Code Yellow”

“Attention all staff, Code Yellow”

“Attention all staff, Code Yellow”

The secondary detailed search coordinated by the DOC/Designate as the Search Coordinator.

2.1. Implement the use of the **Code YELLOW Checklist** form.

2.2. Assign the **Interior and Exterior Search Grid Plans** to individual staff members. Remind all staff members to search every area extensively example: inside closets, washrooms, staff secured areas, calling out resident name.

Note: if time of day or weather for exterior search presents any hazard to staff, pair staff together for safety ensuing proper foot wear, out wear, flashlights and radio contact are in place.

The grid checklist needs to be prepopulated with areas of search not necessarily staff assigned

2.3. Search team members are required to follow and sign off each of their assigned areas of search on the form.

2.4. Search team members are to report to the IC upon completion of their search and submit their Search Plan form.

EMERGENCY RESPONSE PLAN

2.5. Resident location:

2.5.1 If Resident has been located announce:

“Attention all staff, Code YELLOW has ended, ALL CLEAR
Announce the above code three (3) times.

Note if you have a search team in remote sections of the building or on the exterior ensure they receive the "All Clear" message.

2.5.2 Proceed to complete documentation of Code YELLOW Checklist and Resident Progress Notes to file.

2.5.3 If a resident has NOT been located and it is after business hours NOTIFY On-Call Manager a Stage Three - Code YELLOW is required and update status details of search.

3. STAGE THREE SEARCH PLAN

After Business Hours: On-Call Manager is to be notified by the senior staff member coordinating the search and provide a status update if not previously completed

The search plan is an extended detailed search including contacts to family / friends and known destination(s).

The Search Coordinator/Designate will coordinate the search plan to:

3.1. Assign a staff for communication to initiate telephone contact of family members, known locations, seeking information and documenting all contacts. Enlist family assistance as appropriate.

3.2. Assign a staff person to begin compiling the *Resident Profile Information*. Obtain information on current attire, last known mental condition, destination if known, vehicle information etc.

The Resident Information Profile to prepare includes a copy of:

- current resident picture, family contact information etc. Note: the Resident Profile form may differ between provinces, regulated sector and retirement. Reference your operations manual.
- Medication Administration Record (MAR) if appropriate
- Personal vehicle information if applicable
- Alternative personal addresses if applicable (summer home etc)

3.3.1 If the Resident has been located during a stage three search, terminate the code YELLOW by announcing:

“Attention all staff, Code YELLOW has ended, ALL CLEAR
“Attention all staff, Code YELLOW has ended, ALL CLEAR
“Attention all staff, Code YELLOW has ended, ALL CLEAR

EMERGENCY RESPONSE PLAN

Notify On-Call Manager if appropriate.

Proceed to complete documentation of Code YELLOW Checklist and Resident Progress Notes to file. Any regional/provincial reporting requirements will be completed in keeping with the jurisdictional requirements.

3.3.2 If a resident has NOT BEEN LOCATED after exhausting all available contacts, you will proceed to Stage Four Search Plan.

→ After business hours NOTIFY On-Call Manager a Stage Four Search is required and follow directions provided.

4. STAGE FOUR SEARCH PLAN: Community Alert

During Business Hours: A stage four search is coordinated by the DOC/Designate.

→ Advise Administrator of Stage Four Code YELLOW status.

Note: Additional advisories may be determined and completed by Administrator at this time depending on circumstances, provinces and regulated sector.

After Hours: The Search Coordinator is the most senior staff person following the direction of the On-Call Manager if they have not arrived at site.

→ Advise Administrator of Stage Four Code YELLOW status.

Note: Additional advisories may be determined and completed by Administrator at this time depending on circumstances, provinces and regulated sector.

The Search Coordinator will:

- 4.1. Contact local policing authorities and providing the following information:
 - Staff person's name; reason for report/call; location
 - Missing resident name
 - Level of Risk; state of mind
 - Last known visual time on site
 - Vehicle identification if applicable
 - Identify all search and contact procedures completed thus far.
- 4.2. Retrieve copies of resident profile information and contact list completed from assigned staff and have ready to provide to police on arrival.
- 4.3. Assign staff "communications" person to continue to:
 - Coordinate, monitor and document incoming/outgoing telephone communication.
 - Contact family / Power of Attorney and inform them of status of search.
 - Request the family member / Power of Attorney contact all other family / friends to update resident status.
- 4.4. Notify the resident's physician.

EMERGENCY RESPONSE PLAN

- 4.5. Policing authorities will assume the coordination and responsibility of a community search. Provide copies of all compiled information from previous search plan, resident profile and any other assistance / information as they request.
- 4.6. Document information provided to policing authorities. Continue to document all pertinent information obtained during the on-going incident. All information is important which answers Who, What, Where, When and Why etc.
- 4.7. When the resident is located:
- The announcement for an "All Clear" is required for all staff on duty.
 - Communication staff is to contact family member and physician
 - Search Coordinator is to contact Administrator
 - Administrator will advise all contacts they have completed
 - Administrator/DOC will report the incident to the regional/provincial regulatory bodies in keeping with the local requirements
 - DOC/Designate will ensure a resident incident report is completed in addition to the Code Yellow documentation.
- 4.8. A stage four search plan has involved extensive community resources and an Action Plan is required to prevent the reoccurrence of the risk to resident, home and community.
- 4.9. In the event a stage four search plan results in locating a resident with injury and or resident has deceased, the documentation of the search process may be critical information.

FORMS LISTING

Forms are standardized to ensure the quality of content and structure is consistent across all sectors; please complete the forms as instructed for use and inserted into the ERP as indicated to have available for use in an emergency

FORM #	ISSUE/REVISION DATE	FORM NAME	INSTRUCTION FOR USE
ERP-08-01	April 2021	Code YELLOW Checklist	Assist you to complete each step completely, follow process, notification and the documentation required.
ERP-08-02	April 2021	Internal Building Grid Search Template Form	You customize the template to include all areas within your property
ERP-08-03	April 2021	External Property Grid Search Template Form	You customize the template to include all exterior hazards & outbuildings surrounding the property.

**EMERGENCY RESPONSE PLAN
CODE YELLOW CHECKLIST**

Name of Home:	
Coordinated By/Position:	
Date:	
Resident	

SEARCH PLAN STAGE HISTORY

STAGE ONE	Search Start Time:	Search End Time:	Location Found
	Comments/Recommendations:		

STAGE TWO	#2 Search Start Time:	Search End Time:	Location Found:	
	Search Team Members Involved:			
<i>Please check the following after completion:</i>			YES	NO
Code YELLOW Announcement (3 times): "Attention all staff, Code Yellow" "Attention all staff, Code Yellow" "Attention all staff, Code Yellow"		Code Time:		
Grid Search Plans Assigned to staff for specific area:				
Exterior Search: safety concerns reviewed, equipment required; staff paired				
Grid Search Plans Returned from staff and signed off:				
Notification of Manager: Whom / Time if applicable:				
Resident Progress Notes Completed:				
Code YELLOW Termination (3 times) Time Announced:				
Resident Medical Attention Required:				
<u>Follow Up / Recommendations for Prevention:</u>				

PLEASE USE THE REVERSE FOR ANY ADDITIONAL INFORMATION / NOTES

**EMERGENCY RESPONSE PLAN
CODE YELLOW CHECKLIST**

STAGE FOUR	# 4 Search Start Time:	Search End Time:	Location Found:
If After Business Hours; Notification of On-Call Manager: Whom / Time			
Notification of Local Police Authorities			
Telephone Number:	Time of Report	Reporting To:	
Responding Officer	Name:	Badge#	
Information Provided:	<input type="checkbox"/> Resident Profile	<input type="checkbox"/> Resident Photo	<input type="checkbox"/> Resident vehicle ID
<input type="checkbox"/> Search Plans	<input type="checkbox"/> Other: Please list:		
Directions from Officer: (Please use reverse if additional space required)			
Search Progress:			
Direction to Communications; follow up status report to families completed			YES NO
Code YELLOW Termination announcement (3 times)		Termination Time:	
"Attention all staff, Code Yellow has ended; All Clear"			
"Attention all staff, Code Yellow has ended; All Clear"			
"Attention all staff, Code Yellow has ended; All Clear"			
Notification On-Call Manager to end search: Name:			Time:
Resident Progress Notes Completed:			
Resident Medical Attention Required:			
<u>Follow Up Action Plan & Recommendations for Prevention:</u>			

**EMERGENCY RESPONSE PLAN
CODE YELLOW - EXTERIOR PROPERTY SEARCH**

Name of Home	
Name of Resident	
Date of Search	

↓Set the template by listing every area (suite, common, closet, work area) within the building

Area/Suite	Staff Position Assigned	Initial of Search Staff	Comments
100			
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
Spa Room			
Housekeeping Room			
Dining room(s)			
Patio			
Stairwells			
Staff Bathroom			
Kitchen			
Storage room(s)			
112			

**EMERGENCY RESPONSE PLAN
CODE YELLOW CHECKLIST**

Name of Home	Glen Hill Terrace
Name of Resident	
Date of Search	

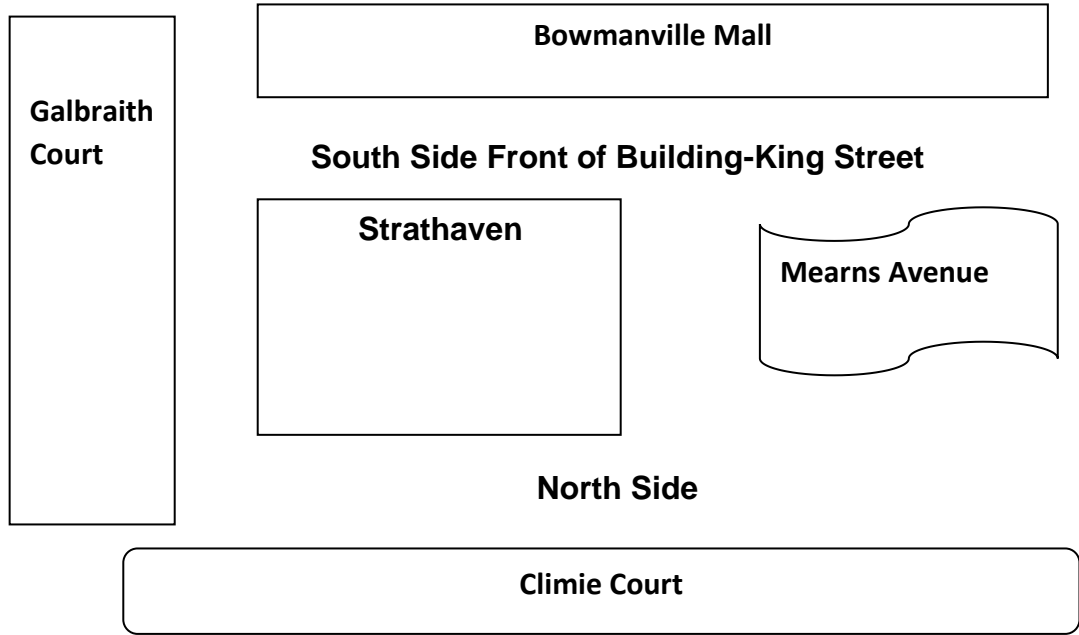
↓Set the template by listing every area (suite, common, closet, work area) within the building

Area/Suite	Staff Position Assigned	Initial of Search Staff	Comments
113			
114			
115			
116			
117			
118			
120			
121			
122			
123			
Chapel			
Dining Room			
Housekeeping Room			
Storage Room(s)			
Nursing Office			
Stairwells			
Staff Bathroom			
Spa room			

**EMERGENCY RESPONSE PLAN
CODE YELLOW CHECKLIST**



Name of Home	Glen Hill Stratheven
Name of Resident	
Date of Search	



Indicate:
Locations of street, parking, position of building, hazards around and on the property, exterior buildings, landscape forests, creeks, fence or property lines etc.; may attach schematics of exterior from Fire Safety Plan; form may be hand drawn

NAME/POSITION OF STAFF COMPLETING SEARCH **DATE:**

NAME/POSITION OF STAFF COMPLETING SEARCH **DATE:**

EMERGENCY RESPONSE PLAN

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EMERGENCY RESPONSE PLAN

LOSS OF UTILITIES & SERVICES

When you have an interruption of any utility service, electrical, water or gas power to a property it may affect your lighting, elevators, water, refrigeration & freezers, heat, air conditioning & supply, telephones, cooking and/or fire system monitoring.

General Information Electrical Power

A loss of primary power to the home will mean an absence of a power source EXCEPT in a home that has generator service.

EQUALLY IMPORTANT TO REMEMBER, when utilities are restored and services appear to be operational to run a building check to ensure all is safe for the return of services. Example: do an elevator run with a staff person stopping at all floors before you have resident use the elevator; ensure fire technical panel is a full power and operational, check with monitor company to be sure system is reading correctly.

Back-up Mechanisms and Reserves

In the event of external power failure the home will:

- The generator will self-start and the home will have limited sources of power; a complete listing of generator supported outlets and appliance is beside the generator
- Fire System will be sourced from the generator
- The home must begin a Fire Watch immediately when the surveillance and monitoring of the system has been compromised**

Emergency Lighting

- Is supported by the generator and will remain on while generator is operational

Telephone Service

- Will NOT be operational and is NOT supported by generator

Emergency / Personal Pendants - Call Bells (wireless operated by battery)

- Are supported by the generator

Refrigeration Service

In kitchen only

- Fridges will be powered by generator
- Freezers will be powered by generator
- Fridges / freezers in all other areas of the home including bistro / café area are not supported during power failure by generator

Power Outlets

EMERGENCY RESPONSE PLAN

Some outlets are powered by generator; they are indicated by RED outlet cover.

- *All essential service such as oxygen must be moved to these outlets or residents use portable tanks.*
- *A complete listing of outlets that are powered by generator is located beside the generator.*

Generator Service:

Generator Location Glen Hill Terrace Glen Hill Strathaven	Roof top East side of building
Generator Turn on/off switch	GHT: Inside generator/mechanical room GHS: on unit
Primary Generator Fuel Service*	Durham Fuel 905 697 2300
Secondary Generator Fuel Service *	Fire Department
<i>* if a service truck is unable to deliver to the home due to emergency, ensure the service can deliver fuel in proper storage vessels at intervals sufficient to keep the home with on-going fuel</i>	
Average Fuel in tank	Approximately $\frac{3}{4}$ full
A full tank will last for	3 – 4 days

EMERGENCY RESPONSE PLAN

Property Specific Power Failure

During Business Hours: Maintenance is to investigate the source of the problem and proceed with contacting certified electrical contracting service; additional assistance as directed from contractor to rectify the problem.

If the problem does not immediately correct itself within a ten (10) minute period; contact the On Call Manager for direction.

All other times: the senior staff member on duty will assume the responsibility of Incident Command (IC) and proceed to contact the designated On-Call Manager.

