

Emergency Manual (EM)

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Emergency Manual (EM)

| Section | Policy Name | # | Comments |
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|---|-----------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-A-10 |
| | | Page 1 of 2 | |
| Policy Section: | General | Effective Date: July 2003 | |
| Prepared By: | S. Simmons/T. Harrold | Revision Date: June 2022 | |
| Subject: | Emergency Manual - Purpose | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (2): Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing.

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,,
 - i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
 - ii. fires,
 - iii. community disasters,
 - iv. violent outbursts,
 - v. bomb threats,
 - vi. medical emergencies,
 - vii. chemical spills,
 - viii. situations involving a missing resident, and
 - ix. loss of one or more essential services
 - x. gas leaks,
 - xi. natural disasters and extreme weather events,
 - xii. boil water advisories, and
 - xiii. floods.

2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

RHA Reg. 24 (2): *The licensee of a retirement home shall ensure that the emergency plan for the home is in writing.*

RHA Reg. 25 (5): The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
 - i. fires,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - v.1. epidemics and pandemics,
 - vi. chemical spills,
 - vii. situations involving a missing resident, and
 - viii. loss of one or more essential services.

2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

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|  | Policy Number: EM-A-10 |
| | Page 2 of 2 |
| Policy Section: General | Effective Date: July 2003 |
| Prepared By: S. Simmons/T. Harrold | Revision Date: June 2022 |
| Subject: | Emergency Manual - Purpose |

Policy and Procedure

Emergency plans will be in place for, at minimum, all topics mandated by legislation (see listings above). The emergency plans will be in writing, in the form of policies and procedures located in the “Emergency Manual”. The Emergency Manual will be located in key areas throughout the Home that are readily available to staff.

The Emergency Manual will contain a section specifically dedicated to a Fire Plan that will address roles, responsibilities, and actions to be taken in the event of a fire. The Fire Plan can be found in Section B of this Manual.

The Emergency Manual will be located:

- in each Care Centre
- in the main Kitchen/DS manager office
- in the Administrator and DOC offices
- in the ES staff area and ES supervisor office
- in the Staff Room
- with the Emergency Response Leader vest

See EM-A-18 (Testing the Emergency Plan) for the requirements regarding when and how emergency plan tests will be conducted.

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| <u>Cross References:</u> EM-A-18 (Testing the Emergency Plan); EM-A-12 (Updating the Emergency Manual) | <u>Attachments:</u> None |
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|---|--------------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-A-12 |
| | | Page 1 of 2 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | T. Harrold | Revision Date: May 2023 | |
| Subject: | Updating the Emergency Manual | | |

Purpose/Regulatory Standards

FLTCA 268 (8): The licensee shall ensure that the emergency plans for the home are evaluated and updated ... (a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 268 (4); and

(b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

(9) In evaluating and updating the plan as required under subsection (8), every licensee shall ensure that the entities involved in the emergency response are provided an opportunity to offer feedback.

Policy

The Emergency Manual will be reviewed, at minimum, on an annual basis, and updated as necessary. For any activation of the plan, a review of such will be conducted by the Environmental Services Supervisor within 30 days of the emergency being declared over, after each instance that an emergency plan is activated. The review will include contacting relevant community agencies, partner facilities and resources to ensure that all external arrangements in the Emergency Plan remain current and that the plan is appropriate for the specific situation. Emergency contact information will be updated as outlined in policies EM-F-10 (Maintaining Contact Lists) and EM-A-26 (Staff Call-Back Procedure).

The Fire Plan portion of the Emergency Manual will be reviewed by the local fire department, at minimum once every three years, or whenever there is a material change in the operation or physical characteristics of the Home.

Procedure

The Administrator will:

1. provide the Home's Joint Health and Safety Committee with documentation of Emergency Plan drills and tests (see EM-A-18: Testing the Emergency Plan), requesting recommendations to address identified gaps in the Emergency Manual.
2. forward recommended changes/update of the Emergency Manual to the Director of Environmental Services.
3. ensure that information needed for EM-A-26 (Staff Call-Back Procedure) is updated on an ongoing basis.
4. review the Emergency Manual on an annual basis as part of the "annual evaluation of Emergency Plans" (see GP-1-25 in Retirement and GA-B-70 in LTC).
5. communicate any changes to all staff who may be affected and ensure that in-service training on new procedures is promptly scheduled and delivered to staff

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|---|---|
|  | Policy Number: EM-A-12 |
| | Page 2 of 2 |
| Policy Section: Emergency Manual | Effective Date: July 2003 |
| Prepared By: T. Harrold | Revision Date: May 2023 |
| Subject: | Updating the Emergency Manual |

The Director of Environmental Services will

1. review the Emergency Manual with the Administrator annually, as described in #4 above
2. update the Emergency Manual with input from the entities involved in any emergency affecting the home within 30 days of the emergency being declared over, after each instance that an emergency plan is activated. Such updates will be reviewed with the Director of Environmental Services and the Administrator of the home
3. incorporate recommended changes to the Emergency Manual
4. provide a copy of the Fire Plan (Section B of this manual) to the local fire department for review and approval on, at minimum, every three years.

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| <u>Cross References:</u> EM-F-10 (Maintaining Contact Lists); EM-A-18 (Testing the Emergency Plan) | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-A-14 |
| | | Page 1 of 1 | |
| Policy Section: | General | Effective Date: July 2003 | |
| Prepared By: | T. Harrold | Revision Date: May 2023 | |
| Subject: | Emergency Plans for Staff with Disabilities | | |

Purpose/Regulatory Standards

AODA 27. (1): Every employer shall provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the employer is aware of the need for accommodation due to the employee’s disability.

27. (2): If an employee who receives individualized workplace emergency response information requires assistance and with the employee’s consent, the employer shall provide the workplace emergency response information to the person designated by the employer to provide assistance to the employee.

27. (3): Employers shall provide the information required under this section as soon as practicable after the employer becomes aware of the need for accommodation due to the employee’s disability.

27. (4): Every employer shall review the individualized workplace emergency response information,

- (a) when the employee moves to a different location in the organization;
- (b) when the employee’s overall accommodations needs or plans are reviewed; and
- (c) when the employer reviews its general emergency response policies.

Policy

Supervisors shall provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the need for accommodation is known. For example, an employee with a disability may require assistance when evacuating the workplace in emergencies.

Procedure

Individualized workplace emergency response information shall be provided to employees who have a known disability during their orientation. The information will also be provided upon transfer, when overall accommodations needs or plans are changed, or when there are relevant changes to emergency response policies. To respect privacy, for co-workers to provide assistance to an individual with a disability, they do not need to know the details of the person’s disability.

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| <u>Cross References:</u> None | <u>Attachments:</u> None |
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|  | | Policy Number: EM-A-16 |
| | | Page 1 of 2 |
| Policy Section: | General | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Emergencies - Staff Orientation and Training | |

Purpose/Regulatory Standards

Fire Protection and Prevention Act (FPPA) 2.8.1.2. (1): 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.

FPPA 1.4.1: 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 ...

FPPA 2.8.2.1 (1): A fire safety plan shall include... (c) the training of supervisory staff and instruction of other occupants in their responsibilities for fire safety,

Subsection 2.8.3.2. (6): In the case of a care occupancy, a care and treatment occupancy and a retirement home, any training of supervisory staff carried out under a fire safety plan shall be recorded.

FLTCA 82 (2): Every licensee shall ensure that [no staff member] ... performs their responsibilities before receiving training in the areas mentioned below: ... 7. Fire prevention and safety. 8. Emergency and evacuation procedures. *[Note: RHA Reg. 65 (2) is almost identical.]*

Policy

Staff shall receive orientation and training on Emergency and Fire Response, including Evacuations, as outlined in HR-C-12 (Staff Orientation) and HR-C-30 (Annual Retraining).¹ Staff will also participate in emergency response drills and tests as outlined in EM-B-50 (Fire Drills) and EM-A-18 (Testing the Emergency Plan).

In addition to the above, orientation and training will also be provided that is department and role specific. This includes completion of a quiz to demonstrate that staff are familiar with emergency plan elements that are relevant to their role and work area.

Individualized workplace emergency response information shall be provided to employees who have a known disability during their orientation as outlined on EM-A-14 (Emergency Plans for Staff with Disabilities).

Procedure

Department Managers will:

1. Ensure that the procedures described in HR-C-12/GHR-C-12 (Staff Orientation), HR-C-30/GHR-C-30 (Annual Retraining), EM-B-50 (Fire Drills) and EM-A-18 (Testing the Emergency Plan) are adhered to for their departments and areas of responsibility.

¹ GHR-C-12 and GHR-C30 in Retirement

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|  | | Policy Number: | EM-A-16 |
| | | Page 2 of 2 | |
| Policy Section: | General | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Emergencies - Staff Orientation and Training | | |

2. During the department-specific orientation, ensure each new employee has an opportunity to review the Emergency Manual and Fire Plan. To demonstrate knowledge that they have reviewed and understood this material, each employee will complete the Emergency Manual and Fire Plan Quiz (EM-A-16A) which will be retained in their personnel file. This is in addition to other in-services and education vehicles such as the “Fire Prevention and Safety” and “Emergency Plan and Evacuation Training” modules in AON Academy.
3. Provide individualized workplace emergency response information to employees who have a disability as outlined on EM-A-14 (Emergency Plans for Staff with Disabilities).
4. Arrange for or provide update training to departmental staff as required, documenting the date, the topic, and those in attendance.

The Health and Safety Committee will:

1. Review all fire drill, evacuation, and emergency plan testing reports.
2. Promote staff education and training based on identified needs.

The Director of Environmental Services and the Administrator will monitor the Home’s training needs on an ongoing basis and schedule additional education and training as deemed necessary (i.e. fire extinguisher training, responsibilities of Emergency Response Leaders etc.)

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| <u>Cross References:</u> G/HR-C-12 (Staff Orientation), G/HR-C-30 (Annual Retraining), EM-B-50 (Fire Drills); EM-A-18 (Testing the Emergency Plan); EM-A-14 (Emergency Plans for Staff with Disabilities) | <u>Attachments:</u> EM-A-16A (Emergency Manual and Fire Plan Quiz) |
|---|--|



Emergency Manual and Fire Plan Quiz

- 1) Who is the Emergency Response leader?
- 2) Where are two fire exits?
- 3) What is the location of two fire extinguishers?
- 4) Where and what is the Emergency Control Centre?
- 5) What is a flexi-vac tag and how do you use it?
- 6) What does P.A.S.S. stand for?
- 7) Where is the closest pull station to your work area?
- 8) Please list the locations of three (3) eye wash stations:
- 9) What is the location of the First Aid Station?
- 10) List three actions you would take upon hearing a fire alarm.
- 11) What is the purpose of the Fan-Out List?
- 12) Where is the Emergency Manual located in your department?

Acknowledgements:

- I have had an opportunity to review and ask questions regarding the Emergency Manual.
- I have received a copy of my departmental duties of the Emergency Manual.

Name (Please Print) Signature Date

Supervisor Date

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|  | | Policy Number: | EM-A-18 |
| | | Page 1 of 3 | |
| Policy Section: | General | Effective Date: June 2010 | |
| Prepared By: | T. Harrold/S. Simmons | Revision Date: June 2022 | |
| Subject: | Testing the Emergency Plan | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (10): The licensee shall,

- (a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;
- (b) test all other emergency plans at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;
- (c) conduct a planned evacuation at least once every three years; and
- (d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

RHA Reg. 24 (5): *The licensee shall,*

- (a) *on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,*
 - (i) *the loss of essential services,*
 - (ii) *situations involving a missing resident,*
 - (iii) *medical emergencies, and*
 - (iv) *violent outbursts;*
- (b) *at least once every two years, conduct a planned evacuation of the retirement home; and*
- (c) *keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.*

Policy

Each AON Home will test the emergency plans as outlined on EM-A-18A (Emergency Plan Testing Regulations). Each test will be evaluated, with feedback provided to relevant staff as training and reinforcement. Tests will include any relevant arrangements with the community agencies, partner facilities and resources as appropriate to the test at hand. Documentation of each test shall be maintained by completing form EM-A-18C (Emergency Plan Test Record), including areas of needed improvement identified through testing procedures.

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|  | | Policy Number: | EM-A-18 |
| | | Page 2 of 3 | |
| Policy Section: | General | Effective Date: June 2010 | |
| Prepared By: | T. Harrold/S. Simmons | Revision Date: June 2022 | |
| Subject: | Testing the Emergency Plan | | |

Emergency plans and the Emergency Manual overall will be evaluated annually using the “Program Evaluation Template” (see GP-1-25 in Retirement and GA-B-70 in LTC). Records will be kept of the dates of the evaluation, the names of participants, and a summary of the improvement areas identified. This annual evaluation of the Emergency Plan is the joint responsibility of the Administrator and the Director of Environmental Services (DES) and his/her designates.

Procedure

The Administrator will ensure that the schedule on EM-A-18B (Emergency Plan Testing Schedule) is maintained, with documentation of participation, learnings, and improvements identified for each test. EM-A-18C (Emergency Plan Test Record) should be utilized for this purpose. (Using this form for fire drills is optional, given that form EM-B-50A (Fire Alert Report) will be completed). Testing should be a combination of simulation drills and table-top exercises, in consultation with the Director of Environmental Services and as approved by the Vice President.

The Administrator will:

- ensure the sufficiency of resources and all arrangements with relevant emergency response partners are reviewed and confirmed for each test, and documented on the Test Record.
- ensure learnings and emergency plan improvements are communicated to relevant staff;
- share documentation of Plan tests with the JH&S Committees of each location and with the DES, requesting recommendations where gaps are identified (see EM-A-12).

The DES will serve as a consultant, tracking tests and improvements organization-wide. The Supervisors of Environmental Services will provide support and coordination of tests upon request.

Where an actual emergency event occurs that tests an element of the Emergency Plan (i.e. a flood, an actual violent outburst, an actual missing resident), the Administrator may treat the event as if it was a test (including documentation on EM-A-18C (Emergency Plan Test Record).

Note that the RHA specifies “evacuations” every 2 years and the LTCHA specifies evacuations every 3 years. Neither specifies “horizontal” or “vertical”. The schedule also incorporates monthly generator testing required by the Canadian Standards Association and annual fire extinguisher training (not required by regulation).

Annually, as outlined in GA-B-70 (Mandatory Programs) in LTC or GP-1-25 (Program Evaluations) in Retirement, the Administrator and the DES will jointly ensure that an “Annual Evaluation” of the Emergency Plan is completed in accordance with those policies, with records kept of the dates of the evaluation, the names of participants, and improvements identified. The DES and his/her designates will take the lead, using the results of individual tests conducted throughout the year as information and input into the Annual Evaluation. Items that are on a two or three year testing cycles will be indentified and planned for the coming year as a part of that Evaluation.

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|  | | Policy Number: EM-A-18 |
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| Policy Section: General | Effective Date: June 2010 | |
| Prepared By: T. Harrold/S. Simmons | Revision Date: June 2022 | |
| Subject: | Testing the Emergency Plan | |

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| <u>Cross References:</u> EM-A-12 (Updating the Emergency Manual); GA-B-70 (Mandatory Programs) in LTC; or GP-1-25 (Program Evaluations) in Retirement | <u>Attachments:</u> EM-A-18A (Emergency Plan Testing Regulations); EM-A-18B (Emergency Plan Testing Schedule); EM-A-18C (Emergency Plan Test Record) |
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Emergency Plan Testing Regulations

| Emergency Plan Testing | Policy | LTC | | | Retirement | | |
|--|----------|---|---------------------|------------------|---|---------------------|----------------|
| | | Regulation | Testing Requirement | | Regulation | Testing Requirement | |
| Outbreak/Epidemic/Pandemic | TBD | Reg. 268 | Annual | Reg. 268(10)(a) | RHA 25 (3) | Annual | RHA 24 (5) (a) |
| Fire | EM-B-50 | Reg. 268 | Annual | Reg. 268(10)(a) | RHA 25 (3) | NA | Fire code |
| Missing Resident | EM-C-70 | Reg. 268 | Annual | Reg. 268(10)(a) | RHA 25 (3) | Annual | RHA 24 (5) (a) |
| Horizontal Evacuations | EM-D-10 | Reg. 268 | Q 3 yrs | 268 (10) (c) | RHA 24 (5) | Q 2 yrs | RHA 24 (5) (b) |
| Vertical Evacuations | EM-D-10 | Reg. 268 | Q 3 yrs | Reg. 268(10)(c) | RHA 24 (5) | Q 2 yrs | RHA 24 (5) (b) |
| Violent Outbursts | EM-C-78 | Reg. 268 | Annual | Reg. 268(10)(a) | RHA 25 (3) | Annual | RHA 24 (5) (a) |
| Medical Emergency | EM-C-75 | Reg. 268 | Annual | Reg. 268(10)(a) | RHA 25 (3) | Annual | RHA 24 (5) (a) |
| Community Disasters ¹ | EM-C-10 | Reg. 268 | Q 3 yrs | Reg. 268(10)(b) | RHA 25 (3) | NA | NA |
| Severe Weather ¹ | EM-C-12 | Considered "Community Disaster" | | | Considered "Community Disaster" | | |
| External Air Quality Threat ¹ | EM-C-54 | Considered "Community Disaster" | | | Considered "Community Disaster" | | |
| Loss of Essential Services ² | EM-C-20 | Reg. 230 | Annual | Reg. 230 (7) (a) | RHA 25 (3) | Annual | RHA 24 (5) (a) |
| Loss of Power ² | EM-C-20 | Considered "Loss of Essential Services" | | | Considered "Loss of Essential Services" | | |
| Loss of Gas Supply ² | EM-C- 25 | Considered "Loss of Essential Services" | | | Considered "Loss of Essential Services" | | |
| Loss of Water ² | EM-C-30 | Loss of Essential Services + Boil Water | | | Considered "Loss of Essential Services" | | |
| Unusual Odours or Gas Leaks | EM-C-50 | NA | NA | NA | NA | NA | NA |
| Chemical Spills or Toxic Fumes | EM-C-52 | Reg. 268 | Q 3 yrs | Reg.268(10) (b) | RHA 25 (3) | NA | NA |
| Bomb Threat | EM-C-60 | Reg. 268 | Q 3 yrs | Reg. 268(10) (b) | RHA 25 (3) | NA | NA |
| Gas Leaks | EM-C-50 | Reg. 268 | Annual | Reg. 268(10)(a) | NA | NA | NA |
| Natural Disaster/Extreme Weather Ev. | EM-C-12 | Reg. 268 | Annual | Reg. 268(10)(a) | NA | NA | NA |
| Boil Water Advisory (<i>see Loss of Water</i>) | EM-C-30 | Reg. 268 | Annual | Reg. 268(10)(a) | NA | NA | NA |
| Flood | TBD | Reg. 268 | Annual | Reg. 268(10)(a) | NA | NA | NA |

¹ The Regulations specify "Community Disasters". We use "Severe Weather" or "External Air Quality Threat" as proxies for this. Testing not required in Retirement.

² "Loss of Essential Services" can be tested by using "Loss of Power", "Loss of Gas Supply", or "Loss of Water" as scenarios.