The IC will continue responsibilities until relieved by a Manager of the home.

Proceed with directions and contact services.

Contacts for Electrical Service/Contractor:

COMPANY:	O'Connor Electric (Corey Schatz)
TELEPHONE:	Business Hours: 519-745-8886 Emergency and After Hours: 519-577-1499

Community / Regional Power Failure

During Business Hours: The Administrator will contact municipal, regional or provincial power authorities to determine the duration of the power failure contact: **Ontario Power Authority 1 800 797 9604**

All other times: the senior staff member on duty will assume the responsibility of Incident Command and proceed to contact the designated On Call Manager.

The IC will continue responsibilities until relieved by Manager.

Proceed with directions and contact services.

Regional Power Authorities

COMPANY:	Ontario Power Authority
LOCATION:	Suite 1600, 120 Adelaide St West Toronto
TELEPHONE:	Business Hours: 1 800 797 9604 After Hours: 1 800 797 9604

EMERGENCY RESPONSE PLAN

Failure of Primary Power Supply Procedures

The IC will:

- **Notify Administrator/Designate if power is out for one hour or more;**
- Utilize a cell phone.
 - **As applicable, reporting to provincial authorities may be required.**
- **Patrol the building "Fire Watch"** and ensure there are no immediate emergencies and that staff have adequately equipped with flashlights, batteries and other emergency supplies.
- **Advise Residents** to not bath during this time; remain in safety of their suite unless otherwise directed.
- **Minimize the use of hot water.** Never leave tap running, as the hot water supply will deplete quickly without power.
- Where available, ensure that critical equipment for resident use (i.e. oxygen, feeding pumps) is plugged into the generator designated outlet to continue use.

Maintenance Staff will:

- Monitor the performance and fuel reserve for the standby generator and provide recommendations to the Administrator/Designate
- concerning potential load shedding or added fuel requirements. (where applicable)
- Direct their efforts to ensuring residents are warm/cool, safe and have an adequate water supply.
- Take steps to ensure emergency lighting supplies are operable and that a supply of backup batteries is available.
- Maintain contact with the municipality to determine the potential length of external power failures.

Food Services will:

- Immediately implement use of paper supplies until normal power is restored. A supply is to be maintained on site.
- Contact food sources
- Prioritize the use of existing food supplies according their longevity.
- Refrain from opening the refrigeration equipment doors as much as possible.
- Modify food and drink preparation and deliveries.
- Hand-wash cooking utensils.
- Prepare to move refrigerator / freezer foods if necessary to an available source.

EMERGENCY RESPONSE PLAN

GENERATOR FAILURE

Generator Switch/Hook Up Assistance: Contact Administrator/ Designate/
Maintenance Manager

Generator Service:

COMPANY:	GHT: Generac
LOCATION:	Roof top
TELEPHONE:	1-888-436-3722
FUEL SOURCE:	Durham Fuels
TELEPHONE:	905-697-2300

COMPANY:	GHS: Power Station
LOCATION:	East side of building
TELEPHONE:	1-800-979-7786
FUEL SOURCE:	Durham Fuels
TELEPHONE:	905-697-2300

EMERGENCY RESPONSE PLAN

Emergency Freezer Storage

COMPANY:	GHS: Sysco
LOCATION:	Offsite
TELEPHONE:	1-800-325-8841

COMPANY:	GHT: Sodexo
LOCATION:	Offsite
TELEPHONE:	905-632-8592

The IC will:

- Notify key personnel as identified emergency contacts via cell phone.
- Attempt to contact hydro provider to advise of the power failure.
- Staff will be assigned to patrol the building and ensure there is no life threatening situations and that staff is adequately equipped with flashlights, batteries, and other emergency supplies.
- Deliver additional blankets to residents who may be cold due to the shutdown of central heating equipment.
- Advise staff that electric security doors are now unlocked. Doors must be supervised at all times to monitor resident exit.
- Be notified by Food Services with respect to modified delivery of meals services.
- Once the residents are awakened, inform them of the situation and emergency measures.
- Refrain from providing baths to residents.
- Hand wash residents requiring washing or bathing.
- Minimize the use of hot water. Never leave tap running, as the hot water supply will deplete quickly without power.
- Assist in the distribution of emergency supplies to individual departments as required.
- Maintain contact with hydro provider to determine the potential length of external power failures.
- Communicate and cooperate with other health care facilities as may be required to support internal or external emergency needs.

EMERGENCY RESPONSE PLAN

Maintenance Staff will:

Maintenance Worker will investigate the reason for failure of the emergency generator(s) and will attempt to manually start the generator according to the manufacturer's instructions:

- If the generator does not start, check the starter system.
- If the starter system is functional, check to see if there is adequate fuel in the diesel day tank. If there is no diesel fuel, contact the fuel supplier for immediate delivery of additional fuel.
- If the diesel day tank has sufficient fuel, test the fuel. If the fuel is contaminated, contact the fuel supplier. If the starter system is not functional or additional fuel must be obtained from the supplier, call the local power company to determine the estimated time of power outage.
- If the generator starts but will not come on line, check the generator switchgear for indications of ground fault or short circuit condition. If a ground fault or short circuit is indicated determine the cause and clear it. This may require isolating sections of the emergency buss to restore partial emergency power.
- If the generator fails to run properly, contact the generator service company for emergency service.
- Upon activation of the Emergency Generator, tour the building to ensure power is restored to critical equipment where necessary and advise staff to discontinue use of all non-critical lighting and other electrical equipment.
- The building maintenance worker will focus on responding to incoming requests for emergency service, which are dependent for the health and safety of Residents and Staff. Specifically, they will direct their efforts to ensuring residents are warm, safe, and have an adequate water supply.
- Take steps to ensure emergency lighting supplies are operable and that a supply of backup batteries is available.

Food Services will:

- Immediately implement use of paper/plastic supplies until the emergency is over.
- Prioritize the use of existing food supplies according to their longevity.
- Refrain from opening the refrigeration equipment doors as much as possible.
- Modify food and drink deliveries as per the emergency plan while accounting for in-house inventories and available water supply.
- Hand-wash cooking utensils in the main kitchen
- Prepare to move refrigerated / freezer foods to emergency storage location.

EMERGENCY RESPONSE PLAN

LOSS OF NATURAL GAS SUPPLY

General Information:

- The facility may rely on its natural gas supply for heating, hot water supply for cooking and laundering.
- All gas operated equipment and location of shut offs are identified in building drawings and in systems and equipment manuals located in Maintenance Office.

Regional Gas Authorities

COMPANY:	GHS: Veridian	GHT: Enbridge
LOCATION:	GHS: Southeast corner of basement level, northwest corner of building outside GHT: South East-Outside secure garden	
TELEPHONE:	GHS: 1-866-579-6819	GHT: 1-877-362-7434

Back-up mechanisms and reserves for loss of natural gas:

- Electrically operated cooking equipment including microwave ovens
- Spare blankets and comforters
- Lighting

Areas that will be affected by a loss in the natural gas supply:

- All gas fired kitchen equipment
- All industrial dryers within the laundry room
- Central heating / air system
- Portions of the domestic hot water heating system

The IC will:

- Ensure that residents are kept warm and comfortable or cool depending on season. Residents may require additional blankets etc.
- Communicate the operational impact to residents in terms of meal service, bathing and laundry services.
- Advise staff to refrain from the use of domestic hot water for resident bathing until further notice.
- Weather dependent, advise staff to ensure that all exterior doors and windows are kept closed at all times.

EMERGENCY RESPONSE PLAN

- Advise staff of alternative methods for heating water including the use of electric kettles, and microwave ovens as required. Water for use of any personal care must be regulated and ensure temperatures is taken and within safe range before use.

The Maintenance Worker or designate will:

Determine if problem is internal or external

Internal Problem:

Refer to drawings/equipment manuals for shut-offs.

Contact service contractor to fix equipment

Regional Problem:

- Contact regional gas provider to determine problem and estimated duration of gas loss.
- Advise Food Services or designate immediately of the disruption so that alternative meal preparations can be made.
- Advise the Administrator or designate to initiate procedures and communicate to all staff and families
- Shut down the appropriate ventilation equipment to conserve heating energy.
- Ensure that all outside air dampers in ventilation equipment are completely closed.
- Ensure that all windows are closed.
- Post notices in all areas to conserve the use of domestic hot water for emergency purposes only.

Food Services will:

- Utilize all available non-gas supplied equipment for meal production.
- Implement the use of disposable supplies.

EMERGENCY RESPONSE PLAN

LOSS OF AIR CONDITIONING

HVAC Services

COMPANY:	GHT: Nekison Engineering and Contractors-Ray Jain GHS: Pure Mechanical
LOCATION:	GHT: Roof Top GHS: Portable units in resident rooms Ductless, all mounted (PTAC) controlled by breakers in each nursing station or remote controls in ESS office
TELEPHONE:	GHT: 416-259-4631 GHS: 905-447-6913

The IC will:

- Ensure that residents are kept cool and comfortable. Assist residents by supplying extra cool / cold fluids etc.
- Communicate the operational impact to residents in terms of meal service, bathing and laundry services.
- Advise staff to ensure that all exterior doors and windows are kept closed at all times.
- Advise staff of alternative methods for cooling as required.

The Maintenance Worker or designate will:

- Determine the internal problem
- Refer to drawings/equipment manuals for shut-offs.
- Contact service contractor to fix equipment

Food Services will:

Utilize all available beverages and foods for resident, staff and guests to maintain hydration

- Avoid serving beverages with caffeine.
- Implement the use of disposable supplies.

In the event of an extended absence of air conditioning in extreme heat, the SIC may wish to:

- Contact family members and advise of the issue with thoughts of how they may assist with a fan or a visit out for cooling or an alternative placement.
- Utilize all electrical fans (if power is available) in central corridors and have residents open their doors to move air flow
- Reduce resident activities and movement to avoid overheating; this may include the cancellation of some activities

EMERGENCY RESPONSE PLAN

LOSS OF WATER SUPPLY

Non-Potable Water Services

COMPANY:	Water clean and simple
LOCATION:	Uxbridge Ontario
TELEPHONE:	Business Hours: 905-852-4699

Fresh Water Supplier

COMPANY:	Black's Water Supply
LOCATION:	Bowmanville
TELEPHONE:	905 691 1046

Chemical Toilet Supplier

COMPANY:	Sancor Industries
LOCATION:	140-28 Milner Ave Scarborough, ON , M1S 3P8
TELEPHONE:	416-299-4818

Laundry Service

COMPANY:	Bowmanville Oxford Dry Cleaners And Alterations
LOCATION:	Bowmanville
TELEPHONE:	905-623-7111

Water and Sanitation Advisory Plan

Water is the single most abundant substance in the human body, making up about 60% of an adult's weight. A person can live for several days without food but just a few days without water. Disposal of waste is also something that we take for granted that is essential to maintaining hygienic and sanitary conditions.

In the event of a major emergency such as an earthquake, it is expected that there will be a disruption of water supply and sewer lines. It is further expected that the municipal water supply may quickly become contaminated.

In the event that city water supply or sanitary systems have been disrupted, the following procedures will be implemented:

EMERGENCY RESPONSE PLAN

The IC will:

Identify emergency water distribution priorities, temporary toileting facilities, and waste disposal.

Water Requirements & Distribution

- An absolute minimum of 2 litres of potable drinking water per person per day over a 3 day period should be available for major emergencies. Occupancy (resident + staff + volunteers x 2 x 3 = water requirement)
- Another 1litre per person per day will be required for washing and food preparation. 1
Total in-house water reserves 1500 gallons are held within hot water tanks. hot water tanks are located: Basement

Toileting Facilities

The minimum number of portable toileting facilities should be 2 toilets per every 25 persons.

Central facilities are located 144 volumes of water, 24 chemical toilets

Portable Facilities: In general there should be two portable facilities for each area (unit), and one or two additional within in a common areas deemed safe and central to continuing operations. All other toilet facilities should be closed to prevent unauthorized use and depletion of existing critical water supplies.

- Duct tape the toilet seat lid; if no lid cover with garbage bag or cardboard with duct tape
- When possible shut down the suite washroom to prevent use
- Shut down of common washrooms as required

Bag and Tag Alternative: Is the use of a large disposable waterproof bag placed over the bowl and held in place with the toilet seat. The bag contents are then disposed of into an appropriately labeled (Bio Hazard) garbage container with a lid. The garbage can contents are disposed at a later date using the designated municipal disposal method for bio hazard.

Existing Water Supplies Contamination

The IC/Designate will:

Contact local Health Authorities to determine type of water issue

Based on issues, determine if the water issue is:

- Boil water advisory for all food washing / preparation, dishes, drinking and resident care **or**

EMERGENCY RESPONSE PLAN

- Contamination issue which means NO USE AT ALL

Contamination

Maintenance / or designated staff will:

- Shut down of all water access / supply **EXCEPT to the fire sprinkler**
- Drain all existing water from the system & supply lines
- Destroy all existing water ie. Ice machines, water in fridge
- Follow all the direction provided by local Health Authority

Housekeeping Services will:

- Discontinue all laundry operations
- Modify Housekeeping processes
- Eliminate auto scrubbing and wet mopping procedures
- DO NOT dry mop floors; this means use the micro-fibre systems where possible

Toileting Areas

- Disinfect toileting areas frequently.
- Remove garbage cans from all resident rooms and offices. Designate approved garbage locations
- Increase frequency of garbage pick-up from approved locations; confirm with IC

Arrange for distribution of “BOIL WATER ADVISORY” and/or “DO NOT DRINK WATER” notices.

- Obtain signage from Public Health
- Contact the Region to update facility status and request emergency water and sanitary supplies including outdoor latrines as required.
- If admitting residents from the community or other health care facilities, identify the number of persons that can be safely accommodated. This number will depend on the scope of internal damages, supplies, casualties and the status of other community health facilities and emergency shelters.

Maintenance staff will:

If it is a NO USE OF WATER, all water access is to be tuned off EXCEPT TO THE FIRE SPRINKLER

Boil Water Advisory:

The IC will:

EMERGENCY RESPONSE PLAN

- Shut-off water supply lines to sinks where water access may be used as drinking water
- Arrange for pick-up and distribution of emergency water supplies as may be directed by the IC
- Inform kitchen to use boiled water in all preparation of foods
- Provide hand sanitation solutions for use.

No Water Use:

The IC will:

- Shut-off water supply lines to sinks where water access may be used as drinking water
- Identify emergency water source locations. Such locations may include:
 - Hot water holding tank
 - Toilet tanks (not the bowl)
 - Ice cubes from ice machine
- Water pipes if external water supply has been severed (release air pressure into the plumbing system by turning on the highest faucet in the building and then draining from the lowest faucet).
- Verify on-hand water supplies and confirm volume availability.
- Arrange for pick-up and distribution of emergency water supplies
- Inform kitchen to cease use of water at source in all aspects of food service including food preparation, dishwashing and sanitation
- Provide hand sanitation solutions for use.