Emergency Plan Testing Schedule

Location: _____

Year: _____

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Policy Ref # |
|---|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|------------------|
| Outbreaks/Pandemics | | | | | | | | | | | | | IPAC Policies |
| Fire Drill | | | | | | | | | | | | | EM-B-50 |
| Extinguisher Training ¹ | | | | | | | | | | | | | EM-B-44 |
| Zone Evacuation ² | | | | | | | | | | | | | EM-D-20 |
| Vertical/Full Evacuation (RHA ³ : Every 2 yrs; LTC: Every 3 Yrs) | | | | | | | | | | | | | EM-D-20 |
| Staff Call-back test (LTC Only) | | | | | | | | | | | | | EM-A-26 |
| 3 Yr. Rotation ⁴ (LTC Only) | | | | | | | | | | | | | EM-C-10/52/60 |
| Missing Resident | | | | | | | | | | | | | GA-D-22 |
| Medical Emergencies | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | See list EM-C-75 |
| Violent Outbursts | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | EM-C-78 |
| Loss of Essential Services ⁵ | | | | | | | | | | | | | EM-C-18 |
| Gas Leaks (LTC Only) | | | | | | | | | | | | | EM-C-50 |
| Extreme Weather Events ⁶ (LTC Only) | | | | | | | | | | | | | EM-C-12 |
| Boil Water Advisory (LTC Only) | | | | | | | | | | | | | TBD |
| Flood (LTC Only) | | | | | | | | | | | | | TBD |
| Generator Tests ⁷ | | | | | | | | | | | | | EM-B-70 |

Shaded area indicates test is due. Record actual date of test in the appropriate shaded box.

The dates for testing outbreaks/pandemics, gas leaks, extreme weather/disasters, water advisories, and floods are provisional in 2022.



Notes on the Emergency Plan Testing Schedule

- ¹ *Fire extinguisher training is included for reference only. It is training to support fire-response, and is not a “test”. It is not required by regulation.*
- ² *One of these tests (usually in the fall) will be an evacuation that is observed/timed by the fire department in accordance with the Fire Code.*
- ³ *The RHRA requires a “full” evacuation exercise every two years. Neither a partial vertical evacuation test, nor the evacuation observed by the Fire Department will satisfy this. LTC does not currently have this requirement*
- ⁴ *Rotate annually: LTC (only) to cover “Community Disasters”, “Chemical Spills”, and “Bomb Threats” once every three years.*
- ⁵ *The Regulations specify “Loss of Essential Service”. We use “Loss of Power”, “Loss of Gas Supply”, or “Loss of Water” as proxies.*
- ⁶ *The Regulations specify “Natural Disasters and Extreme Weather Events”. The difference between a “Community Disaster” [268(4)iii] and “Natural Disasters” [268(4)xi] is not identified. Whether a Flood [268(4)xiii] is also an “Extreme Weather Event” [268(4)xi] is also not identified.*
- ⁷ *Monthly and annual generator tests are required by the CSA and may also support the annual requirement to test for “**Loss of Essential Services**”*
- *** One test is required annually. Use an actual incident and document it as a test where possible.*



Emergency Plan Test Record

| | |
|--|--|
| Plan Being Tested: | Test Date: |
| | Shift: <input type="checkbox"/> Days <input type="checkbox"/> Eve <input type="checkbox"/> Nights |
| Description of Test/Scenario, including staff involved: | |
| | |
| Community Partners Involved: | |
| | |

| Emergency Plan Assessment | |
|---|--|
| • Were plans/policies effective and up to date? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| • Did staff training appear to be effective? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| • Were supplies/equipment/resources in place and sufficient? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| • Were arrangements with Community Partners confirmed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| • Was Partner contact information up to date? <i>(If no, submit correction)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Approved by Administrator: _____ Date: _____ <i>Address any gaps under "Weaknesses" below.</i> | |

| |
|---|
| STRENGTHS* <i>(What went well? What are we proud of?)</i> <ul style="list-style-type: none"> • |
|---|

| |
|--|
| WEAKNESSES* <i>(What can we do better? Problems identified? What correction plans need to be implemented?)</i> <ul style="list-style-type: none"> • |
|--|

* Attempt to summarize the notable or most important items

Signature and Title of Recorder

Documentation Date

| | | |
|---|--|--------------------------------------|
|  | | Policy Number: EM-A-20 |
| | | Page 1 of 1 |
| Policy Section: | General | Effective Date: July 2003 |
| Prepared By: | T. Harrold | Revision Date: May 2023 |
| Subject: | Responsibilities of Staff During an Emergency | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. *[Note: RHA Reg. 25 (4) is identical]*

Policy

All staff shall be informed of their responsibilities in advance of an emergency occurring. Responsibilities shall be documented and readily available for staff to review.

Procedure

Responsibilities by position in the event of fire are outlined in Section B of this manual. Should other types of emergencies occur which represent immediate threats to residents, staff, and visitors, the immediate response should be the same as in the case of a fire – including roles and responsibilities. Staff are responsible to know their roles in advance of an emergency occurring (EM-A-16: Emergencies - Staff Orientation and Training).

Emergency Response Leader

The responsibilities of this manual are by position and/or department and are outlined in detail in Policies EM-B-20 to EM-B-34.

Department Responsibilities

The responsibilities outlined in this manual are by position. In the Care Department, teams of PSW's or registered staff may have assignments that outline specifically how the duties in this manual shall be carried out. Such assignments will be posted on staff communication boards and communicated to new staff during departmental orientation. Ensuring this occurs is the responsibility of the DOC.

| | |
|---|---------------------------------|
| <u>Cross References:</u> EM-B-20 (Responsibilities – Emergency Response Leader) etc. ; EM-A-16 (Emergencies - Staff Orientation and Training) | <u>Attachments:</u> None |
|---|---------------------------------|

| | | | |
|---|--|----------------------------------|----------------|
|  | | Policy Number: | EM-A-24 |
| | | Page 1 of 2 | |
| Policy Section: | General | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Communication During an Emergency | | |

Purpose/Regulatory Standards

FLTC Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. *[Note: RHA Reg. 25 (4) is identical]*

Policy

The Home shall have an Emergency Communication System in place. All staff and volunteers will be trained in its use.

Procedure

Alerting Others to an Emergency Situation

In the event of an emergency, each staff member shall take the appropriate action to secure the immediate situation/vicinity. They will then immediately notify the Charge Nurse of the situation and wait for further instructions.

Lines of Notification shall be:

1. Charge Nurse
2. Director – Environmental Services / AON Maintenance
3. Administrator
4. Director of Care
5. Supervisor – Environmental Services
6. Director/Supervisor – Dietary/Dining Services
7. Life Enrichment/Activities Managers
8. Administrative Staff (Office Manager, Administrative Assistant, Unit Clerk)

Communication with On-duty Staff

Once the Charge Nurse has been notified of the emergency, all further instruction and communication will come from that Charge Nurse via the internal nurse phone/pager system and the traditional telephone system. If those communication systems are not operational, or where circumstances dictate manual communication, 'Runners' will be designated by the Charge Nurse to communicate throughout the building. In situations of fire or other immediate risks, Runners should be assigned to work together in pairs.

Communication with Off-duty Staff

1. Upon entering the premises during an emergency, all off-duty staff will be apprised of the situation upon the start of their shift by the Charge Nurse.
2. In the event of an emergency requiring further assistance, the Charge Nurse will designate someone to contact key personnel and to initiate EM-A-26: Staff Call-back Procedures.

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|  | | Policy Number: | EM-A-24 |
| | | Page 2 of 2 | |
| Policy Section: | General | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Communication During an Emergency | | |

In the event of phone line disruption during an emergency, in which off-duty staff and management must be contacted, the Charge Nurse will designate someone to seek out an external line; or wait until emergency personnel arrive and use their radio system. Protocols for “Emergency External Communications” may also be invoked as outlined in EM-A-30 (Emergency Management).

Communication with Head Office

The Administrator will inform AON Head Office of the emergency situation, action plan and need for assistance. AON Maintenance and the Senior Vice President must be contacted.

Communication with Residents

In the event of an emergency, staff will inform Residents of the situation in a calm and controlled manner, instructing them on the steps needed and the steps being taken to rectify the situation and get them to safety.

Communication with Families

1. In the event of an emergency, resident families will be notified by an individual designated by the Administrator. (For contact information, see EM-F-10: Maintaining Contact Lists).
2. Families will be informed in a calm, professional manner of the relevant information (keep it simple and factual). Refrain from dramatizing the event or hypothesizing outcomes.
3. The information presented should be:
 - Identify yourself
 - Brief summary of situation
 - Present status of resident
 - Expected further communications from us
 - Requests for assistance, clothing, etc.

Communication with the Media

- All media relations are to be directed to the Administrator only. See GA-E-15 or GP-1-10
- Protocols for “Emergency External Communications” may also be invoked as outlined in EM-A-30 (Emergency Management).

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| <u>Cross References:</u> EM-F-10 (Maintaining Contact Lists); EM-A-26 (Staff Call Back Procedures); GA-E-15/GP-1-10 (News Media); EM-A-30 (Emergency Management) | <u>Attachments:</u> None |
|--|--------------------------|

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|---|----------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-A-26 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | Various | Revision Date: May 2023 | |
| Subject: | Staff Call-Back Procedure | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans provide for the following:
... 3. Communications plan. ***[Note: RHA Reg. 25 (4) (3) is essentially identical]***

Policy

A process shall be in place to contact off-duty staff to provide assistance in the event of an emergency situation.

The emergency Staff Call-Back Procedure will be tested annually.

Procedure

The Charge Nurse shall:

1. When emergency staff is required, the emergency Staff Call-Back Procedure shall be initiated by the Charge Nurse.
2. Applicable personnel will contact required staff as indicated on EM-A-26A (Staff Call-Back List). The phone contact sheets consist of the AON Emergency Phone Contact list and the site specific Staff Phone list, which are maintained in Section F of this Manual.
3. Individuals with assigned responsibility to call others in the case of emergency should maintain updated contact information at home so they can fulfill their call-back duties.
4. Support shall be enlisted from family and volunteers. The volunteer phone list will be reviewed and updated monthly by the individual responsible for volunteers.

The Administrator shall arrange to test the Emergency Staff Call-Back procedure annually.

The Administrator will ensure that when management changes occur, updates to the Home's Staff Call-Back List are sent in writing to Head Office to that Emergency Manuals are updated accordingly.

The telephone numbers for staff are updated and distributed as outlined in policy EM-F-10: Maintaining Contact Lists.

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| <u>Cross References:</u> EM-F-10 (Maintaining Contact Lists) | <u>Attachments:</u> EM-A-26A (Staff Call-Back List) |
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|---|-----------------------------|--------------------------------------|----------------|
|  | | Policy Number: | EM-A-30 |
| | | Page 1 of 2 | |
| Policy Section: | Emergency Manual | Effective Date: December 2017 | |
| Prepared By: | T. Harrold | Revision Date: May 2023 | |
| Subject: | Emergency Management | | |

Purpose/Regulatory Standards

In the event of emergency, lines of authority and responsibilities for planning and communication need to be clear. This policy provides direction in that regard.

Policy

The person in charge immediately following an emergency is the Emergency Response Leader (see EM-B-20: Responsibilities - Emergency Response Leader).

Upon arrival onsite, the Administrator will take charge. If the emergency is pre-planned (i.e. a forecasted severe weather event), the Administrator will be in charge from the start, delegating shifts as necessary.

An Emergency Management Team will be convened onsite at the first available opportunity to ensure coordinated management and communications during the emergency. The team will meet daily, or more frequently as required, during the course of the emergency. It will direct and coordinate onsite activities

As needed, an Emergency Steering Committee will plan and coordinate the emergency response across AON operations. The Emergency Steering Committee will include the site Administrator, the Vice President, and the Director of Environmental Services. Others will be engaged and involved as required, including senior dietary staff, maintenance, nursing, finance, and the President and CEO.

Procedure

The responsibilities of the Emergency Response Leader are outlined in policy EM-B-20.

The Administrator will:

- serve as the sole outlet for reports to the media, as outlined in GA-E-15 (News Media)
- convene the Emergency Management Team, which shall operate in a manner similar to the Outbreak Management Team (see IPC-H-21). The team will be comprised of department heads, and the Office Manager and Assistant Director of Care, as well as external resources as needed and available (i.e. Medical Director, Dietitian).

The Emergency Management Team will:

- Execute the appropriate Emergency Plan based on the conditions present, as well as Shelter-in-Place precautions (see EM-C-15), if warranted

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|---|---|
|  | Policy Number: EM-A-30 |
| | Page 2 of 2 |
| Policy Section: Emergency Manual | Effective Date: December 2017 |
| Prepared By: T. Harrold | Revision Date: May 2023 |
| Subject: | Emergency Management |

- Develop and implement a resource plan to address needed supplies and all staffing considerations (including current and expected staffing needs, replacements and shift changes, breaks and rest areas in the Home as needed).
 - See EM-A-26 (Staff Call-Back Procedure)
- Develop and implement a communication plan to address residents, family, and staff.

The Emergency Steering Committee will:

- call upon company resources as required
- make relocation decisions as needed (see EM-D-30: Relocation)
- assist with communication as needed (see Emergency External Communications below)

Emergency External Communications

In the event of a significant emergency, including community-wide emergencies where telephone communications may be at risk, online tools may be invoked by the Emergency Steering Committee as follows:

1. Twitter - @AONresponds
 - the twitter account will be used to disseminate real-time information to staff
 - it will also be used to disseminate updates to family members and to the community at-large, including media organizations as appropriate
 - staff and other relevant groups will be advised to “follow” the @AONresponds account to receive continuous updates
 - the Emergency Steering Committee will be responsible for content on the account
2. Targeted Emergency Website
 - A website will house updated information. (Note: a framework is in place.)
 - In-house communication tools and @AONresponds will be used to point relevant audiences to address of the Emergency Website

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| <u>Cross References:</u> EM-B-20 (Responsibilities - Emergency Response Leader); GA-E-15 (News Media); EM-C-25- (Shelter-in-Place); EM-D-30 (Relocation); EM-A-24 (Communication During an Emergency) | <u>Attachments:</u> None |
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|---|---|--------------------------------------|
|  | | Policy Number: EM-A-40 |
| | | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 | |
| Prepared By: S. Simmons | Revision Date: May 2023 | |
| Subject: | Emergency Control Centre | |

Policy

In the event of emergency, an Emergency Control Centre will be established from which all aspects of the emergency may be investigated and controlled.

The designated Emergency Control Centre shall be at the front desk and main entrance to the residence unless circumstances dictate otherwise. An alternate location for the Emergency Control Centre shall be at the discretion of the Administrator or Charge Nurse as dictated by emergency circumstances. Factors to consider in choosing a location include:

- safety (i.e. being in a separate fire zone);
- being close enough to the emergency to direct staff and oversee the emergency response; and,
- other considerations such as access to exits/stairwells, communication systems, etc.

Procedure

1. In the event of an emergency, the Emergency Response Leader (Charge Nurse or Administrator – see EM-B-20) will establish/activate the Control Centre.
2. The location of this centre will be dependent on the type and location of the emergency. Unless safety or logistical reasons dictate otherwise, the preferred location will be at the front desk and main entrance. This location provides ready access to communication equipment and records, as well as providing convenient access from/to the outside.
3. If the Control Centre is not located at the front desk, the Emergency Response Leader will appoint another staff member to remain at the front desk to greet emergency personnel and to direct all other staff to the Control Centre as directed by the response leader.
4. Once the Control Centre is established, all external emergency personnel coming to assist will be directed there.
5. If the Call Back procedure is initiated (see EM-A-26), all incoming staff will first report to the front desk and await instructions from the Emergency Response Leader.

| | |
|--|--------------------------|
| <u>Cross References:</u> EM-A-26 (Staff Call-Back Procedure); EM-B-20 (Responsibilities – Emergency Response Leader) | <u>Attachments:</u> None |
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|---|---|---|
|  | | Policy Number: EM-A-44 |
| | | Page 1 of 1 |
| Policy Section: Emergency Manual | | Effective Date: July 2003 |
| Prepared By: S. Simmons | | Revision Date: May 2023 |
| Subject: | Emergency Response Leader Identification | |

Policy

A bright red or orange vest shall be used to identify who the Emergency Response Leader is.

Procedure

In the event of an emergency, the Emergency Response Leader shall put on the designated red or orange vest to visually identify to staff members and other outside emergency personnel who is in charge. (For more information regarding the role and responsibilities of the Emergency Response Leader, see policy EM-B-20.)

All staff are to follow directions given by the Emergency Response Leader.

The Emergency Response Leader vest shall be kept at a designated location(s):

- Retirement: near the main reception desk.
- LTC: a vest is located in each Care Centre

A copy of the Emergency Manual, as well as building floor plans shall be located with the vest. Ensuring this manual is updated regularly as policies are issued/reissued is the responsibility of the Administrative Assistant/Office Manager.

| | |
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| <u>Cross References:</u> EM-B-20 (Responsibilities - Emergency Response Leader) | <u>Attachments:</u> None |
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|---|---------------------------------------|---------------------------------|----------------|
|  | | Policy Number: | EM-A-55 |
| | | Page 1 of 2 | |
| Policy Section: | General | Effective Date: May 2012 | |
| Prepared By: | T. Harrold | Revision Date: June 2022 | |
| Subject: | Resident Emergency Information | | |

Purpose/Regulatory Standards

FLTCA 85 (1): Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

Reg. 79 (2): Every licensee of a long-term care home shall ensure that the required information is communicated, in a manner that complies with any requirements that may be provided for in the regulations, to residents who cannot read the information.

FLTCA 85 (3): The required information for the purposes of subsections (1) and (2) is ... (j) an explanation of the measures to be taken in case of fire; (k) an explanation of evacuation procedures

Reg. 265 (2): The licensee shall ensure that the information referred to in clauses 85 (3) (a), (e), (f), (i), (j) and (k) of the Act, ... is posted in print with a font size of at least 16.

Reg. 265 (3): The licensee shall ensure that the information referred to in paragraphs 7, 8 and 9 of subsection (1) are posted on each floor of the home.

***RHA 55 (2):** Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location ... 3. An explanation of the measures to be taken in case of fire. 4. All other information that is prescribed.*

***RHA Reg. 11 (1):** For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home ... 3. An explanation of the procedures to be followed in the case of an evacuation.*

Policy

The procedures for residents to follow in case of fire or evacuation will be posted in a conspicuous and easily accessible location in the Home (i.e. pinned to the “Resident Communication Board”) in at least a 16-point font. In LTC Homes these will be posted on each floor.) These measures will be verbally described to residents who cannot read the information at the time of move in.

Procedure

The instructions for residents in the event of fire or procedures to be followed in the case of an evacuation are provided on attachment EM-A-55A (In Case of Fire).