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Environmental Services will:

1. Discontinue all laundry operations
2. Modify Housekeeping processes
 - Eliminate typical auto scrubbing and wet mopping procedures
 - DO NOT dry mop floors. Use damp mop only.
 - Disinfect toileting areas frequently.
 - Remove garbage cans from all resident rooms and offices. Designate approved garbage locations
 - Increase frequency of garbage pick-up from approved locations; confirm with IC

Food Services Refer to Food Service Failure will:

- Post “Non-potable” water signs throughout food preparation and delivery areas including the main kitchen, ice machine, and juice machines.
- Requisition bottled water as required for food preparation purposes
- Educate those preparing and/or serving meals or nourishments to residents of the precautions that are taken under a Boil Water Advisory so that they are prepared to answer any questions.
- Ensure Food Safety and Infection Control during emergency conditions by:
 - Reheating foods to reach an internal temperature of 74 degrees C for 15 seconds before serving.
 - Cooling stored foods to an internal temperature of 21 degrees C within two hours and 4 degrees C within 6 hours. Leftover foods should be used within 72 hours.
 - Maintaining clean food preparation surfaces. Use disinfectant solution when required.
 - NOT using foods from bulging or punctured cans.
 - Ensuring that prepared food does not become cross contaminated with “non-potable” water.
 - Wearing gloves when handling food and dispose of gloves after touching any contaminated utensils or surfaces.
- Designate staff to assess and confine ALL food items that may have come in contact with “non-potable” water prior to the alert.
- Contaminated food products are to be tallied and recorded prior to being discarded.
- Consider the preparation of hot and cold food and nourishments that can be made without “potable drinking water”

EMERGENCY RESPONSE PLAN

- Cold items including baked goods with meringue, diet lemonade, juices, raw fruits and vegetables, pureed/minced fruits, Jell-O or products made with gelatin, boiled eggs for sandwiches/salads
- Hot items including coffee, tea, hot chocolate, hot water, sauces, soups, entrees made with water, pureed/minced vegetables, and pureed/minced meat.

Designated Staff will:

Post "NON-POTABLE" water signs at all water taps within their assigned area including:

- Common Washrooms
- Resident Washrooms
- Laundry Room
- Water taps in kitchen used for food preparation, handling, pot washing
- Dining Areas
- Utility Rooms

Communicate the following water treatment procedures in the event of a Boil Water Advisory:

- Bring water to a boil for two minutes and then allow to cool
- Water can be disinfected with standard household bleach (4-6% Sodium Hypochlorite)
- Add 2.25 ml of bleach to 5 gallons of clear water or double this amount if water is cloudy. The treated water should be agitated and allowed to stand for 30 minutes prior to use. Double the standing time for water colder than 15 degrees C. (1.0 ML OF BLEACH = 20 DROPS FROM AN EYE DROPPER)
- Public Health will advise if the above procedures are not appropriate, e.g. for water that is heavily polluted or has parasite contamination.

Consider the use of tip buckets or serving bowls for hand-washing to minimize the potential for water being accidentally drained in sinks.

- Tape plastic bags over all toilet seats (except those approved by the incident commander for emergency use)
- Tape flush handles on all toilets (DO NOT FLUSH), close doors to resident washrooms and tape shut.
- Communicate Emergency Sanitation information to all building occupants:

Emergency toilet locations (as approved by the Incident Commander)

Toileting Procedures for approved locations:

- Garbage bags must be placed in the toilet bowl before use
- DO NOT FLUSH emergency toilets as this will use up valuable water supply

Waste disposal guidelines:

- Identify approved garbage can locations. Cans in resident rooms and personal offices will be removed by housekeeping services

Water substitutes for cleansing

EMERGENCY RESPONSE PLAN

- Hand sanitizers
- Rubbing alcohol
- Lotions containing alcohol
- Shaving lotion
- Face creams and lotions
- Use damp wash cloth to clean teeth, wash face, comb hair and wash body

Disinfectants

- Use common disinfectants as available. An alternative and very effective disinfectant solution is 1 part liquid chlorine bleach to 10 parts water.

EMERGENCY RESPONSE PLAN

LOSS OF COMMUNICATIONS

You must first determine whether the loss of communication services is specific to your home or is a regional /provincial loss of services.

Location of **Emergency Telephone**

Location: N/A

Plug In:

Communication Service Contacts

Telephone System / Lines Service

COMPANY:	BELL
LOCATION:	PO Box 9000 Stn Don Mills North York Ontario
TELEPHONE:	Business Hours: 310 3255 After Hours: 310 3255
COMPANY:	BELL

Telephone Equipment Service

COMPANY:	Voice Path Communication
LOCATION:	Whitby Ontario
TELEPHONE:	905 440 4748
COMPANY:	

Use other available communication devices for internal and external communications:

- Walkie-talkies
- Ipads – FaceTime, Text Me;
- Cell phones-text, email,
- Use media resources
- Corporate links to collect, share, transmit information etc.

EMERGENCY RESPONSE PLAN

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Food Service Failure

In the event you do not have access to food storage or food preparation areas, emergency meals may be obtained from the following location:

1.

COMPANY:	
LOCATION:	
TELEPHONE:	
CONTACT NAME	

2.

COMPANY:	Meals on Wheels
LOCATION:	26 Beach Avenue
	Bowmanville, Ontario
TELEPHONE:	(905) 623-2261
CONTACT NAME	If available

3.

COMPANY:	Red Cross
LOCATION:	Oshawa, Wentworth Ave
TELEPHONE:	905-723-2933 - 585
CONTACT NAME	

Disposable dishes will be used and every attempt will be made to meet the needs of residents with special dietary requirements.

In the event of a food service disruption, the local emergency planning agency will assist you with food supplies.

Recall of Food Service Product

A Recall means the removal of a product from sale or use, or correction, of a distributed product that presents risk to health and/or safety of consumers or violates legislation administered by the Health Products and Food Branch, Health Canada. The Act and Regulations are the final authority in all matters of recall.

This may include:

EMERGENCY RESPONSE PLAN

- Food and food related products, including the labeling of a product;
- Pharmaceuticals; and
- Health product(s) includes any product under the mandate of the Health Products and Food Branch (HPFB), with the exception of food products. The HPFB has regulatory responsibilities in the following health product areas: drugs for human use; blood and blood products; medical devices; transplanted tissues and organs; biologics and genetic therapies; natural health products; and veterinary drugs.

Product Withdrawal means the responsible party's removal from further sale or use, or correction of a distributed product.

If there is no health and safety risk and no contravention of the legislation it is not considered to be a recall.

Communication for food and/or health product recall for Chartwell home(s) will be provided by Chartwell corporate office and/or the vender/service provider as directed by corporate. As part of the emergency plan Incident Management System, one person will be designated as the CIC and manage the event. This person will act as liaison from corporate on a product which is recalled under the authority of Health Canada.

1. Communication to the home will include:

- a) Instruction on the specific product(s) identified by name(s) and code if applicable
- b) The process to be undertaken for how the product is to be disposed, isolated and or prepared for the return to a supplier
- c) Instruction in the event the product has been consumed and any medical interventions may be required
- d) Instruction for accounting of lost product
- e) Provide corporate communication for home wide use including key messaging, general inquiries and media response

2. Upon receiving product recall information from IC/Designated Vendor the home will:

- a) Document the instructions provided by IC/vendor regarding the identified product(s)
- b) Locate the identified product, cease using and isolate the product

To isolate a product means to clearly label the product to avoid the product from being used by others and to place the product in an area to preserve the product and to ensure the product will not contaminate other goods in same storage area. If the instruction is to immediately dispose of a product, the product is to be labeled and placed into appropriate receptacle.

Product recall information communication may be received at the home via personal visit, telephone, fax or email.

- c) Determine if the product(s) has been consumed by residents and/or staff, the home will document:
 - date – time of the product use
 - inform the registered / care staff to monitor and observe

EMERGENCY RESPONSE PLAN

- registered staff will seek medical advice and/or direction as required
 - the Administrator will contact their CEO and seek assistance with media communication
 - the Administrator/Designate will provide communication to residents/family as received from corporate
- d) Communicate recall information to all appropriate staff charged with the responsibility of the service for the day/shift i.e. the Cook if the product is food.
- if the product recall impacts immediately on services to be provided i.e. menu item of the day or the product has been identified and consumed
 - if the product has been consumed by resident, staff and/or guests
 - if the product may have contaminated other goods in storage
 - ensure written communication is left in a designated communication area/book for applicable staff to ensure the product will not be used and follow up instruction if applicable
- e) The Administrator/Designated Manager is responsible for all communication to residents, families, staff and general media as directed by corporate.

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EMERGENCY RESPONSE PLAN

ANIMAL THREAT

Any animal of any size can be a threat of injury or life to resident, staff and visitors.

A nuisance animal situation is an event that does not threaten harm or life such as raccoons, skunks - contact Animal Control

A predatory animal event is one that threatens harm or life in the immediate area such as bears, wolves, wild or stray dogs, coyotes or an animal which appears "peculiar in appearance" etc. **call 911 for assistance.**

Prevention practices for animal control are required in all communities such as:

- Do not initiate or invite animals to the property such as feeding of wildlife
- Pest control practices
- Ensuring garbage bins are secured inside a locked area and/or bins have locking devices to prevent animal access

In the event an animal presents as a threat or risk is on/in the property:

- secure all exterior doors and windows on the main floor to prevent access
- if an animal has accessed the interior of the home (skunk, raccoon, squirrel etc.) secure the area in which they have been located
- depending on the assessed threat, notify Animal Control or regional policing authorities for immediate assistance to ensure personal safety and for controlled removal
- In the event an injury such as scratch or bite in which the skin is broken, the individual must seek immediate medical treatment at hospital for assessment.

Animal Control / Conservation Contact: 905-655-0283

Lock Down Process

- LOCK DOWN THE BUILDING FROM THE INTERIOR - Lock exterior doors to prevent departures
- Post warning; example: "DANGER DO NOT EXIT BEARS ON PROPERTY" for all residents, guests and staff.
- Announce the immediate threat to all residents, guests and staff and inform all the building is in a "lock down mode" until the danger or threat has passed.
- Ensure you have staff available at entrance(s) to monitor the area and allow entry of persons who may not be aware of the situation.
- Position staff as available to monitor a visual location of the animal from the building interior.

EMERGENCY RESPONSE PLAN

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EMERGENCY RESPONSE PLAN

EARTHQUAKE

Earthquake Zone

The insurance provider has identified:

This property IS NOT located in an earthquake zone

This facility does not have automatic shut off installed on gas lines; in the event of seismic activity or other emergency; gas line is to be manually shut off.

Location of main gas line: See loss of Utilities Section N of this manual

All staff must be fully aware of earthquake/evacuation/emergency and disaster procedures and their individual responsibility within the process.

Administrator/Designate is responsible for ensuring staff training and education.

Since people are unlikely to be forewarned, the actual shock or tremor may provide the only warning. All staff must be trained and knowledgeable to the degree that will enable them to respond immediately and efficiently to the emergency.

Most wood-frame residential buildings are highly resistant to earthquakes. During an earthquake the primary dangers are from falling objects and debris, such as collapsing chimneys, masonry facing, shattered glass, light fixtures, plaster ceilings and heavy furniture. A few simple steps can greatly reduce the risk of personal injury during an earthquake.

EMERGENCY RESPONSE PLAN

Actions During and Immediately Following an Earthquake

The first indication of an earthquake

- A low or loud rumbling noise.
- A sudden violent jolt.
- A shaking or moving of objects.
- Any combination of the above.

During The Shaking

- Do not attempt to assist others until the shaking stops, **protect yourself!**
- **DROP – COVER – HOLD ON**
- Provide verbal direction to residents/clients, staff and visitors.
- If you are inside, stay inside. Do not attempt to exit.
 - Move away from windows and mirrors that may shatter and objects that may fall.
 - Crawl under a strong table, counter, or desk if possible.
 - Do not stand in a doorway.
 - Drop to your knees and cover your head and neck with your hands
- If you are outside, stay outside.
 - Move away from the building and power lines.
 - Avoid overhanging structures.
 - Remain in your location until the shaking stops.

Once the Shaking Stops

WAIT 60 SECONDS AFTER SHAKING STOPS. Think, assess and move slowly.

Prepare for aftershocks – respond with Drop, Cover and Hold On

- Account for all individuals.
- Check for injuries
 - Assess if anyone is injured and provide medical assistance where required, or call other staff members for assistance.
- Check for people who may be trapped
 - Inspect rooms, common areas, and other locations in your area. Leave doors to rooms open.
- Calm Persons In Care
 - Instruct Persons In Care to remain calm and stay in an intact room, or
 - Assemble Persons in Care in hallways until a detailed damage assessment is complete.

EMERGENCY RESPONSE PLAN

- Keep Persons in Care away from windows, exterior walls, and objects which may fall.
- Check for hazards
 - Check for fires.
 - Floors may be covered with glass, spilled liquids, and chemicals.
 - Check the operating status of all telephones, and replace receivers on the bases.
- Do not touch fallen or damaged electrical wires.
- Delegate the following tasks to staff as they become available (See Checklist)
 - Compile a list of those present at the time of the earthquake.
 - If someone is missing either conduct an immediate search, or wait for emergency services, depending upon the condition of the building.
 - **See *Damage Assessment Checklist***
 - Check for fires and fire hazards.
 - Check utilities – shut off if necessary (i.e. electrical appliances, etc.).
 - Assess the damage to gas and water pipes, electrical wiring, and sewage lines. Turn off valves and water.
 - Check building for structural damage
 - Clear hallways and evacuation routes of hazards.
 - Avoid other probable dangers (fallen wires, overhanging debris, etc.).
 - Use a flashlight NOT a candle.
 - Turn on battery operated radio (or car radio) for emergency bulletins.
 - Check supplies, food, water, first aid.
 - Draw a moderate amount of cold water. Fill tubs with water in order to provide short-term resource.

If the building assessment indicates that it is unsafe to remain, the Incident Commander or delegate will contact their alternate site or other local Licensed Residential Care Facilities with which they have a mutual aid agreement. Use CODE GREEN protocol if full or partial evacuation of the building is required.

EMERGENCY RESPONSE PLAN

What to do DURING an Earthquake

Sourced: FEMA

1. If you are indoors:

- Duck or drop down to the floor. Take cover under a sturdy desk, table or other furniture. Be prepared to move with it. Hold the position until the ground stops shaking and it is safe to move.
- Stay clear of windows, glass light fixtures, fireplaces, woodstoves, and heavy furniture or appliances that may fall over.
- If you are in a bed, remain there unless you are directly below a heavy fan/light fixture. Cover yourself for protection, cover your head with a pillow
- Use a doorway for shelter only if it is close proximity to you and it is strongly supported load bearing doorway.
- Stay inside until the shaking stops to avoid being injured by falling glass or building parts. If you are in a crowded area, take cover where you are. Stay calm and encourage others to do likewise. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- DO NOT use elevators

2. If outdoors:

- Stay there.
- Move away from buildings, streetlights, and utility wires. Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Many people are killed or injured when they run outside of buildings by falling debris from collapsing walls; stay in open areas, away from buildings and power lines.