The Administrator will ensure that instructions for residents are posted as outlined in GA-A-80 (Required Postings for Residents) for AON LTC Homes and in GP-3-5 (Required Postings for Residents) for Retirement Communities. It will also be included in Resident Handbooks. See EM-A-55A (In Case of Fire).

| | | |
|---|---------------------------------------|--------------------------------------|
|  | | Policy Number: EM-A-55 |
| | | Page 2 of 2 |
| Policy Section: | General | Effective Date: May 2012 |
| Prepared By: | T. Harrold | Revision Date: June 2022 |
| Subject: | Resident Emergency Information | |

The procedures for residents to follow in case of fire or evacuation will be verbally described to residents who cannot read the information by the Director of Resident Services (in LTC) or the Director of Care (in Retirement) as part of move-in orientation and introductions.

| | |
|------------------------------------|--|
| <u>Cross References:</u> See Above | <u>Attachments:</u> See EM-A-55A (In Case of Fire) |
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In Case of Fire

This Home's Emergency Plan is tested on a regular basis. Fire drills are conducted each month for the safety of everyone in the building. Fire exits are clearly indicated, and emergency equipment is available and regularly inspected. Our emergency equipment includes heat and smoke detectors, an automatic sprinkler system, and fire extinguishers located throughout the building. Please cooperate with staff members during emergencies.

If you discover fire, activate the building alarm (pull the fire pull-station) or pull the nurse-call system.

If the alarm sounds and you are in your suite, remain calm and stay in your suite. Close all doors and await instructions from staff.

- If you are able, place a wet towel at the base of the main door.
- If you are in the vicinity of an actual fire, leave the area immediately by the nearest fire exit.
- Test doors & doorknobs with the back of your hand. If the door is warm, try another escape route. If the door is cool, open it slowly but be prepared to slam it shut should smoke begin to pour in.
- When the alarm is activated, all stairwells will become accessible. However, please await direction of staff before entering stairwells. Elevators should not be used when alarms are sounding.

Evacuation Instructions

Unless you are in 'immediate danger', **please await direction of staff or EMS personnel before evacuating.**

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|  | | Policy Number: | EM-A-70 |
| | | Page 1 of 1 | |
| Policy Section: | General | Effective Date: May 2015 | |
| Prepared By: | T. Harrold | Revision Date: June 2022 | |
| Subject: | Hazard Identification and Risk Analysis (HIRA) | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (3): In developing the [emergency] plans, the licensee shall ... (b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.

***RHA Reg. 25 (2):** The licensee shall ensure that the development of the emergency plan includes ... (b) identification of hazards and risks that may give rise to an emergency affecting the home, whether the hazards and risks arise within the home or in the surrounding vicinity or community, and strategies to address those hazards and risks.*

Policy

A Hazard Identification and Risk Analysis (HIRA) will be completed to ensure that hazards and risks that may give rise to an emergency which may impact the Home are identified and assessed, whether the hazards and risks arise within the Home or in the surrounding vicinity or community.

Procedure

A multi-disciplinary senior leadership team will complete an HIRA to ensure that the Emergency Manual incorporates strategies and plans to respond to identified hazards and risks. The completed HIRA (see EM-A-70A) will be shared with the Joint Health and Safety Committee.

The HIRA will be updated whenever there is a significant change in the profile of the Home or in the local vicinity or community.

| | |
|------------------------------------|---|
| <u>Cross References:</u> See Above | <u>Attachments:</u> EM-A-70A (Emergency Plan Hazard Assessment) |
|------------------------------------|---|

Emergency Plan Hazard Assessment

FLTCA Reg. 268 (3): In developing the [emergency] plans, the licensee shall ... (b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.

RHA Reg. 25 (2): The licensee shall ensure that the development of the emergency plan includes ... (b) identification of hazards and risks that may give rise to an emergency affecting the home, whether the hazards and risks arise within the home or in the surrounding vicinity or community, and strategies to address those hazards and risks.

| | | Risk Assessment | | | | | Strategies to Address Risk |
|---|--|-----------------|------------------|-------------------|-------------------|---------------------|---|
| | | C | D | E | F | G | H |
| A – Risk in the Community | B – Potential Hazard/Risk Description | C | D | E | F | G | H |
| List the nature of the hazard or risk. | What could happen in this area? How would this result in an emergency? | Exposure (1-6) | Occurrence (1-6) | Probability (A-E) | Consequence (1-5) | Risk Rating (L M H) | Identify things in place now or that you can put in place which control, eliminate or reduce the exposure to the risk/hazard. |
| I. External Risks | | | | | | | |
| Chemical/ Manufacturing plants processing hazardous substances | Chemical leaks or explosions through equipment or process failure | 6 | 6 | E | 2 | Low (20) | <p>There are no chemical/manufacturing plants processing hazardous substances in the vicinity. Risk is remote/highly unlikely. Strategies in Emergency Manual include:</p> <ul style="list-style-type: none"> • EM-C-50 (Unusual Odours or Gas Fumes and Leaks) • EM-C-52 (Chemical Spills or Toxic Fumes) • EM-C-54 (External Air Quality Threat) • EM-D-10 (Evacuations - General) etc. • EM-D-30 (Relocation) etc. |
| Rail Lines | Chemical spills or explosions through derailments | 6 | 6 | E | 2 | Low (20) | <p>There are no active rail lines in the vicinity. Risk is remote/highly unlikely. Strategies in Emergency Manual include:</p> <ul style="list-style-type: none"> • EM-C-50 (Unusual Odours or Gas Fumes and Leaks) • EM-C-52 (Chemical Spills or Toxic Fumes) • EM-C-54 (External Air Quality Threat) • EM-D-10 (Evacuations - General) etc. • EM-D-30 (Relocation) etc. |

Emergency Plan Hazard Assessment

| | | | | | | | |
|----------------------------------|---|---|---|---|---|---------------------|--|
| Highways | Chemical spills or explosions through vehicle accidents | 6 | 5 | E | 3 | Low (24) | <p>There are no high-volume highways nearby. Risk is unlikely. Consequences likely moderate. Emergency strategies include:</p> <ul style="list-style-type: none"> • <i>EM-C-50 (Unusual Odours or Gas Fumes and Leaks)</i> • <i>EM-C-52 (Chemical Spills or Toxic Fumes)</i> • <i>EM-C-54 (External Air Quality Threat)</i> • <i>EM-D-10 (Evacuations - General) etc.</i> • <i>EM-D-30 (Relocation) etc.</i> |
| Flood | Rising water levels of nearby rivers or flash-flood rainfall causing accumulation | 6 | 4 | E | 3 | Low (24) | <p>The home is situated on fairly high ground. Risk of flood waters seriously impacting the home is likely remote. Some local transportation routes might be compromised, potentially limiting supplier access. Emergency strategies include:</p> <ul style="list-style-type: none"> • <i>EM-C-10 (Severe Weather Threats)</i> • <i>EM-C-20 (Loss of Power); EM-C-30 (Loss of Water)</i> • <i>RC-A-15 (Emergency Staffing Plan - Care Department)</i> • <i>EM-D-10 (Evacuations - General); EM-D-30 (Relocation) etc.</i> |
| Fire in Nearby Structures | A fire in a nearby structure which affects the neighbourhood, or risks spreading to the Home | 6 | 3 | D | 2 | Med (15) | <p>Fire plan would be deployed if nearby fire spread to the Home. Otherwise, risks would be smoke/potential evacuation due to risk of fire spreading. Emergency strategies include:</p> <ul style="list-style-type: none"> • <i>Emergency Manual Section B: Fire Plan</i> • <i>EM-C-54 (External Air Quality Threat)</i> • <i>EM-D-10 (Evacuations - General); EM-D-30 (Relocation) etc</i> |
| Epidemic/ Pandemic | A region-wide epidemic/pandemic (or worse) | 2 | 3 | B | 1 | High (3) | <p>Follow Public Health directives. Implement specific IPAC procedures to mitigate and manage risk, including:</p> <ul style="list-style-type: none"> • <i>screening and testing (IPC-H-32/GP-7-82 etc.)</i> • <i>vaccinations (IPC-H-31/GP-7-81)</i> • <i>PPE/Universal Masking and additional precautions (IPC-H-30/GP-7-80, IPC-H-15/GP-7-25 etc.)</i> • <i>Outbreak Preparedness (IPC-H-37/GP-7-87)</i> • <i>Outbreak management (IPC-H-38/GP-7-70)</i> |

Emergency Plan Hazard Assessment

| II. Internal Risks | | | | | | | |
|--------------------------|---|----------|----------|----------|----------|---------------------|--|
| Violence | Customer/Staff/ Trespasser aggression/ confrontation | 3 | 1 | B | 3 | Med (10) | Mitigation Plans in Place: <ul style="list-style-type: none"> • See Workplace Violence Hazard Assessment (P405A) • See Emergency Manual EM-C-78 (Violent Outbursts) • Training on Behaviour Management & GPA • See Emergency Manual EM-C-60 (Bomb Threat) |
| Missing Residents | A resident wanders off premises, putting self at risk | 5 | 1 | C | 2 | Med (10) | Mitigation Plans in Place: <ul style="list-style-type: none"> • See Emergency Manual EM-C-70 (Missing Residents) |
| Gas Fumes/Leaks | Equipment/piping malfunctions, releasing gas/fumes | 6 | 5 | E | 2 | Med (20) | Mitigation Plans in Place: <ul style="list-style-type: none"> • See Environmental Services Manual: ES-G-10 (Maintenance Services) • See Emergency Manual: EM-C-50 (Unusual Odours or Gas Fumes and Leaks) • See Emergency Manual: EM-C-52 (Chemical Spills or Toxic Fumes) • See Emergency Manual: EM-C-54 (External Air Quality Threat) • See Emergency Manual: EM-D-10 (Evacuations - General) etc. • See Emergency Manual: EM-D-30 (Relocation) etc. |

Reviewed by:

Date:

Emergency Plan Hazard Assessment - Instructions

Assessment of Risk: Columns C - G

Column C & D – Exposure & Occurrence: Select the description (1 - 5) below that best matched the frequency of exposure and likelihood of occurrence of the hazard.