3. If in a moving vehicle:

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

4. If trapped under debris:

- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

EMERGENCY RESPONSE PLAN

What to Do FOLLOWING an Earthquake

Check for injuries. Do not move seriously injured persons unless they are in immediate danger.

Safety Check for the following hazards following seismic activity in both earthquake and after shock:

- Fire or fire hazards after earthquake is commonly initiated from electrical or fuel related sources. The additional hazard is the potential of a delay from fire emergency personnel due to multiple demands and obstruction in transportation.
- Gas leaks: Shut off the main gas valve if a leak is suspected or identified by odour. Wait for professional assistance to turn gas back on following a repair
- Electrical wiring or utility lines down; SHUT OFF POWER at the control source.
- Down or damaged power lines, do not approach even if they appear to be off.
- Fallen objects in closets, cupboards and storage areas. Displaced objects may fall when a door is opened.
- Check for liquid spills which could present danger for falls, flammable liquids, chemical reactions and contact combustibles etc.
- Structures can be weakened, unstable or damaged to any part of a building including elevator shafts, doors, windows, chimneys, etc. Any structural damage apparent to the eye or not must be approached with caution. In the event the structure has been damaged and is deemed to be unsafe it is to be evacuated. Any area or zone is to be quartered off and access restricted to prevent entry.
- Check your telephone make sure each phone is on the receiver. Telephones which are off the hook tie up the telephone lines unnecessarily
- Clean up potentially harmful materials and debris

Aftershocks

Prepare for further warnings for aftershock earthquakes which may be lesser in intensity; some may be large enough to do additional structural damage and / or present same dangers as an initial earthquake; proceed to review the safety checklist for hazards.

Coastal areas surrounded by large bodies of water may have additional tsunami dangers and be required to move to higher grounds.

EMERGENCY RESPONSE PLAN

Activation of a Disaster/Major Emergency Plan

General Responsibilities & Guidelines

AFTER THE EARTHQUAKE - ALL STAFF

- Wait 60 seconds after shaking stops. **Think before you move! (Personal Safety)**
- Staff will then assist residents and visitors where necessary.
- Remain calm - reassure others.
- Listen for announcements.
- Move slowly.
- Wear shoes.
- Account for all individuals.
- Stay out of danger areas.
- Be on the alert for aftershocks.
- Avoid other probable dangers (fallen wires, overhanging debris, etc.).
- Check for fires and fire hazards.
- Check gas, water, and electric lines.
- Use a flashlight NOT a candle.
- Check for spills and clean up any hazardous materials (*Check WHMIS policies*).
- Check telephones for operational use. Report unusable telephones immediately to the Incident Commander.
- Telephones are for emergency use only.
- Plan for possible evacuation from area.
- Do not go without food or water too long. Avoid open containers near shattered glass.
- You must remember to take your own routine medication.

Site Incident Command

- Call **CODE ORANGE** via the public address system and ask representative from each floor to meet-designate the location.
- Call or delegate phoning 911, advise them of facility status, as well if main access route is unavailable; ask if the emergency crews will be attending.
- Contact the Emergency/Outbreak Management team and let them know you will contact them again with updated status reports, ascertain if they are able to attend the facility.
- Set up an Emergency Operations Centre

EMERGENCY RESPONSE PLAN

- Have someone meet the Emergency Services crews at the main front door or other specified location, if they are attending.
- Check with all areas to receive status reports, for areas not reported, send a runner to receive information, advise them to report back to you immediately.
- Have Maintenance staff assess any damage to gas and water pipes, electrical wiring, and sewage lines. Turn off valves and water.
- If there are a significant number of injuries and/or deaths due to the earthquake, a triage area should be created to best attend to injuries.
- Designate staff to set up triage area in a safe location for the injured and deceased.
 - Four sections denoted by colour: Green, Yellow, Red, Black. Ensure Black section is discreetly separate from other areas.
 - Green – residents who do not need medical attention
 - Yellow – residents who need medical attention for non-life-threatening injuries
 - Red – residents who are severely wounded/injured, needing immediate medical attention
 - Black – residents who are deceased.

Duties of the Floor Watch/Wardens

The Floor Wardens are the most Senior Staff members assigned to each floor or Service Area.

Think before you move! (Personal Safety)

1. Check for hazards

- Fires.
- Connection of oxygen supplies.
- Floors may be covered with glass, spilled medications, and chemicals, wear shoes (clean up hazardous conditions).
- Do not touch fallen or damaged electrical wires.
- Unplug Electrical Appliances.

2. Account for all residents, staff, and visitors

- Compile a list of staff, and visitors present at the time of the earthquake.
- If someone is missing either conduct an immediate search, or wait for emergency services, depending upon the condition of the building.
- Assess if anyone is injured and provide medical assistance or send to triage area
- Notify the IC as to the status.
- Calm residents
- Check the operating status of all telephones, and replace receivers on the bases.
- Instruct residents to remain calm and stay in an intact room, or
- Assemble residents in hallways until a detailed damage assessment is complete.

EMERGENCY RESPONSE PLAN

- Keep residents away from windows, exterior walls, and objects that may fall.
- Check for people who may be trapped

3. Assess damages and prioritize actions

- Inspect residents' rooms, and other locations in your area.
- Leave doors to rooms open.
- Clear hallways and evacuation routes of hazards.
- Fill tubs and sinks with water in order to provide a short term resource.
- As normal routine will be altered by the event, it is important to remember that people still need care.
- Report your assessment and status to the SEOC; utilize a runner for this if available.
- Report status every 15 minutes, and as new information is available
- Follow the direction of the IC to move residents to safe location within building or prepare for evacuation.

4. Care Staff

- Provide emergency care for injuries
- Food and fluids (be careful not to use food that may be bad).
- Provide routine Medication for residents

5. Maintenance Staff (or delegate)

- Check utilities - shut off if necessary
- Check all gas supply lines and shut off if you smell gas or hear a hissing sound.
- Check sewage lines.
- Check building for structural damage.
- Report damage assessment to SEOC.

6. Kitchen Staff (or delegate)

- Check for hazards
- Shut off natural gas supply if you smell gas or hear a hissing sound.
- Check supplies, food, water, first aid.
- Draw a moderate amount of cold water.
- Fill tubs with water in order to provide short-term resource.
- Report operational status to the IC.

EMERGENCY RESPONSE PLAN

7. Laundry Staff (or delegate)

- Shut down Laundry Operations.
- Shut off gas supply if you smell gas or hear a hissing sound.
- Coordinate delivery of laundry and linen supplies if needed.

Types of Evacuation (Code Green)

1. **Simple Evacuation:** This involves removing people from an area where a dangerous situation has occurred to a safe area.
2. **Partial Evacuation:** This involves movement of people within the building from a dangerous situation to a safe zone, preferably to a different fire zone. Partial evacuation may occur horizontally on the same floor or vertically to a safer location on another floor.
3. **Total Evacuation:** This involves total evacuation of the building. The decision to evacuate will be made by the site SIC in conjunction with EMS.

Designated Evacuation Area on Site

1st → THE DESIGNATED OUTSIDE ASSEMBLY AREA IS:

Secured Garden

2nd - → Alternative if above not available: PARKING LOTS

Priority of Evacuation

1. Those individuals in immediate danger.
2. All ambulatory residents to be moved under supervision to a safe area.
3. Residents in wheelchairs are moved to a safe area. Residents who usually use walkers may need assistance in wheelchairs.
4. Residents who are totally dependent on staff to mobilize and/ or resistant residents are moved last and may be carried or placed on a blanket and dragged to a safe area.

Responsibility during Evacuation

The IC will do the following:

1. Implement the Emergency Plan; proceed to Emergency/Outbreak Management team roles and responsibilities.
2. Direct the roles of Emergency/Outbreak Management Team in conjunction with EMS.
3. Contact CEO/corporate contacts/office.

EMERGENCY RESPONSE PLAN

TSUNAMI

This property is NOT located in an area which could be affected by a Tsunami.

Reference:

http://www.embc.gov.bc.ca/em/hazard_preparedness/Earthquake_and_Tsunami_Smart_Manual.pdf

EMERGENCY RESPONSE PLAN

Emergency Evacuation Locations Off-Site

Name of Home:

Host:

MEALS SLEEPING TEMPORARY REFUGE

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

Host:

MEALS SLEEPING TEMPORARY REFUGE

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

Host:

MEALS SLEEPING TEMPORARY REFUGE

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

Host

MEALS SLEEPING TEMPORARY REFUGE

COMPANY:	
LOCATION:	
TELEPHONE:	
NAME OF CONTACT	

EMERGENCY RESPONSE PLAN

Evacuation Transport Contact List

Name of Home:

Last Updated:

Host: **Ambutrans**

COMPANY:	Ambutrans
LOCATION:	2305 Markham Rd, Unit 9 Toronto, ON M1B 2W3
	Markham
TELEPHONE:	416-423-2323
Total # Transport 2 at a time	<input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Partial (walkers) <input type="checkbox"/> Wheelchairs

Host: **Angels of Flight**

COMPANY:	Angels of flight
LOCATION:	Angels of Flight Canada Inc. 9/10 – 799 O'Brien Drive Peterborough, ON
	Peterbrough
TELEPHONE:	(800)563-7686
Total # Transport 2 at a time	<input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Partial (walkers) <input type="checkbox"/> Wheelchairs

Host: **Vivatrans**

COMPANY:	Vivatrans
LOCATION:	50 High Tech Road, 5th Floor, Richmond Hill, Ontario, L4B 4N7
	Richmond Hill
TELEPHONE:	905-762-2100
Total # Transport 80	<input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Partial (walkers) <input type="checkbox"/> Wheelchairs

Host: **Phoenix Transportation**

COMPANY:	Phoenix Transportation
LOCATION:	762 Jasmine Crescent Oshawa Ontario
	Oshawa Ontario
TELEPHONE:	905 697 0503
Total # 35	<input type="checkbox"/> Independent <input type="checkbox"/> Partial (walkers) <input type="checkbox"/> Wheelchairs

EMERGENCY RESPONSE PLAN

Municipal / Regional Assistance Contacts

These are contacts which are normally available in the region/municipal emergency plan; check with your immediate community for sources.

Service:

COMPANY:	
LOCATION:	
TELEPHONE:	

Service: Durham Regional Police East

COMPANY:	Durham Regional Police Services DRPS
LOCATION:	Regional Rd 57 (Martin Rd N) and King St (Hwy 2)
TELEPHONE:	905-579-1520

Service: Fire department

COMPANY:	Emergency and Fire Services
LOCATION:	Whitby and Bowmanville
TELEPHONE:	905-433-1235 or 905-579-1520

EMERGENCY RESPONSE PLAN

Service:

COMPANY:	Central East Home and Community Care Support Services
LOCATION:	920 Champlain Court, Whitby
TELEPHONE:	905-430-3308

EMERGENCY RESPONSE PLAN

Activation of a Disaster/Major Emergency Plan Checklist

- The first person to learn of the Earthquake will contact the Administrator or Designated On - Call Personnel.
- Details of the event will be provided to the Administrator /Designate, in order for a decision whether to implement the Disaster/Major Emergency plan.
- IF THE ADMINISTRATOR IS NOT PRESENT, THE STAFF PERSON IN CHARGE WILL ASSUME THE IC RESPONSIBILITIES**
- If there is a decision to implement an Emergency Plan in response to the earthquake, then the IC/Designate will announce or delegate the announcement of the **CODE ORANGE**.
- The IC will be in charge of the Emergency/Outbreak Management Team (including the roles & responsibilities) for the duration of the event or until relieved by the Administrator/Designate.
- The IC will direct that staff, residents, and visitors be informed of the event via the public address system, email (cliniconex) or word of mouth that the Emergency Response Plan (ERP) is in effect, by announcing

“Attention all staff, Code Orange, report to specify the location”

“Attention all staff, Code Orange, report to specify the location”

“Attention all staff, Code Orange, report to specify the location”

- At the time of the announcement has been made, a designated pool of on-shift staff will be requested to report to for further instructions

COMMUNICATION UPDATES required regularly

THE IC will make contact with Executive Director:

- Media support - newspaper, radio & television to provide a statement of direction
- Financial support - cash for immediate needs, approve & expense supplier needs
- Logistic support - assign contacts for resources and supplies
- If required, a set up of IT communication operations off site for copying, telephones
- Obtain security for building once vacated, if evacuation is required

The IC will assign the Communications Lead (CL) to delegate/ complete the following tasks:

- Designate the Scribe
- Designate the Control person at exits and control / record entrances & departures
- Inform all staff / volunteers the name of IC and CL.

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EMERGENCY RESPONSE PLAN

- The Administrator/Designate name is to be provided to all external supports for return communication to be sure all information is documented and gets to where it needs to be.
- Compile a list of those present at the time of the earthquake. Account for all persons on duty, all residents on site according to daily census and all guests
- Access supplies from Emergency Supply Kit to equip staff to search the building (hard hats, masks, caution tape, etc.) Use a flashlight NOT a candle.
- If someone is missing either conduct an immediate search, or wait for emergency services, depending upon the condition of the building and the probability of assistance.
- Assess if anyone is injured and provide medical assistance where required, or call other staff members for assistance. Do not move seriously injured persons unless they are in immediate danger
- Report status of all individuals to IC
- Assign people to check the building, interior & exterior, for structural damage and systems.
See *Damage Assessment Checklist*
- Designate staff to use the Damage Assessment checklist to assess any damage to all areas inside and outside the building, report all findings to the IC.
- Do not occupy the building and prevent access if:
 - The building has collapsed partially or completely.
 - There is obvious and severe damage to primary structural supports, or other signs of distress.
 - There are large ground fissures or massive ground movement near the building.
- Prevent access to part of the building if:
 - There is a hazardous spill.
 - Natural Gas or Power lines have broken.
 - Windows are broken.
- Post signs and or use yellow “Do Not Cross” tape in areas deemed to be unsafe, if possible indicate the danger present.
- IC will determine safety of building and options for sheltering residents, based on condition of the building and safety of evacuation route and alternate sites.
- Turn on battery operated radio (or car radio) for emergency bulletins.
- Check utilities – shut off if necessary (i.e. electrical appliances, etc.).
- Assess the damage to gas and water pipes, electrical wiring, and sewage lines. Turn off valves and water.