| C: Likelihood of Exposure | D: Likelihood of Occurrence |
|-------------------------------|--|
| 1. Continuous | 1. Very Likely (has happened/is happening) |
| 2. Frequent (daily) | 2. Likely (probably – it could happen) |
| 3. Occasional (Once per week) | 3. Rare (seldom but possible) |
| 4. Unusual (one per month) | 4. Very rare (very seldom, but possible) |
| 5. Rare (few per year) | 5. Very unlikely (slight possibility) |
| 6. Very Rare (yearly or less) | 6. Practically impossible |

Exposure (1 - 6) + Occurrence (1 - 6) = Probability (A - E)

Column E – Probability is the combination of likelihood of exposure and the likelihood of occurrence. Locate the number (1 - 6) down the left side of the chart that describes the likelihood of exposure of the hazard. Locate the number that describes the likelihood of occurrence across the top of the chart. The box where they meet (A - E) is the probability

| | | | | | | | |
|------------------------|---|--------------------------|---|---|---|---|---|
| | | Likelihood of Occurrence | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| Likelihood of Exposure | 1 | A | A | B | C | C | D |
| | 2 | A | B | B | C | D | D |
| | 3 | B | B | C | D | D | D |
| | 4 | B | C | C | D | D | E |
| | 5 | C | C | D | D | E | E |
| | 6 | C | D | D | E | E | E |

Column F – Determination of Risk is the combination of probability of an injury/illness and the potential consequences if it should occur, e.g. loss to people, property or environment. Select the description (1 - 5) below that best match the consequences, if an accident should happen involving the hazard.

| E. Probability | F. Consequence |
|--|--|
| A – Common or repeating occurrence | 1. Fatality or permanent disability, significant loss |
| B – Known to occur or “it has happened” | 2. Serious injury or illness with lost time or other loss |
| C. Could occur or “I’ve heard of it happening” | 3. Moderate injury or illness with lost time or other loss |
| D. Not likely to occur | 4. Minor injury or illness without lost time or other loss |
| E. Practically impossible | 5. No injury or illness, lost time or other loss |

Probability

| | | | | | | |
|--------------|---|----|----|----|----|----|
| | | A | B | C | D | E |
| Consequences | 1 | 1 | 3 | 6 | 10 | 15 |
| | 2 | 3 | 6 | 10 | 15 | 20 |
| | 3 | 6 | 10 | 15 | 20 | 24 |
| | 4 | 10 | 15 | 20 | 24 | 27 |
| | 5 | 15 | 20 | 24 | 27 | 29 |

Column G – Risk Rating is the number where the Probability letter meets the Consequences number on the above chart. The Risk Rating (H, M, L) helps determine the priority for determining controls.

- HIGH = 1 – 6**
Serious or significant hazard – a high priority for immediate controls or elimination
- MEDIUM = 7 – 15**
Moderate hazard – medium priority for controls as soon as possible
- LOW = 16 – 29**
Minor hazard – lower priority for controls after higher priorities

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|---|--|---------------------------------------|----------------|
|  | | Policy Number: | EM-A-75 |
| | | Page 1 of 2 | |
| Policy Section: | General | Effective Date: September 2015 | |
| Prepared By: | T. Harrold | Revision Date: June 2022 | |
| Subject: | Emergency Plan Community Partners | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following: Identification of entities that may be involved in or that may provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.

***RHA Reg. 25 (3):** The licensee shall ensure that the emergency plan provides for the following: ... 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.*

FLTCA Reg. 268 (3): In developing and updating the [emergency] plans, the licensee shall, (a) consult with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency, and keep a record of the consultation.

***RHA Reg. 25 (2):** The licensee shall ensure that the development of the emergency plan includes ... (a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency*

FLTCA Reg. 268 (12): The licensee shall keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency

***RHA Reg. 25 (5):** The licensee shall ensure that the emergency plan for the retirement home is evaluated and updated at least annually and that the updating includes contact information for the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.*

Policy

The Home will identify community agencies, partner facilities and resources that will be involved in responding to emergencies, will consult with them regarding their role, and will verify relevant contact information at least annually.

Procedure

| | | | |
|---|--|---------------------------------------|----------------|
|  | | Policy Number: | EM-A-75 |
| | | Page 2 of 2 | |
| Policy Section: | General | Effective Date: September 2015 | |
| Prepared By: | T. Harrold | Revision Date: June 2022 | |
| Subject: | Emergency Plan Community Partners | | |

Identification

The key community partners that may be engaged in responding to emergencies, by type of emergency, are outlined on EM-A-75A (Identification of Emergency Plan Partners). The key Resources/Community Partners in the event of relocation (i.e. major disaster) are outlined on EM-D-30A (Evacuation Resource Plan).

Based on the assessments done on EM-A-75A and EM-C-30B, the primary community partners for which consultation is required are listed on EM-A-75B (Community Partner Consultation).

Consultation and Updates

Arrangements will be established with key Community Partners regarding their role in emergency plans as listed on EM-A-75B (Community Partner Consultation), including the staff member responsible to verifying the arrangements and relevant contact information at least annually. Documentation of the consultation/verification shall be retained.

Note that designated emergency responders (police, fire, ambulance, hospital) are excluded from this consultation unless the emergency plan requires them to play a role that is different from their day-to-day function (i.e. responding to a 911 call).

Less crucial relationships will be called upon as needed and as outlined in individual policies/plans (i.e. psychiatric referrals as an intervention for responsive behaviours, or the gas companies as identified in EM-C-25: Loss of Gas Supply).

Evaluation

Emergency Plans will be evaluated at least annually as outlined in EM-A-18 (Testing the Emergency Plan).

| | |
|------------------------------------|---|
| <u>Cross References:</u> See Above | <u>Attachments:</u> EM-A-75A (Identification of Emergency Plan Partners); EM-A-75B (Community Partner Consultation) |
|------------------------------------|---|

Identification of Emergency Plan Community Partners

The following chart identifies notable community partners based on the type of Emergency at hand. The individual Emergency Plans (i.e. "Bomb Threats" or "Loss of Power") may contain additional details. The most thorough information on external resources/partners can be found in EM-D-50 (Relocation), which outlines the steps needed for relocation regardless of the type of emergency which necessitates the relocation.

| Type of Emergency | Emergency Plan/Policy Ref. | Police | Fire | Hospital/ Ambulance | Transport. | Ontario Health | Social Service Agencies |
|------------------------------------|----------------------------|-----------------|-------|------------------------|-----------------|----------------|-------------------------|
| Epidemic/Pandemic | EM-C-45 | No | No | Yes | No | Yes | No |
| Fire | EM-B-50 | No | Yes | No ¹ | No ² | No | No |
| Evacuation | | | | | | | |
| Zone Evacuation | EM-D-20 | No | Yes | No ¹ | No ² | No | No |
| Vertical Evacuation | EM-D-20 | No | Yes | No ¹ | No ² | No | No |
| Relocation | EM-D-30 | No | Yes | No ¹ | Yes | No | No |
| 3 Yr. Rotation - LTC only | | | | | | | |
| Community Disasters (Air Quality) | EM-C-54 | No | Yes | No ¹ | No ² | No | No |
| Chemical Spills | EM-C-52 | No | Yes | No ¹ | No | No | No |
| Bomb Threats | EM-C-60 | Yes | Yes | No ¹ | No ² | No | No |
| Missing Resident | GA-D-22 | Yes | No | No ¹ | No | No | No |
| Medical Emergencies | See list EMC-75 | No ³ | No | Yes | No | No | No |
| Violent Outbursts | GA-A-55/GP-4-3 | No ³ | No | No ¹ | No | No | No |
| Loss of Essential Services | | | | | | | |
| Loss of Power | EM-C-20 | No | No | No | No ² | No | No |
| Loss of Gas Supply | EM-C-25 | No | No | No | No ² | No | No |
| Loss of Water | EM-C-30 | No | No | No | No ² | No | No |
| Gas Leaks * | EM-C-50 | Maybe | Yes | No | No ² | No | No |
| Natural Disaster/Extreme Weather * | TBD | No | Maybe | No | No ² | No | No |
| Boil Water Advisories * | EM-C-30 | No | No | No | No ² | No | No |
| Floods * | TBD | No | No | No | No ² | No | No |

*** New item in the Fixing LTC Act. This topic requires additional review and/or content**

¹ Hospital/EMS involved as a follow-up measure as needed if resident's health is at risk

² Transportation addressed under Relocation (see also EM-A- 75B and ES-D-30)

³ Police involved if criminal behaviour is suspected

Community Partner Consultation

Based on the assessments done on EM-A-75A (Identification of Emergency Plan Partners) and EM-A-75B (Evacuation Resource Plan), the following lists the primary community partners that have been consulted to provided emergency support, who is responsible to verify/update the partner's contact information, and the policy reference which provides documentation of the arrangement.

| Community Partner/Resource | Policy Reference | Responsible for Verification/Updates |
|--|---|--------------------------------------|
| Pharmacy | EM-D-30B (Pharmacy Disaster Information) | NA. Addressed by contract. |
| Diesel Fuel | EM-C-20A (Diesel Fuel Arrangement - Peterborough) | Director of Environmental Services |
| Diesel Fuel | EM-C-20B (Diesel Fuel Arrangement - Tweed) | Director of Environmental Services |
| Century Transportation | EM-D-30C (Emergency Transportation Arrangement - Peterborough) | Director of Environmental Services |
| Foley Transportation | EM-D-30D (Emergency Transportation Arrangement – Tweed) | Administrator – Moira Place |
| Millbrook/South Cavan Public School | EM-D-30E (Emergency Relocation Arrangement – CP) | Administrator – Centennial Place |
| Agricultural Building | EM-D-30E (Emergency Relocation Arrangement – CP) | Administrator – Moira Place |
| Police, Fire, EMS, Hospital | Assume NA because expectation is to perform normal day-to-day functions | NA |

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|---|--------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-B-10 |
| | | Page 1 of 2 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Immediate Fire Response | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following: 1. Dealing with, ii. fires ... [*Note: RHA Reg. 25 (3) is identical*]

If you discover Fire or Smoke

- REMAIN CALM.
- If you discover fire or smoke, activate the fire alarm by using the nearest pull station.
- Do not open a door until you have ensured that the door is not hot. If the door is hot, keep closed.
- Evacuate all residents away from immediate danger to a zone of safety behind the closest fire door. Ensure the door is closed to the room where the fire originates.
- Close all windows and doors, *including doors that have hold-open devices installed.*
- Report location/information to the Emergency Response Leader (See EM-B-20) and take directions from the ERL until the Fire Department arrives.
- Continue to evacuate residents to zone of safety as needed.
- Fight fire if small with use of extinguisher or fire blanket, Do not risk your own safety.

If you hear the fire alarm

- REMAIN CALM
- DO NOT USE THE ELEVATORS (elevators will be called to 1st floor)
- The Emergency Response Leader will meet the Fire Department at Main Entrance (Emergency Control Centre - See EM-A-40)
- All staff are to assume emergency roles/responsibilities as outlined in the policies which follow this one
- All visitors and volunteers are to remain where they are unless there is immediate danger or until further instructed by the Emergency Response Leader or Fire Department

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|  | | Policy Number: | EM-B-10 |
| | | Page 2 of 2 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Immediate Fire Response | | |

When the annunciator panel indicates a Fire Alarm in your Designated Area

- If the fire is not obvious, staff in the alarm zone are to search out the source of alarm, staying in constant contact using their portable phones or voices as directed by Emergency Response Leader.
- Upon discovery of the source of the alarm, evacuate resident from room, close the door to the room of origin and follow directions by the Emergency Response Leader, possibly including evacuation of the zone.

Staff in Areas Not Affected by the Fire Will:

1. Go to the Emergency Control Centre (by nearest exit) for further instructions if not supervising residents in a common area.
2. Close all windows and doors, including those doors with hold-open devices. Check that all fire and smoke barrier doors are tightly shut.
3. Watch exits to ensure Residents do not leave and await further instructions
4. Reassure residents and instruct residents and visitors in corridors to return to their rooms and/or lounges.

Evacuations:

- See “EM-D-10: Evacuations – General” and all of Section D of this Manual

All Clear:

- The emergency is over when the all clear is given by the Fire Department except during fire drills - see EM-B-50 (Fire Drills)

| | |
|--|---|
| <p><u>Cross References:</u> EM-A-40 (Emergency Control Centre); EM-B-20 (Responsibilities – Emergency Response Leader); EM-B-50 (Fire Drills); EM-D-10 (Evacuations – General)</p> | <p>Remove persons Ensure doors closed Activate alarm Call Fire Department Try to extinguish fire</p> |
|--|---|

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|---|---|--------------------------------------|
|  | | Policy Number: EM-B-20 |
| | | Page 1 of 3 |
| Policy Section: | Fire Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Responsibilities – Emergency Response Leader | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. [Note: RHA Reg. 25 (4) is identical]

Emergency Response Leader

The Emergency Response Leader is the primary leadership role in the event of a fire alarm until the arrival of the Fire Department. These duties will be completed by the Charge Nurse (or the Nursing Supervisor in LTC). If the Administrator, Director of Care, or Assistant Director of Care are on the premises, they may assume the role of Emergency Response Leader at their discretion.

Responsibilities include: lead and direct all staff in the event of an alarm, ensure resident safety, initiate evacuation as required, and gather and communicate information as required.

All staff are required to follow directions from the Emergency Response Leader.

In the Event of a Fire Alarm, the Emergency Response Leader shall:

- Locate source of alarm on Fire Annunciator Panel and communicate the location of the alarm. The fire panel will be near the main entrance. Newer Homes will have a satellite panel in the care centre (i.e. Royal Gardens, Centennial Place, Moira Place).
- Put on Emergency Response Leader Vest. The locations of the vests are as follows:
 - Retirement - main Reception Desk
 - LTC – each Care Centre and main Reception Desk
- Call 911 to confirm that an emergency response has been initiated and to provide additional details about the alarm.
- Establish an Emergency Control Centre (see policy EM-A-40) to serve as the central command and control hub from which to direct all aspects of the emergency.
 - Communicate the location of the Emergency Control Centre via nurse-call phones and other means available.
- Ensure that all resident doors that have hold open devices installed are closed by staff.

| | | | |
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|  | | Policy Number: | EM-B-20 |
| | | Page 2 of 3 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Responsibilities – Emergency Response Leader | | |

- Ensure that the elevator(s) has been brought to the ground floor by designated staff using the “elevator recall key” if this has already not been done.
- Direct staff as follows:
 - **Retirement:** Assign 2 staff (4 staff if available) to proceed to the fire area, taking appropriate keys, phones, and fire extinguishers. If they have not returned or communicated within 2 minutes, assign another 2-person party to proceed after them.
 - **LTC:** As required, direct staff to evacuate the Home Area and/or extinguish the fire. Proceed to alarm area as required to assess the situation and assign more resources or assistance.
- Meet the fire department, or send a designate, if the Emergency Control Centre is not in the main lobby. Provide a verbal update and building keys if requested.

If An Actual Fire Exists

- Assess immediate situation and ensure resident safety; designate appropriate action and emergency roles
 - Determine if extra staff from other areas are needed to assist
 - Assign person to collect important records
 - Establish a Triage area as necessary and a person to oversee it
 - Designate runners, etc.
 - Determine type of Evacuation needed
 - Assign person to tag residents and keep track of them
- Assess, classify, prioritize & document each resident for removal to Triage and/or Hospital
- Assign a person to call in extra help if needed as per EM-A-26 (Staff Call back Procedure)
- Determine persons in the building by consulting schedules, sign in/out books, current resident lists and/or status reports)
- Assign staff to monitor exits for residents at risk (i.e. with dementia)
- Guide and direct evacuation. Stay visible and accessible and maintain overall supervision over staff.
- Meet and update Fire Department when they arrive; follow their instructions
- Contact Administrator, Director of Care, and Director of Environmental Services

| | | | |
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|  | | Policy Number: | EM-B-20 |
| | | Page 3 of 3 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Responsibilities – Emergency Response Leader | | |

- Once the emergency is clear:
 1. Announce “all-clear” to staff
 2. Ensure the fire panel is reset when directed by the Fire Department.
 3. Complete post-fire evaluation/assessment (EM-B-50A Fire Alert Report) and give to Administrator, who will advise MOHLTC through Critical Incident Reporting System
 4. Ensure that a debriefing occurs following the alarm

If A Trouble Alarm Activates

- Contact the Environmental Services Supervisor or Director - see EM-B-62 (Fire Maintenance and Inspection Program) and EM-B-64 (Fire Watch Procedure)

| | |
|--|---|
| <ul style="list-style-type: none"> - <u>Cross References:</u> EM-A-20 (Emergency Control Centre); EM-B-50 (Fire Drills); EM-A-26 (Staff Call back Procedure), EM-B-62 (Fire Maintenance and Inspection Program); EM-B-64 (Fire Watch Procedure) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
|--|---|

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|  | | Policy Number: | EM-B-22 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Responsibilities – Care Department | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. *[Note: RHA Reg. 25 (4) is identical]*

Policy

As part of the fire plan, the Home will have employee specific duties in the event of a fire. This policy applies to Care Department Staff.

In the Event of a Fire

- Turn off all equipment and ensure all hallways & stairwells are clear in your immediate area
- Close all windows and doors, including those where hold-open devices are installed.
- Remain with and reassure residents in your care and await further instructions from Emergency Response Leader.
- If staff have no resident responsibilities, then proceed to Emergency Control Centre.
- Broadcast information over If the nurse call system in Homes that have an audio function.

If Fire is in Your Area

- Evacuate resident and close door to room of fire origin
- Assist in evacuation to zone of safety and other emergency duties as instructed by the Emergency Response Leader or the Fire Department
- Use Flex-Evac tags to indicate empty rooms
- Be prepared to receive and complete further directions

If Fire is not in Your Area

- Be prepared to receive and complete further directions
- Reassure/remind residents to remain calm

Other Emergency

- If with residents, stay and await further instructions, otherwise proceed to the Emergency Control Centre and await further instructions.

| | |
|--|---|
| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|---|----------------------------------|----------------|
|  | | Policy Number: | EM-B-24 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Responsibilities – Program Staff | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. *[Note: RHA Reg. 25 (4) is identical]*

Policy

As part of the fire plan, the Home will have employee specific duties in the event of a fire. This policy applies to Life Enrichment (Program) Staff.

In the Event of a Fire

- Turn off all equipment and ensure all hallways & stairwells are clear in your immediate area
- Close all doors and windows
- Remain with and reassure residents in your care and await further instructions from Emergency Response Leader
- If staff have no resident responsibilities, proceed to Emergency Response Centre

If Fire is in Your Area

- Assist in evacuation and other emergency duties as instructed by the Emergency Response Leader or the Fire Department
- Be prepared to receive and complete further directions

If Fire is not in Your Area

- If more than one Program staff member is involved in a resident activity, the senior member will remain with residents while the other member will report to the alarm location to assist
- Be prepared to receive and complete further directions

Other Emergency

- If with residents, stay and await further instructions, otherwise proceed to Emergency Control Centre and await further instructions.

| | |
|---|---|
| <u>Cross References:</u> EM-A-40 (Emergency Control Centre); EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|--|--------------------------------------|
|  | | Policy Number: EM-B-26 |
| | | Page 1 of 1 |
| Policy Section: | Emergency Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Responsibilities – Environmental Services | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. *[Note: RHA Reg. 25 (4) is identical]*

Policy

As part of the fire plan, the Home will have employee specific duties in the event of a fire. This policy applies to Environmental Service Attendants, Housekeepers, and Laundry Staff.