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EMERGENCY RESPONSE PLAN

- Clear hallways and evacuation routes of hazards.
- Avoid other probable dangers (fallen wires, overhanging debris, etc.).
- Check for fires and fire hazards.
- Check gas, water, and electric lines.
- Check supplies, food, water, first aid.
- Set up triage areas for residents, staff, visitors who may be injured, if it is safe to move them.
- Contact residents' families/contact persons to report status and location. May need assistance from corporate office.
- If decision is made to evacuate to alternate site, call a CODE GREEN and follow CODE GREEN checklist guidelines.
- If sheltering in place, identify emergency water distribution priorities, temporary toileting facilities, and waste disposal. (See Loss of Utilities)
- Assess food supplies and cooking capabilities. Prepare meals and snacks following regular or emergency menu as conditions dictate.
- Designate safe areas for resident shelter. Redistribute equipment and supplies for safety and ease of access.
- Designate call back and scheduling of staff.

EMERGENCY RESPONSE PLAN

Damage Assessment Checklist		
AREA & SYSTEM	SAFE (Y / N)	COMMENTS
<u>Fire</u> (First Priority)		
<u>Entry & Exit Routes</u> Safe, accessible		
<u>Facility Exterior</u> Structural Integrity Large cracks building/driveway Flooding Trees/Power poles fallen Natural Gas Main Water Main (Siamese Connection) Access to Emergency Supply bins		
<u>Facility Interior</u> Structural Integrity Large Cracks Fallen Light Fixtures Broken Windows Entry/Exit/Stairwells Fallen cupboards/furniture Hazardous spills		
<u>Elevators</u> Functioning Doors jammed or bent Locked out		
<u>Electrical System</u> System Integrity Lines down, shorting, fire Emergency generator Fire Alarm System Mag locks on doors		
<u>HVAC System</u>		

EMERGENCY RESPONSE PLAN

Damage Assessment Checklist		
AREA & SYSTEM	SAFE (Y / N)	COMMENTS
Building Maintenance system Kitchen ventilation system		
<u>Water</u> Incoming water lines Availability of water Potable Access to Emergency water supply		
<u>Natural Gas System</u> Natural Gas Main Generators Kitchen Laundry		
<u>Sewage System</u> Functioning		
<u>Communication Systems:</u> Telephones (system, cell phones, payphones) Call Bells Paging System Internet		
<u>Other:</u>		
<u>Other:</u>		

Nuclear Emergency

A nuclear emergency is an actual or potential hazard to public health, property or the environment from ionizing radiation whose source is a major nuclear installation within or immediately adjacent to Ontario. Such a hazard will usually be caused by an accident, malfunction or loss of content involving radiation material

In the event of a nuclear emergency, directions will be passed down from the Province of Ontario, followed by the Region of Durham through to the Town of Whitby or Bowmanville

Those working, playing or attending school within 10 kilometers of the nuclear station in Pickering or Darlington will receive directions during an emergency that may include:

- Shelter in place: move to the basement or middle of the building. Radioactive material settles on the outside of buildings. Remain as far away from the walls and roof of the building as possible. Minimize the amount of outside air entering the home. Close doors and windows, turn off air exchangers and heat recovery units. See Code Orange
- Minimize exposure: increase the distance from the source of the radiation. See Code Grey
- Evacuation: keep car windows and vents closed and use recirculating air only. See Code Orange, Green
- Administration of Potassium Iodide pills to reduce how much radioactive iodide affects your thyroid

STAFFING STABILIZATION PLAN

Glen Hill Terrace shall ensure that the home meets the staffing and care standards provided according to the care needs of the residents.

- A chart of staffing requirements by department will be created with input from all Glen Hill Terrace Managers, Supervisors and Human Resources.
- A staff member will be designated each shift, of every day (24/7) to ensure the staffing requirements are intact.
- There may be instances when staff resources are less than the standard complement based on many factors-weather, illness, family matters etc. When an instance of decreased staffing complement is identified, a plan to stabilize will be enacted in consultation with the Management Team and Administrator of Glen Hill Terrace and the Senior Leadership Team of Durham Christian Homes as required.
- Consideration of the stabilization plan may include (but not limited to) using cross trained personnel (if safe and appropriate), use of agency personnel that have been oriented to Glen Hill Terrace, calling in of management and leadership, reallocating staff resources, using trained staff from other departments and prioritization of tasks.
- Attempts to fill the staff vacancy will continue while a stabilization plan is in effect.

STAFF FANOUT LIST

In the event of any type of emergency wherein staff are required to attend at the home immediately to assist (evacuation), a staff fanout call shall be made via Cliniconex or Staff Stat.

Cliniconex is a software addition to Point Click Care with tailored features to send targeted messages via voice, text or email and uses custom filters to target the right audience (designation, department, individuals).

StaffStat is an electronic application that sends messages to staff using their preferred method of communication: telephone call, email, text message or the StaffStat app—available for Android & iOS.

Hot Weather Management of Risk

Every designated cooling area in the LTC home is required to be served by air conditioning which is operated as necessary to maintain the temperature in designated cooling areas at a comfortable level for residents during specified periods.

The heat related illness prevention and management plan will be implemented from May 15 to September 15, and any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and, anytime the temperature in areas of the home in which measurements are required by the Regulation reach 26 degrees Celsius or above, for the remainder of the day and the following day.

The risks to residents that are associated with extreme heat (defined as 26 degrees Celsius or above at any point during the day a humidex of over 40o Celsius) hot weather will be managed.

Environmental Staff will:

- If applicable, clean and install window air conditioning units to resident rooms and common areas, the first week of May each year.
- Measure and document the air temperature

Registered Staff will:

- Complete the heat risk assessment for all residents by May 15th each year
- Incorporate in residents' care plans, the assessment of the seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.

In the event of a heat alert, extreme heat alert or heat wave;

All Staff will:

- Work collaboratively to make environmental accommodations for resident care;
- Close all curtained areas and close windows between sunrise and sunset hours so as to minimize heat;
- Monitor the resident for signs and symptoms of heat exhaustion and heat stroke and notify the Charge Nurse immediately if any occur, see pages 9-10, 28 – 29 of the reference document;
- Follow protocols defined in Tables B and C, pages 14-16 of the reference document;
- Maintain their own hydration with increased fluid and follow pages 24-25 of the reference document;
- Provide at least one separate designated cooling area for every 40 residents in homes without air conditioning;
- Receive annual education/information on prevention and management of heat related illness and hot weather plans.

The PSW will:

- Provide additional skin care in response to heat related hygiene requirements of each resident;
- Dress residents in light clothing and allow them rest periods during times of extreme heat;
- Offer residents popsicles and additional fluids in between each meal and during the night if awake (1 Popsicle = 120 mLs of fluid) unless contraindicated on their care plan;
- Assist the Charge Nurse to manage the resident who may experience heat exhaustion or heat stroke;
- Refer to VII-I-10.08 Hydration and Nutrition Monitoring

The Charge Nurse will:

- Assess need for and provide additional fluids to residents 24 hours per day, and seven days per week based on assessed need;
- In the event a family wished to take a resident on an outing during hot weather, provide a copy of pages 34-35 of the reference document;
- Refer to the Registered Dietitian for any resident not meeting their fluid goals (as per care plan) for 3 days and experiencing signs and symptoms of dehydration.



Guidelines for Hot
Weather Managemen

Long-Term Care Homes Quality Inspection Program

Long-Term Care
Inspections Branch

Reviewed: June 2020
Original: July 2012

Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long-Term Care Homes

DISCLAIMER

At the time of publication, these Guidelines reflect multiple sources of evidence-based practices and can be used in conjunction with other expert sources of evidence-based practices as a point of reference for long-term care homes in developing or enhancing their own customized hot weather illness prevention and management plans consistent with requirements outlined in s.20(1) of O. Reg. 79/10. A licensee relying upon these Guidelines as the sole source of evidence-based practices may not be in compliance with s. 20(1) of O. Reg. 79/10, particularly where the sources of evidence-based practices cited in these Guidelines have changed. The Guidelines are deliberately broad in nature in an effort to apply to as many Long-Term Care homes as possible in light of differences in resident profiles, building structures, mechanical systems and design.

Existing legislation, regulations, policies and standards relating to Long-Term Care homes in Ontario take precedence over these Guidelines.

Furthermore, nothing in these Guidelines constitutes an endorsement or recommendation of any specific commercial product, process or service by trade name or trademark manufacturer.

Updated in June 2020

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Purpose

The “*Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long-Term Care Homes*” (the Guidelines) were developed by the Ministry of Health and Long-Term Care (MOHLTC) for Long-Term Care homes (LTCHs) in recognition of the need to manage the serious risks to residents associated with hot weather-related illness.

The MOHLTC had previously released guidelines on the “Prevention and Management of Hot Weather-Related Illness in Long-Term Care Facilities” in June 1989, which were subsequently updated in May 1990, June 2006, July 2007 and July 2012. The MLTC acknowledges that since the release of these earlier Guidelines, LTCHs have made considerable progress in the prevention and management of hot weather illness and conditions, and the new *Long-Term Care Homes Act, 2007 (LTCHA)*, which came into force on July 1, 2010, includes requirements specific to seasonal hot weather risk and associated hot weather related illness, emphasizing the importance that every LTCH have in place hot weather illness prevention and management plan.

At the time of publication, these Guidelines reflect multiple sources of evidence-based practices and can be used in conjunction with other expert sources of evidence-based practices as a point of reference for long-term care homes in developing or enhancing their own customized hot weather illness prevention and management plans consistent with requirements outlined in s. 20(1) of O. Reg. 79/10. A licensee relying upon these Guidelines as the sole source of evidence-based practices may not be in compliance with s. 20(1) of O. Reg. 79/10, particularly where the sources of evidence-based practices cited in these Guidelines have changed.

The Guidelines are deliberately broad in nature in an effort to apply to a many Long-Term Care homes as possible in light of differences in resident profiles, building structures, mechanical systems and design.

LTCH Administrators should ensure that all staff, residents, families and visitors are familiar with their home’s policies and procedures relating to hot weather prevention and management to ensure a consistent approach and application.

In addition, MLTC acknowledges that during the summer season, LTCH staff is vulnerable as well, though in different ways, to hot weather-related conditions, LTCHs should always take the necessary steps to ensure the safety and well-being of their staff. However, these Guidelines are limited in scope to the health and safety of residents. Employee tips for working in hot weather can be found in *Appendix A*. Information regarding worker protection during hot weather conditions is available through the Ministry of Labour, Training and Skills Development at www.labour.gov.on.ca/english/hs/ and Health Canada at <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/climate-change-health/extreme-heat-events-guidelines-technical-guide-health-care-workers.html>

Introduction

Hot weather conditions affect everyone. However, the summer months can present a tremendous challenge to LTCH residents. Elderly individuals are more prone to heat conditions and illness than younger individuals for several reasons. For instance, elderly people do not adjust as well to sudden changes in temperature, they are more likely to have a chronic medical condition that upsets the body's normal response and they are more likely to take prescription medications that impair the body's ability to regulate temperature. In addition, LTCH residents are more vulnerable than the general population because most often they exhibit multiple health conditions, decreased mental capacity and physical limitations which combine to affect the body's ability to cool itself. For these reasons, LTCH residents are at increased risk of developing one or more hot weather-related illness. Consequently, the prevention and management of hot weather-related illness in LTC residents is imperative.

These Guidelines are based on an assumption that an interdisciplinary resident-focused risk assessment is completed for each resident. All disciplines (environmental, nursing, activation, dietary, and medical) must work together to determine the risks that their residents are facing on any given day. Decreasing resident discomfort is based on the assessment of both the individual resident's risk and prevailing environmental conditions.

These Guidelines recognize the dual importance of overall health and environment factors on the resident during hot weather. The Guidelines describe the various heat related conditions, highlighting heat exhaustion and heat stroke as the most severe. They also describe the preparation and planning for, prevention of and interventions to manage hot weather-related illness taking into consideration an approach that incorporates an interdisciplinary care model.

Hot weather-related illness and death are preventable. LTCHs that struggle to alleviate resident symptoms of hot weather-related illness are those that do not have air conditioning in at least several common spaces throughout the home. Contributing factors to hot indoor environments during the summer season are inadequate insulation, building age, air infiltration and heat loss and gain. The first priority towards achieving building comfort during the summer months is to keep the heat out.

If LTCH staff are unsure about anything contained in these Guidelines or have any concerns about a resident, they should always consult a physician.

Ontario's Heat Warning and Information System

Background

Normal summer (May to September) temperatures in Ontario, depending on the region, can range between 13-30 degrees Celsius (°C). With evidence that climate change is occurring, a key impact expected in many regions of Canada is the increasing intensity, duration and frequency of extreme heat events. When humidity levels are factored in, the temperature can feel like 20-50°C. Temperature and humidity levels will vary depending on factors such as dew point, wind speed, wind direction, cloud cover and geographical location within the province.

The Meteorological Service of Canada, a division of Environment Canada, has a weather warning system which includes watches, warnings and advisories. These warnings relate to the potential and / or actual existence of storms (hurricanes and tornadoes), precipitation (rain or snow) and cold temperatures. Humidity levels are not included in weather watches. However, a separate system, referred to as the "humidex" has been developed to warn people when conditions pose increased risks for heat-related illness.

The Humidex

The humidex is an index (a computed value as opposed to a measured value) developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. It is a better measure of how stifling the air feels than either temperature or humidity alone. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels more hot and sticky. The Meteorological Service of Canada uses humidex ratings to inform the general public when conditions of heat and humidity are possibly uncomfortable.

Heat Warning Information System (New)

Changes to Ontario's climate, which has included an increase in the frequency, intensity and duration of extreme heat events, has precipitated the need to develop an early warning system for all citizens. A Heat Warning Information System (HWIS) was implemented by Environment and Climate Change Canada (ECCC) on May 31, 2016 in order to standardize timely heat health messaging in order to reduce the avoidable human health consequences of extreme heat.

The HWIS was developed after extensive engagement with Health Canada, the Ontario Ministry of Health and Long-Term Care (MOHLTC), and local public health units (PHUs). The HWIS enables PHUs to increase consistency in response to heat events and to better protect residents, vulnerable community members and visitors. Depending on the PHU for your region, you may receive a "heat warning" that mirrors the ECCC's heat warnings via social media, traditional media, and internal networks and link citizens to the ECCC's website or their WeatherCAN application for mobile devices. During a severe or

prolonged heat event, lasting more than 2 days, some PHUs may use the term “extended heat warning” or a “prolonged heat event” or a heat emergency. The decision to use these terms and to set responses into motion would depend on the various strains on the capacity of the health and social services sectors and/or effects such as power or water shortages. In addition, escalating to an extended heat warning would depend on residents that were not able to acclimatize to extreme heat early in the season and surveillance of hospital visits attributable to extreme heat.

Under the HWIS, the province has been divided into three regions, northern, southern and extreme south-west (Windsor) area. Each region has its own updated temperature and Humidex (see definition below) criteria based on health evidence and climatology for each region. ECCC issues Heat Warnings 18 to 24 hours in advance of an extreme heat event when two consecutive days of weather that meets or exceeds the criteria set for Humidex and temperature (daytime highs and nighttime lows) are expected. PHUs are notified in advance of issuing a Heat Warning to allow for earlier preparation and enhanced monitoring.

The HWIS includes criteria incorporating ambient air temperature for both day time highs and night time highs or a Humidex value for at least two days. See table below.

Heat Warning** Region	Condition	Duration
Extreme Southwestern Ontario (Essex & Chatham- Kent Counties)	Tmax* ≥ 31°C and Tmin ≥ 21°C <u>OR</u> Humidex ≥ 42	2+ days
Remainder of Southern Ontario (including District of Parry Sound)	Tmax ≥ 31°C and Tmin ≥ 20°C <u>OR</u> Humidex ≥ 40	2+ days
Northern Ontario	Tmax ≥ 29°C and Tmin ≥ 18°C <u>OR</u> Humidex ≥ 36	2+ days

** Tmax represents maximum daily temperature. Tmin represents minimum nighttime temperature.

** A heat warning is for a two-day event.

The following sources were relied on for the compilation of the above descriptions:

Meteorological Service of Canada – Ontario Weather Conditions and Forecast by Location
https://weather.gc.ca/forecast/canada/index_e.html?id=ON

Environment and Climate Change Canada (ECCC) <https://www.canada.ca/en/environment-climate-change/services/seasonal-weather-hazards/spring-summer.html>

Canadian Centre for Occupational Health & Safety – Humidex Rating and Work – July 2, 2019
https://www.ccohs.ca/oshanswers/phys_agents/humidex.html

Environment & Climate Change Canada – Heat Warning Information System Harmonization
<https://www.canada.ca/en/environment-climate-change/news/2016/05/heat-warning-and-information-system-harmonization.html>

Environment and Climate Change Canada (ECCC) -Criteria for Public Weather Alerts
<https://www.canada.ca/en/environment-climate-change/services/types-weather-forecasts-use/public/criteria-alerts.html#heat>

MOHLTC - A Harmonized Heat Warning and Information System for Ontario (HWIS)
http://health.gov.on.ca/en/common/ministry/publications/reports/heat_warning_information_system/heat_warning_information_system.aspx

Toronto Public Health – The City of Toronto’s Hot Weather Response Plan – 2019 [https://www.toronto.ca/wp-content/uploads/2019/05/9030-2019-HWR-Framework-updated-05-22-19.AODA .pdf](https://www.toronto.ca/wp-content/uploads/2019/05/9030-2019-HWR-Framework-updated-05-22-19.AODA.pdf)

Overview of Hot Weather-Related Illness and Conditions

LTCH staff should be familiar with hot weather-related illness and factors that contribute to their development. The ability to recognize signs and symptoms of hot weather-related illness and to respond promptly may prevent illness, injury or even death. Refer to *Appendix C* for a basic chart outlining a range of heat-related illness. In this section, some of the most common heat related illness and conditions are discussed.

Heat stress may occur under those conditions, which include high temperatures and humidity, exposure to direct sun or heat, limited air movement, physical exertion, and existence of a poor physical condition, certain medications and inadequate ability to adjust to hot environments. Heat induced illness may include heat rash, heat cramps, heat exhaustion and heat stroke.

Heat Rash

Heat rash, also called prickly heat, is a skin irritation caused by excessive sweating during hot, humid weather. Sweat glands become clogged and sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. The rash appears as a cluster of red bumps and may feel itchy, or sore with prickly sensation. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases. The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Creams or lotions should not be used.

Heat Cramps

Heat cramps are muscle pains or spasms- usually in the abdomen, arms, or legs that may occur in association with strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. To alleviate heat cramps, stop all activities and sit quietly in a cool place. Drink clear juice or a sports beverage. If the person has heart problems or is on a low-sodium diet, seek medical attention.

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache

- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention if symptoms worsen or last longer than one hour.

Heat Stroke

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 41.1 °C or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 39.4°C)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

If you see any of these signs, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the person. Heat stroke can result in death or permanent disability if emergency treatment is not provided in a timely manner.

Understanding the various heat related illness and conditions, especially heat stroke and heat exhaustion is important. However, it is also important to be able to identify the risk factors that may place LTCH residents at increased risk of developing these illness and conditions.

The following sources were relied on for the compilation of the above descriptions:

Centres for Disease Control and Prevention - Warning Signs and Symptoms of Heat Related Illness
<https://www.cdc.gov/disasters/extremeheat/warning.html>

Centres for Disease Control and Prevention - Frequently Asked Questions about Extreme Heat - June 1, 2012
<https://www.cdc.gov/disasters/extremeheat/faq.html>

World Health Organization (WHO) - Public Health Advice on Preventing Health Effects of Heat, 2011
<https://www.who.int/globalchange/publications/heat-and-health/en/>

Protecting Residents Living in (LTCH) In Hot Weather Conditions

The *Long-Term Care Homes Act 2007* (LTCHA), which came into force on July 1, 2010, outlines requirements specific to hot weather seasonal risk and hot weather-related illnesses including:

Long-Term Care Homes Act, 2007 (LTCHA) – O. Reg. 79/10 Section 20 (1)

Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents are developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat.

(2) The license shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designed cooling area for every 40 residents.

Section 21 Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

Section 26 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: ...

11. Seasonal risk relating to hot weather ...
14. Hydration status and any risks relating to hydration ...

Section 26 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
- (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3)

The following sections on Resident Risk Assessment, Preparations and Planning, Prevention and Interventions are designed to provide LTCHs with an interdisciplinary approach to preventing and managing heat related illness. Understanding and being able to identify the risk factors for heat related illness in LTCH residents should be the responsibility of everyone involved in the life of the residents.

Note: *These sections are intended as a guide only, to support LTCHs in their effort to develop and implement plans to address hot weather conditions specific to the needs of residents living in their LTCH and consistent with legislative requirements outlined in the LTCHA.*

Resident Risk Assessment

Residents' risk of developing adverse effects due to heat exposure is subject to a number of variables such as the ambient temperature and humidity in the home, health and functional status, clothing and level of activity, hydration and nutrition. However, residents in LTCHs are at an increased risk of hot weather-related illness due to normal physiological changes. They are admitted to a LTCH due to their medical status, age and self-care deficits that may impact their ability to respond to a hot weather-related illness. Older adults may not recognize the signs of thirst, may not drink sufficient fluids to maintain adequate hydration, may have difficulty regulating body temperature and may have a decreased awareness of their body's needs. The majority of residents in LTCHs are likely to suffer from one or more medical conditions or take medications that may increase fluid loss, affect sweat production or impair the body's ability to regulate internal temperature. In addition, residents' risk of having an adverse reaction to heat is also subject to environmental variables including air temperature, humidity, radiant temperature and air movement. Understanding and being able to identify the risk factors to LTCH residents is essential to preventing the possible onset of heat related illness and conditions.

There are several additional risk factors (refer to Table A) that place some residents at an increased risk of hot weather-related illness. It should be noted that the following list of additional risk factors is not exhaustive, and the factors are not in any particular order. In addition, little conclusive medical evidence exists that allows for these factors to be classified by severity. Therefore, they are not assigned any particular numerical score for the purpose of developing an overall risk score for this resident.

Table A: Additional Risk Factors

Risk Category	Risk Description
History of Heat Related Illness or Heat Intolerance:	History of: <ul style="list-style-type: none"> ▪ heat related illness or heat intolerance (i.e. heat exhaustion, heat stroke) ▪ infection with or without fever ▪ poor fluid intake or dehydration ▪ failure to thrive or malnourishment
Functional Status:	<ul style="list-style-type: none"> ▪ dysphagia ▪ severe general debility/bedridden ▪ significant decline in activities of daily living ▪ cognitive impairment including poor judgment ▪ enteral/tube feeds

Medical Status:

- obesity
- cardiovascular disease
- respiratory disease
- endocrine disorders
- renal disease
- skin disease
- combination of two or more of the following medications; diuretics, anticholinergic drugs, psychotropic medications, tricyclic anti-depressants, and antihypertensive medications

All residents are at risk of heat related illness. After completing the risk assessment, it should be determined whether residents are:

- at increased risk during hot weather; OR
- potentially at increased risk during hot weather

Preparation & Planning

In order to respond appropriately to hot weather conditions, LTCHs should prepare in advance of the hot weather season and review and update annually a plan that will be in effect during the hot weather season. Table B below outlines the actions that each general department in a LTCH should undertake in preparation and planning for hot weather conditions. The breakdown of actions by departments reflects the assumption that while heat related illness is preventable, it requires an interdisciplinary approach to the provision of resident care.

Table B

Departments	Actions
Administration	<ul style="list-style-type: none"> ▪ Develop policies and procedures relating to preparation, planning prevention and management of resident heat illness and that incorporates the individual attributes of the home environment. ▪ Develop a communication protocol to convey hot weather action plan (including humidex readings) to residents, staff, volunteers, family, visitors and others as required. ▪ Implement annual staff education and training program on prevention and management of heat related illness and hot weather plan. ▪ Make available and maintain appropriate cooling equipment and other resources. ▪ Establish linkages with community-based services which can assist as necessary with temporary heat relief strategies during extreme hot weather conditions.
All Staff	<ul style="list-style-type: none"> ▪ Attend annual staff education and training program on prevention and management of heat related illness. ▪ Contribute to interdisciplinary care plans for heat-related illness. ▪ Review policies and procedures for health-related emergencies. ▪ Identify need for additional cooling resources as warranted.
Medical / Nursing	<ul style="list-style-type: none"> ▪ Complete resident risk assessments for seasonal risk relating to hot weather. ▪ Identify residents who are at an increased risk of or potentially at risk of heat related illness and communicate to interdisciplinary team members. ▪ Develop interdisciplinary resident care plans for seasonal risk related to hot weather. ▪ Notify resident/substitute decision maker and families of the requirement for appropriate hot weather clothing and accessories.

Food Service / Nutritional Care	<ul style="list-style-type: none"> ▪ Develop enhanced hydration protocols including the type, amount and frequency of fluids to be offered to residents during hot weather conditions. ▪ Plan alternate menus to replace hot entrees and support the reduced use of heat generating equipment. ▪ Develop protocol for residents with dysphasia who require thickened fluids. ▪ Assess and develop a plan for each resident's hydration status and determine any risks related to hydration i.e. altered fluid requirements including those residents on enteral nutritional replacement therapies, fluid restrictions, thickened fluids, etc. ▪ Ensure plans include those residents who are unable to access fluids independently (e.g. those who require feeding assistance and adaptive aids. ▪ Evaluate the need for and provide electrolyte replacement as necessary.
Activation	<ul style="list-style-type: none"> ▪ Develop seasonal activation program or modify existing programs for hot weather to decrease physical exertions. ▪ Identify cooler areas of the home interior and protected outdoor areas for programs. ▪ Plan for the distribution of additional fluids during activity programs with input from dietary department staff. ▪ Plan community outings that are located in appropriate cool settings and include the use of air-conditioned transportation. ▪ Plan for availability of cool rest/break area during outdoor activities especially during peak hot times of the day. ▪ Collaborate with nursing to advise resident/substitute decision maker and families of the requirement for appropriate hot weather clothing and accessories.
Physical Plant Maintenance	<ul style="list-style-type: none"> ▪ Review and update the home's hot weather contingency plan. ▪ Review and update the building and equipment audit program including a review of strategies for keeping the building as cool as possible. Refer to <i>Appendix D</i>. ▪ Review and implement agreements with external contractor's responsibility for building systems to support preventative maintenance of cooling systems. ▪ Review and update the home's internal "Preventative Maintenance Plan". ▪ Ensure generator is functional with backup fuel supplies. ▪ Implement routine checks to assess indoor temperatures and humidex levels. Refer to <i>Appendix B</i> for humidex tables and measurement strategies. <i>Note: Maintain air at a minimum temp of 22°C and monitor to ensure air conditioned /or cooled rooms do not fall below 22°C.</i> ▪ Ensure homes without central air conditioning have at least one separate designated cooling area for every 40 residents (see s. 20(2) of O.Reg. 79/10).

Prevention

While the previous section on Preparation & Planning provides a review of actions to be taken prior to the hot weather season, this section is designed to provide guidance during the summer months and considered when hot weather conditions are most likely to occur. The actions listed below in Table C are unique to Prevention. Prevention is a deliberate, action-oriented process that can significantly reduce the likelihood of serious resident hot weather-related illness. The actions outlined below are resident focused and incorporate environmental considerations. Refer to *Appendix E* for a tip sheet designed to assist families during resident outings. Note that these actions are not to be considered a substitute for medical advice and a physician should always be consulted if there are any concerns.

Table C

Departments	Actions
Administration	<ul style="list-style-type: none"> ▪ Implement policies and procedures. ▪ Monitor and assess the need to declare heat related emergency.
All Staff	<ul style="list-style-type: none"> ▪ Implement, evaluate and monitor the results of a hot weather-related plan. ▪ Monitor residents for signs and symptoms of heat related illness. ▪ Monitor indoor climate for overall comfort and report resident discomfort and / or temperature changes that would affect overall resident well-being health and safety. ▪ Keep shades, drapes, blinds or window coverings closed.
Medical / Nursing	<ul style="list-style-type: none"> ▪ Assess need for and provide additional fluids to residents 24 hours per day, and seven days per week based on assessed need. ▪ Refer residents at increased risk due to poor fluid intake to Registered Dietitian for further assessment and action. ▪ Assess and implement body cooling strategies as required. ▪ Assess and provide additional skin care in response to hygiene requirements of each resident. ▪ Dress residents in suitable clothing and accessories that are appropriate for the weather conditions.
Food Service / Nutritional Care	<ul style="list-style-type: none"> ▪ Assess the need to implement all or part of alternate menu plans or modify menus, including reducing the use of heat generating equipment.

	<ul style="list-style-type: none"> ▪ Assess the hydration status of residents and ensure the provision of additional fluids, including, but not limited to implementing additional beverage passes and/or provision of additional beverages in accessible locations. ▪ Offer a variety of beverage choices at meals and with snacks. ▪ Implement enhanced hydration protocols for those residents at increased risk for hot-weather related illness. ▪ Ensure assistance is provided for residents who are unable to access fluids independently e.g. feeding assistance and adaptive devices.
Activation	<ul style="list-style-type: none"> ▪ Carry out activity programs inside in cooler areas of the home utilizing additional cooling sources as warranted. ▪ Refrain from moderately intense physical activity. ▪ Incorporate frequent rest breaks and seated activities into programs. ▪ Provide fluid and additional external body cooling aids as needed. ▪ Limit outdoor activities to cooler times of the day and provide those activities in areas that are shaded from the sun. ▪ Encourage residents where feasible or appropriate to dress in appropriate clothing and provide sun blocking accessories.
Physical Plant Maintenance	<ul style="list-style-type: none"> ▪ Implement strategies to maximize ventilation. ▪ Distribute cooling equipment and portable fans. ▪ Maximize use of an ice machine to support a continuous supply of ice. ▪ Monitor the indoor air temperatures and humidex levels at varying times throughout the day so that the indoor air temperature does not fall below 22° C and remains cooler and less humid than outdoor air conditions Refer to <i>Appendix B</i>. ▪ Ensure homes without central air conditioning have at least one separate designated cooling area for every 40 residents (see s. 20(2) of O.Reg. 79/10).

Intervention

This section describes the Interventions that are recommended during prolonged, severe hot weather. It is understood that all Prevention actions discussed in the previous section will be ongoing. The actions that are outlined in Table D are not to be considered a substitute for medical advice and a physician should always be consulted if there are any concerns relating to resident health or general well-being.

Table D

Departments	Actions
Administration	<ul style="list-style-type: none"> ▪ Implement resident care policies and procedures related to hot weather conditions. ▪ Implement environmental policies and procedures related to hot weather conditions. ▪ Determine when emergency contingency plans are to be implemented.
All Staff	<ul style="list-style-type: none"> ▪ Monitor residents' responses to interventions implemented.
Medical / Nursing	<ul style="list-style-type: none"> ▪ Notify physician of any resident suspected or assessed to have heat related illness. ▪ Request consultation with a Registered Dietitian for those residents experiencing any degree of hot weather illness.
Food Service / Nutritional Care	<ul style="list-style-type: none"> ▪ Monitor, evaluate and reassess fluid requirements as needed based on signs and symptoms in all residents with a particular focus on those assessed as being at high risk, including residents receiving enteral nutritional therapy, thickened fluids, fluid restrictions, and those residents who require assistance with eating and drinking. ▪ Determine the need to provide interventions to correct electrolyte imbalances.
Activation	<ul style="list-style-type: none"> ▪ Avoid/cancel outdoor programming in areas that do not provide for air-conditioned transport to air-conditioned indoor settings. ▪ During programs, if resident status changes, immediately notify registered staff and obtain assistance; administer first aid as necessary and implement appropriate heat illness interventions.
Physical Plant Maintenance	<ul style="list-style-type: none"> ▪ Move residents to common air conditioned/cooled areas ▪ Reduce the use of heat generating equipment from kitchen, laundry and other areas to alternate times during the day (night / evening). ▪ Turn off unused electrical appliances and equipment as appropriate. ▪ Implement alternate methods for air cooling as appropriate.

Conclusion

The “*Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long-Term Care Homes*” (the Guidelines) were developed by the Ministry of Long-Term Care (MLTC) as a reference or source of information for LTCHs in recognition of the serious risks to residents associated with hot weather conditions.

The MOHLTC had released earlier guidelines on the “Prevention and Management of Hot Weather-Related Illness in Long-Term Care Facilities” in June 1989, which were subsequently updated in May 1990, June 2006, July 2007 and July 2012. The MLTC acknowledges that since the release of these earlier Guidelines, LTCHs have made considerable progress in the prevention and management of hot weather illness and conditions. Accordingly, these Guidelines address the new legislation *Long-Term Care Homes Act, 2007* and its Regulation, which came into force on July 1, 2010, including requirements relevant to the protection of residents during seasonal temperatures and hot weather heat related illness.

These Guidelines are posted on www.ltchomes.net.

Resources

The following links and resources have been compiled to help Long-Term Care homes access other health related web sites. Not all the following websites are maintained or endorsed by the Ontario government. LTCHs are encouraged to review the Ministry of Long-Term Care's policy concerning external links at:

www.health.gov.on.ca/english/common/discomfort.html

Canadian Centre for Occupational Health & Safety

Canadian Centre for Occupational Health & Safety – Humidex Rating and Work – July 2, 2019 https://www.ccohs.ca/oshanswers/phys_agents/humidex.html

Canadian Mortgage and Housing Corporation

Canadian Mortgage and Housing Corporation – Measuring Humidity in Your Home, 2009 <ftp://ftp.cmhc-schl.gc.ca/chic-ccd/AboutYourHouse-VotreMaison/NH18-24-1-2009-eng.pdf>

Centres for Disease Control and Prevention

Centres for Disease Control and Prevention - Warning Signs and Symptoms of Heat Related Illness <https://www.cdc.gov/disasters/extremeheat/warning.html>

Centres for Disease Control and Prevention - Frequently Asked Questions about Extreme Heat - June 1, 2012 <https://www.cdc.gov/disasters/extremeheat/faq.html>

Environment and Climate Change Canada (ECCC)

Environment and Climate Change Canada (ECCC)
<https://www.canada.ca/en/environment-climate-change/services/seasonal-weather-hazards/spring-summer.html>

Environment and Climate Change Canada (ECCC) -Criteria for Public Weather Alerts
<https://www.canada.ca/en/environment-climate-change/services/types-weather-forecasts-use/public/criteria-alerts.html#heat>

Environment & Climate Change Canada – WeatherCAN
<https://www.canada.ca/en/environment-climate-change/services/weather-general-tools-resources/weathercan.html>

Environment & Climate Change Canada – Heat Warning Information System Harmonization <https://www.canada.ca/en/environment-climate-change/news/2016/05/heat-warning-and-information-system-harmonization.html>

Environmental Protection Agency (US)

Environmental Protection Agency – Heat Island Effects <https://www.epa.gov/heat-islands/heat-island-impacts>

Environmental Protection Agency - Moisture Control Guidance for Building Design, Construction and Maintenance, December 2013
<https://www.epa.gov/sites/production/files/2014-08/documents/moisture-control.pdf>

Health Canada

Health Canada – Extreme Heat Events Guidelines, 2011 <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/climate-change-health/adapting-extreme-heat-events-guidelines-assessing-health-vulnerability-health-canada-2011.html>

Health Canada - Extreme Heat Events Guidelines– Technical Guide for Health Care Workers
<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/climate-change-health/extreme-heat-events-guidelines-technical-guide-health-care-workers.html>

Meteorological Service of Canada

Meteorological Service of Canada – Ontario Weather Conditions and Forecast by Location
https://weather.gc.ca/forecast/canada/index_e.html?id=ON

Ministry of Energy, Northern Development and Mines

Ministry of Energy, Northern Development and Mines – Manage Energy Costs for your Business <https://www.ontario.ca/page/manage-energy-costs-your-business#section-1>

Ministry of Health & Long-Term Care

MOHLTC - A Harmonized Heat Warning and Information System for Ontario (HWIS)
http://health.gov.on.ca/en/common/ministry/publications/reports/heat_warning_information_system/heat_warning_information_system.aspx

Natural Resources Canada

Natural Resources Canada - Improving Window Energy Efficiency, 2011
https://www.nrcan.gc.ca/sites/www.nrcan.gc.ca/files/energy/pdf/energystar/IWEE_EN.pdf

Natural Resources Canada – Energy Efficiency in Existing Buildings
<https://www.nrcan.gc.ca/energy-efficiency/energy-efficiency-buildings/energy-efficiency-existing-buildings/20682>

Public Health England

Public Health England - Heatwave Plan for England – supporting vulnerable people before and during a heatwave –advice for health and social care professionals, May 2015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801539/Heatwave_plan_for_England_2019.pdf

Toronto Hydro

Toronto Hydro – Resources for Businesses <https://www.torontohydro.com/for-business/tips-and-resources>

Toronto Public Health

Toronto Public Health – The City of Toronto’s Hot Weather Response Plan – 2019
https://www.toronto.ca/wp-content/uploads/2019/05/9030-2019-HWR-Framework-updated-05-22-19.AODA_.pdf

United States Department of Energy

U.S. Department of Energy – Energy efficient, windows, doors and skylights
<https://www.energy.gov/energysaver/design/windows-doors-and-skylights>

U.S. Department of Energy – Building Technologies Program Air Leakage Guide
www.energy.gov.
https://www.energy.gov/sites/prod/files/2013/11/f5/cold_climate_guide_40percent.pdf

U.S. Department of Energy - Cool Roofs -
<https://www.energy.gov/energysaver/design/energy-efficient-home-design/cool-roofs>

U.S. Department of Energy - A Homeowner’s Guide to Window Air Conditioner Installation for Efficiency and Comfort – 2013
https://www.energy.gov/sites/prod/files/2013/11/f5/case_study_ac_installation_guide.pdf

World Health Organization

World Health Organization – Heat Waves: Risks and Responses, 2004,
<http://www.euro.who.int/en/publications/abstracts/heat-waves-risks-and-responses>

World Health Organization (WHO) - Public Health Advice on Preventing Health Effects of Heat, 2011 <https://www.who.int/globalchange/publications/heat-and-health/en/>

Appendix A

TIPS FOR PROTECTING (LTCH) STAFF IN HOT WEATHER CONDITIONS

Legislation and Regulations

Under section 25(2)(h) of the **Occupational Health and Safety Act, 1990 (OHSA)**,

“Employers shall take every precaution reasonable in the circumstances for the protection of the worker”.

Under Ontario Regulation 67/93, entitled “**Health Care and Residential Facilities**”, written under the OHSA, which applies to Long-Term Care Homes;

8. *“Every employer in consultation with the joint health and safety committee or health and safety representative, if any, and upon consideration of the recommendation thereof, shall develop, establish and put into effect measures and procedures for the health and safety of workers”.*

9.(1) *The employer shall reduce the measures and procedures for the health and safety of workers established under section 8 to writing and such measures and procedures may deal with, but are not limited to, the following:*

1. *Safe work practices.*
2. *Safe working conditions.*

19. (1) *General indoor ventilation adequate to protect the health and safety of a worker shall be provided by natural or mechanical means.*

21. (1) *an enclosed workplace shall be maintained at a temperature,*

- (a) that is suitable for the type of work performed;*
- (b) that is no less than 18 degrees Celsius; and*
- (c) that is not likely to cause physical stress because of heat.*

For work environments that are likely to cause physical stress because of heat, whereby the core body temperatures begin to rise over 37°C, mitigation strategies must be implemented as noted in the regulatory requirements for all staff. Some interventions or engineering controls are noted below. An overall LTCH hot weather illness prevention and management plan required under s. 21 of O. Reg. 79/10 can be used for staff as well, as long as it includes the employee specific information required under the regulatory sections identified above.

Interventions or Engineering Controls

The most effective way of controlling heat is at its source. Some tips to help protect staff during extreme summer temperatures include:

- Reduce the temperature and humidity through air cooling, if possible
- Provide air-conditioned rest locations
- Increase air movement using fans (only if temperature is less than 35°C)
- Reduce physical demands of work tasks where possible
- Avoid direct contact with sunlight – lower shades/blinds, pull draperies
- Wearing appropriate clothing for the conditions
- Staff should wear light summer clothing that permits air movement and sweat evaporation
- Staff working outside should wear light-coloured clothing, a hat and apply sunscreen at frequent intervals.

Administrative Work Practice Controls

- Provide plenty of cool drinking water near workers and urge staff to drink small amounts frequently (for example, one cup of water every 20 minutes)
- Assess the physical demands of job descriptions and monitor work tasks
- Avoid direct contact with sunlight
- Increase frequency and length of rest breaks
- Attempt to schedule work with high physical demands during the cooler times of the day
- Assign additional staff and/or reduce the pace of work, if possible
- Schedule strenuous outdoor jobs at cooler times of the day
- Pregnant staff or staff with a medical condition should consult with their health care provider about working in hot weather conditions.
- The employer should investigate all complaints of heat-related illness.

Educate staff on heat-related illness, including:

- Signs and symptoms
- Predisposing factors and conditions
- Interventions or engineering controls
- First aid procedures
- Employee responsibilities in avoiding heat-related illness
- Use of protective equipment (if outdoors or working with heat generating equipment)
- Work practice and engineering controls
- Hot weather-related prevention and management response plan

Appendix B

TAKING HUMIDITY AND TEMPERATURE READINGS

The Meteorological Service of Environment Canada monitors the outdoor humidex (humidity and temperature combined) daily in various locations throughout Ontario. If the humidex is not monitored in your area, the LTCH should consider assigning the task to someone. When outdoor air temperatures begin to approach approximately 25°C, a thermal electronic or mechanical hygrometer may be placed outside in a shaded area. Once the temperature and humidity have been determined, use the table below to determine the corresponding humidex value.

What is the importance of humidity?

The body attempts to maintain a constant internal temperature of 37°C at all times. In hot weather, the body produces sweat, which cools the body as it evaporates. As the humidity or the moisture content in the air increases, sweat does not evaporate as readily. Sweat evaporation stops entirely when the relative humidity reaches about 90 percent. Under these circumstances, the body temperature rises and may cause illness.

Indoor humidity and temperature levels

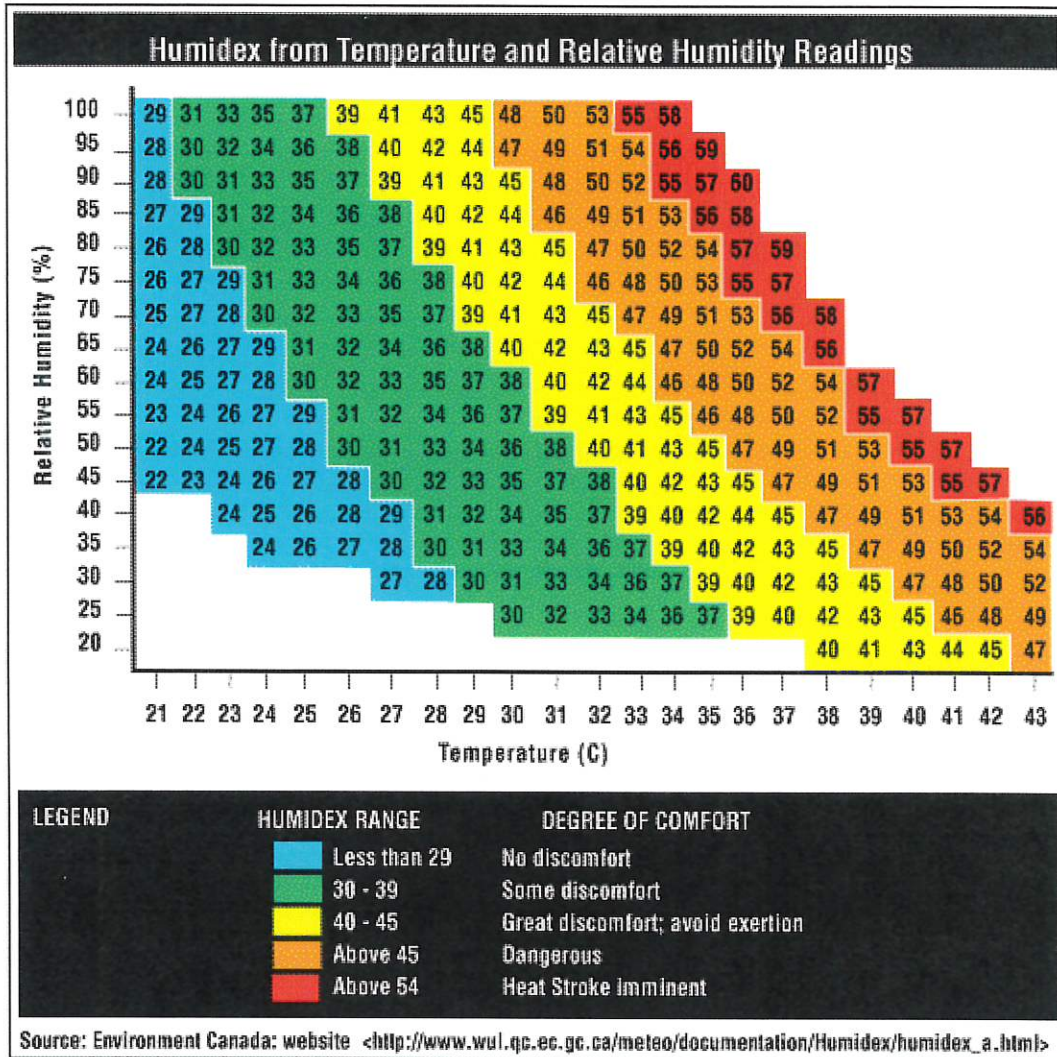
It is a good practice to take indoor temperature and humidity levels in order for staff to be on heightened alert for symptoms of resident distress. The response to resident symptoms is based on indoor measurements not weather station/media reports (temperatures inside buildings do not necessarily correspond with outside temperatures). If the building is large or has a number of segregated areas, place a hygrometer in each area. Identify a representative location within the home area where measurements can be taken and will not be affected by direct ventilation, air conditioning, heat sources or sunlight and monitor several times per day, especially as the air temperature approaches 26°C. Humidity levels and temperatures fluctuate throughout the day and night. According to the accompanying legend in chart below, humidex levels between 30 and 39 will result in some people feeling uncomfortable and some may begin to present with signs and symptoms of heat related illness. Staff should be on heightened alert for any signs of resident distress or heat related symptoms when values fall within this zone.

How do I know what the humidex is?

If you know the temperature and relative humidity, the following chart can be used to determine the humidex rating. For example, if the temperature is 30°C and the relative humidity is 70%, the humidex rating is 41. This level is considered a level of “great discomfort” and exertion should be avoided.

Compare your readings with the chart below. Align your air temperature with the temperature row across the bottom of the chart below and your humidity level with the humidity column (far left). The humidex value is where the two numbers meet.

(Visit the website below to properly view the colour-coded humidex chart or to order a poster of the chart)



The following sources were relied on for the compilation of the above descriptions:

Environment and Climate Change Canada (ECCC) <https://www.canada.ca/en/environment-climate-change/services/seasonal-weather-hazards/spring-summer.html>

Meteorological Service of Canada – Ontario Weather Conditions and Forecast by Location https://weather.gc.ca/forecast/canada/index_e.html?id=ON

Meteorological Service of Canada – Humidex Calculator https://weather.gc.ca/windchill/wind_chill_e.html

Appendix C

HOT WEATHER-RELATED ILLNESS

People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating becomes insufficient. In some cases, the person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions that can limit the ability to regulate temperature includes age i.e. elderly persons over 65 or young children (age 0-4), obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug use and alcohol use.

The chart below describes various conditions of heat induced illness including heat rash, heat cramps, heat exhaustion, and heat stroke.

Condition	Description	Symptoms	Steps to Take
Heat Rash	A skin irritation caused by excessive sweating with exposure to hot, humid weather. Sweat glands become clogged with sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. Also known as prickly heat.	<ul style="list-style-type: none"> • Cluster of red bumps. • Likely to appear on neck; upper chest; groin areas; under the breasts; and in elbow creases. • May feel itchy, or sore, with prickly sensation. 	<ul style="list-style-type: none"> • Provide a cooler, less humid environment. • Keep the affected area dry. • Do not use creams or lotions on the affected areas.
Heat Cramps	Heat cramps are muscle pains or spasms. Excessive sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat	<ul style="list-style-type: none"> • Painful muscle cramps or spasms, usually felt in the abdomen, arms, or legs. • Heat cramps may also be a symptom of heat exhaustion. 	<p>Seek medical attention for heat cramps:</p> <ul style="list-style-type: none"> • If cramps do not subside in one (1) hour. • If heart problems known. • If person is on low sodium diet. <p>If medical treatment not necessary:</p> <ul style="list-style-type: none"> • Stop all activities and rest quietly in a cool place.

			<ul style="list-style-type: none"> • Provide beverage of clear juice or sports beverages. • Avoid strenuous activities for a few hours after the cramps subside as may lead to heat exhaustion or heat stroke.
Heat Exhaustion	Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone are elderly people with high blood pressure, and those working or exercising in a hot environment.	<p>Warning signs of heat exhaustion:</p> <ul style="list-style-type: none"> • heavy sweating • paleness • muscle cramps • tiredness • weakness • dizziness • headache • nausea or vomiting • fainting • skin may be cool and moist • pulse rate fast and weak • breathing fast and shallow 	<p>Steps to cool the body during heat exhaustion:</p> <ul style="list-style-type: none"> • Drink cool, non-alcoholic beverages. • Rest. • Cool shower, bath, or sponge bath. • Provide air- conditioned or air-cooled environment. • Wear lightweight clothing. <p>If heat exhaustion is untreated, it may progress to heat stroke.</p>
Heat Stroke	Is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: The body temperature rises rapidly; sweating mechanism fails; body is unable to cool down, and body temperature may rise to 40°C or higher within 10 to 15 minutes.	<p>Warning signs of heat stroke vary but may include:</p> <ul style="list-style-type: none"> • body temperature above 40°C • red, hot, and dry skin (no sweating) • rapid, strong pulse • throbbing headache • dizziness • nausea • confusion • unconsciousness 	<p>Heat stroke can cause death or permanent disability if emergency treatment is not provided in a timely manner</p> <ul style="list-style-type: none"> • Have someone call for immediate medical assistance while you begin to cool the person rapidly. • Do not give the person alcohol to drink. • Get medical assistance as soon as possible.

Appendix D

THE IMPACT OF HOT WEATHER ON INDOOR ENVIRONMENT

Hot weather conditions can negatively impact the health of building occupants, especially residents of LTCHs. Homes that do not provide air conditioning should find alternative cooling mechanisms to reduce the risk of heat related illness. Homes without central air conditioning must have at least one separate designated cooling area for every 40 residents (see s. 20(2) of O.Reg. 79/10 under the LTCHA).

The impacts of hot, humid outdoor air on the indoor environment are many, including overheated equipment, sweating pipes, wet floors, deterioration and corrosion of electronic contacts and related components. Whether old or new, all long-term care buildings experience challenges with cooling their environment. Some have mechanical ventilation and air conditioning systems while others have only exhaust fans and natural (window) ventilation. Regardless of the type or location of the building, it is possible to find measures to decrease the impacts of hot weather on indoor environments, increase building energy efficiency, increase resident and staff comfort and even improve indoor air quality.

STRATEGIES TO KEEP THE INDOOR ENVIRONMENT COOLER

The best strategies to prevent heat-related illness in the indoor environment include the installation of central or portable air conditioning in common spaces. However, if the home is not able to provide air-conditioning, finding alternative strategies is necessary.

Building & Equipment Audit

A building and equipment audit should be part of a comprehensive preventative maintenance program to identify areas that require attention in preparation for hot weather conditions. As part of the audit process, the following may be considered:

Exterior Building Checks

- Doors and windows are in good working condition and are properly sealed.
- Entry points for gas pipes and electrical, telephone and cable conduits are properly sealed.
- Ventilation and air supply grilles are clear and unobstructed.
- Outdoor structures such as arbours, awnings etc. are in good condition and safe.
- Wood burning chimney duct dampers are closed off.

Interior Building Checks

- Cleanliness, condition and safety of all portable equipment are checked (air conditioning units, fans, dehumidifiers).
- Condition and safety of all extension cords, electrical outlets, fuse boxes, junction boxes, etc. are checked.
- Condition of ice machines, generator and other equipment (tubs) that may be useful during hot weather is inspected.
- Windows which can potentially accommodate portable A/C units are checked (and the ability to insulate/seal the area).
- Window coverings such as blinds/draperies etc. are available where necessary and in good condition.
- Portable fans and dehumidifiers have designated spaces so they will not contribute to tripping and tipping hazards.
- Thermostats are found to be in good working order, calibrated, unobstructed and are responding to demand. Temperature set points are revised for the warmer season. It is recommended that residents/staff do not have access to common or shared room thermostats unless authorized by maintenance staff.
- Building heating, ventilation and air conditioning system inspection and duct work cleaning are conducted by the end of April each year (coils, drain pans, belts, valves, duct linings, outdoor air dampers, grilles, screens, filters, duct leakage, exhaust systems, pipes).
- Significant changes made to occupant loads within the building, such as renovations, additions or room use changes, with an air balancing audit are followed.
- Ducts that run through unconditioned spaces are properly sealed / insulated.

Energy Efficient Strategies

Energy efficient strategies to keep buildings cool will also help them keep warm in the winter months. Consider the following suggestions:

- Use interior window coverings such as drapes (most effective when made of tightly-woven, opaque material of a light or reflective color that is tight fitting to the window), roller shades or blinds.
- Use exterior window coverings such as louvers, shutters or shade screens (a mesh that looks like a window screen).
- Install shade producing structures such as awnings, roof overhangs and arbours.
- Conduct an electrical capacity assessment (ability to accommodate additional electrical appliances such as fans, portable a/c units etc.).
- Plant trees or large plantings on west and east sides of the building.
- Install radiant barriers in the attic (layer of aluminum foil placed in an air space between a heat-radiating surface such as the roof and a heat-absorbing surface such as the insulation on the floor of the attic).
- Replace typical incandescent light bulbs with compact fluorescent bulbs or LEDs (Light-Emitting Diode).
- Temper the fresh air intake supply to reduce humidity levels of make-up air.

- Insulate pipes to prevent condensation or to reduce heat emissions.
- Ensure adequate attic/roof ventilation and insulation.
- Use light coloured exterior paint and roofing materials Install occupancy sensors (for lighting areas of low or intermittent use such as utility rooms, storage rooms, staff lounges etc.).
- Install air conditioning or coolant system either centrally or in common areas.
- Conduct an energy audit (assess adequacy of ventilation, insulation, lighting fixtures, and window efficiency).

The following sources were relied on for the compilation of the above descriptions:

Natural Resources Canada - Improving Window Energy Efficiency, 2011

https://www.nrcan.gc.ca/sites/www.nrcan.gc.ca/files/energy/pdf/energystar/IWEE_EN.pdf

Natural Resources Canada – Energy Efficiency in Existing Buildings <https://www.nrcan.gc.ca/energy-efficiency/energy-efficiency-buildings/energy-efficiency-existing-buildings/20682>

Toronto Hydro – Resources for Businesses <https://www.torontohydro.com/for-business/tips-and-resources>

U.S. Department of Energy – Energy efficient, windows, doors and skylights

<https://www.energy.gov/energysaver/design/windows-doors-and-skylights>

U.S. Department of Energy – Building Technologies Program Air Leakage Guide www.energy.gov.

https://www.energy.gov/sites/prod/files/2013/11/f5/cold_climate_guide_40percent.pdf

U.S. Department of Energy - Cool Roofs - <https://www.energy.gov/energysaver/design/energy-efficient-home-design/cool-roofs>

U.S. Department of Energy - A Homeowner's Guide to Window Air Conditioner Installation for Efficiency and Comfort – 2013 https://www.energy.gov/sites/prod/files/2013/11/f5/case_study_ac_installation_guide.pdf

Appendix E

FAMILY TIP SHEET FOR (LTCH) RESIDENT OUTINGS DURING HOT WEATHER

Increased physical activity generates additional body heat and sun exposure can significantly add to the body's heat production. Therefore, families who take LTCH residents out on activities during the summer months are strongly encouraged to take extra care and attention. The signs and symptoms of heat related illness can occur quite quickly with little or no prior warning. In hot weather conditions, the changes can occur suddenly with no warning. While the following tips are general in nature, families are always encouraged to check with a physician regarding any special resident fluid restrictions, diet needs, medication or other issues that may interfere with a resident's ability to tolerate heat

WARM WEATHER

Clothing:

A LTCH resident should wear loose, lightweight, light-coloured clothing. A wide brimmed hat will help protect the head and face and sunglasses will help protect the eyes.

Nourishments:

Frequent, smaller meals may be more easily tolerated during hot weather. Encourage fluids before, during and after meals, as appropriate to avoid dehydration. Between meals, frequently offer cool fluids like water, fruit juices and electrolyte replacements drinks. Other hydrating/cooling choices for snacks may include frozen popsicles, juice bars, ice cream, sherbet and watermelon. Alcohol may cause dehydration and should be avoided.

Physical Activity:

Keep physical activity to a minimum. Allow for frequent rests and encourage rest even if the individual does not indicate being tired. Attempt to stay indoors between 11:00 AM and 4:00 PM, the warmest part of the day.

Skin Protections:

If outside, ensure that individuals are kept out of direct sunlight by using shade trees, covered awnings or patio umbrellas. Sunscreen should always be applied, even in the shade, as the elderly are very susceptible to sunburn. Remember to reapply as needed or directed on the package.

Staying Cool:

With safety in mind, use a battery powered or hand-held fan to provide some breeze during warm weather. Keep cool cloths handy to apply to the face, neck, and arms. Cloths can be wrapped around ice cubes for quick cooling and a small water spray mist bottle can help cool individuals rapidly

SEVERE / HOT WEATHER

In addition, families should:

Outings:

- Consider cancelling outings;
- Transportation should be where possible in air-conditioned vehicles.
- Keep outings limited to destinations that are air conditioned such as shopping mall, community centres, places of worship or air-conditioned homes, etc.
- While out, ask or look for the following signs or symptoms of hot weather-related illness:

Ask If They Feel	Look For
Shortness of Breath	Shortness of Breath
Palpitations, throbbing headache	Hot dry skin, flushed skin
Muscle cramps, extreme weakness	Confusion
Nausea, dizziness, light headedness	Lack of co-ordination
Feeling faint, tingling in hands or feet	Unusual swelling of feet and / or ankles

If residents describe or families suspect any signs or symptoms of hot weather-related illness, quickly find the individual a seat in a shaded or air-conditioned environment and rapidly cool them with wet cloths or water baths. Get emergency medical assistance immediately.

In addition, when returning the resident to their LTCH, report to the appropriate staff how the resident tolerated the heat and activity, including how much fluid the resident drank as well as any concerns relating to the general well-being and health of the resident.