In the Event of a Fire

- Turn off all equipment and ensure all hallways & stairwells are clear in your immediate area
- Close all doors and windows including those where hold-open devices are installed
- Remain with and reassure residents in your care and await further instructions from Emergency Response Leader (ERL). See policy EM-B-20.
- If staff have no resident responsibilities, proceed to Emergency Control Centre

If Fire is in Your Area

- Evacuate resident and close door in room of origin
- Assist in evacuation of other residents in zone and complete other emergency duties as instructed by the Emergency Response Leader or the Fire Department
- Use “Flex Evac” tags to indicate empty rooms (see policy EM-B-46)
- Be prepared to receive and complete further directions

If Fire is not in Your Area

- Report to Emergency Control Centre to receive and follow further directions
- Staff may be assigned by ERL to search for source of fire alarm

Other Emergency (See Section C for specific situations)

- If with residents, stay and await further instructions, otherwise proceed to Emergency Control Centre and await further instructions.

| | |
|---|---|
| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) EM-B-46 (Flex Evac Evacuation Tags) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
|---|---|

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|---|---|----------------------------------|----------------|
|  | | Policy Number: | EM-B-28 |
| | | Page 1 of 2 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Responsibilities – Dietary Staff | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. [Note: RHA Reg. 25 (4) is identical]

Policy

As part of the fire plan, the Home will have employee specific duties in the event of a fire. This policy applies to Dietary Staff.

In the Event of a Fire

- Turn off all equipment and ensure all hallways & stairwells are clear in your immediate area
- Close all windows and doors, including those where hold-open devices are installed.
- Remain with and reassure residents in your care and await further instructions from Emergency Response Leader.
- If staff have no resident responsibilities, then proceed to Emergency Control Centre.

If Fire is in Your Area

- If the fire is in the kitchen cooking area, the hood fire suppression system should automatically activate. The system can be manually activated by pulling the pin on the pull station located in the kitchen. Instructions are also posted by the hood pull station. When the system is activated leave the kitchen immediately
- If the fire is a *grease fire*, use *Type K fire extinguishers only* if available (See EM-B-44: Fire Extinguishers) as a secondary extinguishing method. If the hood system has been activated so not use K extinguisher but leave area immediately
- Assist in evacuation and other emergency duties as instructed by the Emergency Response Leader or the Fire Department
- Be prepared to receive and complete further directions

If Fire is not in Your Area

- If a meal is currently being served, stay with residents
- If no meal is in progress, proceed to Emergency Control Centre or the assigned Home Area and assist in emergency procedures

Other Emergency

- If a meal is being served, one staff member should stay with the residents and await further instructions, otherwise proceed to Emergency Control Centre and await further instructions

| | |
|---|---|
|  | Policy Number: EM-B-28 |
| Policy Section: Emergency Manual | Page 2 of 2 |
| Prepared By: S. Simmons | Effective Date: July 2003 |
| Subject: | Revision Date: May 2023 Responsibilities – Dietary Staff |

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|--|---|
| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|  | | Policy Number: EM-B-30 |
| | | Page 1 of 2 |
| Policy Section: | Emergency Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Responsibilities – Office Staff | |

Purpose/Regulatory Standards

FLTC Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation... 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. *[Note: RHA Reg. 25 (4) is identical]*

Policy

As part of the fire plan, the Home will have employee specific duties in the event of a fire. This policy applies to Office Staff.

In the Event of a Fire

- Turn off all equipment and ensure all hallways & stairwells are clear in your immediate area
- Close all doors and windows
- Remain with and reassure residents in your care and await further instructions from Emergency Response Leader
- If staff have no resident responsibilities, proceed to Emergency Response Centre

If Fire is in Your Area

- Assist in evacuation and other emergency duties as instructed by the Emergency Response Leader or the Fire Department
- Be prepared to receive and complete further directions

If Fire is not in Your Area

- Call the elevators to the ground floor
- Assist as instructed by Emergency Response Leader.

Other Emergency

- Proceed to Emergency Control Centre and await further instructions.

Communication

In the event of an emergency, Office staff shall be in charge of all communications outside and coming into the building. This includes, but is not limited to using the voice communication system (if available) to keep the staff updated to the situation, and the notification of:

- All necessary emergency services (fire, police, ambulance)
- Administrator and other key personnel
- All off-duty staff, as directed by the Administrator
- Resident families, as directed by the Administrator or the Director of Care
- Emergency Suppliers, as directed by the Administrator

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|  | Policy Number: EM-B-30 |
| Policy Section: Emergency Manual | Page 2 of 2 |
| Prepared By: S. Simmons | Effective Date: July 2003 |
| Subject: | Revision Date: May 2023 Responsibilities – Office Staff |

- DO NOT NOTIFY THE PRESS
- Keep phone lines clear at all times.

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|--|---|
| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|---|
|  | Policy Number: EM-B-32 |
| | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 |
| Prepared By: S. Simmons | Revision Date: February 2022 |
| Subject: | Responsibilities – Maintenance Staff |

Purpose/Regulatory Standards

Reg. 230 (5): The licensee shall ensure that the emergency plans address the following components: 1. Plan activation. 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. [Note: RHA Reg. 25 (4) is identical]

Policy

As part of the fire plan, the Home will have employee specific duties in the event of a fire. (For the purpose of this policy “Maintenance Staff” includes the Supervisor – Environmental Services, the Director of Environmental Services, and AON Maintenance staff, if/when on-site.)

In the Event of a Fire

- Turn off all equipment. Ensure all hallways and stairwells are clear in your immediate area
- Proceed to the Emergency Control Centre (see EM-A-40) and await instructions from Emergency Response Leader (see EM-B-20)
- Proceed to alarm area
- Assist other staff in closing all doors
- Provide fire fighters and other Emergency Personnel with floor plan, any technical information and location of facility systems if required
- At the direction of the fire department, initiate any smoke control system, emergency power systems, and close any natural gas shut off valves
- At the request of the fire department, transmit instructions to other staff and to residents
- Assist in relocation and evacuation and other duties as instructed by the Emergency Response Leader or the Fire Department

Other Emergency (See Section C for specific situations)

- If with residents, stay and await further instructions, otherwise proceed to Emergency Control Centre and await further instructions.

Outside Contractors:

In the event of a fire or other emergency, all third-party contractors who are on the premises should be directed to secure their work area in a safe manner and then proceed to the front lobby/Emergency Control Centre to await instructions from the Emergency Response Leader.

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| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|---|
|  | Policy Number: EM-B-34 |
| | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 |
| Prepared By: S. Simmons | Revision Date: May 2023 |
| Subject: | Responsibilities – Administrator |

If the Administrator is present at the time of an emergency, they may assume the role of Emergency Response Leader. It is very possible that the Administrator will not be present until residents have reached alternate evacuation site. In that case, the Administrator will assume responsibility for determining if any longer-term arrangements will be necessary, and if so, arrange for such. In the Administrator's absence, the Director of Care will carry out this function.

In the Event of a Fire

- Turn off all equipment and ensure all hallways & stairwells are clear in your immediate area
- Close all windows and doors
- Remain with and reassure residents in your care and await further instructions from Emergency Response Leader
- If staff have no resident responsibilities, proceed to Emergency Response Centre

If Fire is in Your Area

- Assist in evacuation and other emergency duties as instructed by the Emergency Response Leader or the Fire Department
- Be prepared to receive and complete further directions

If Fire is not in Your Area

- Proceed to Emergency Control Centre and co-ordinate with Emergency Response Leader
- Be prepared to receive and complete further directions from the Fire Department
- Notify Head Office, the Ministry of Long-Term Care and other appropriate organizations of situation
- Address all media relations
- Prepare a post-emergency audit

Other Emergency

- Proceed to Emergency Control Centre and co-ordinate with DOC/Charge Nurse/RN Supervisor) regarding ways to rectify the situation.

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| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|  | | Policy Number: EM-B-36 |
| | | Page 1 of 1 |
| Policy Section: | Emergency Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Responsibilities – Volunteers & Visitors | |

If The Fire Alarm Sounds

- REMAIN CALM
- Stay with any residents you may be with.
- Reassure residents.
- Follow instructions of staff.

If You Discover Fire or Smoke

- Remove the residents from the area.
- Close the door to confine the fire.
- Activate the fire alarm pull station.
- Report the situation to the Emergency Response Leader, generally located in the front lobby, or seek assistance from the nearest staff person.
- Follow instructions of staff.
- DO NOT ATTEMPT TO EXTINGUISH THE FIRE

If Evacuation Is Necessary

- Remain with residents.
- Follow instructions of staff.
- Reassure residents.

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| <u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|--------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-B-40 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Alarm System | | |

Policy

The residence shall have a Fire Alarm System as part of its Fire Prevention Program.

All employees shall know of the locations of Fire Alarm Pull Stations in their work areas.

Procedure

For the purpose of identifying the location of a fire, each residence has been segregated into “Fire Zones”. These Zones are shown on the annunciator panel(s) located in the residence.

The Fire Alarm System consists of:

1. Detectors
2. Pull stations
3. Sprinklers

Both the Detectors and Sprinklers will activate the fire alarm AUTOMATICALLY.

Pull stations must be pulled MANUALLY in order to initiate the alarm.

Activating the Alarm

1. The alarm signal transmits directly to Trent Security, an outside security response firm, who confirm that the Fire Department has received the signal.
2. The location where the alarm was activated is automatically highlighted on the annunciator panel.
3. The alarm closes the smoke barrier doors automatically. These doors will contain fire and smoke for approximately 45 minutes.

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| <u>Cross References:</u> None | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|---|--------------------------------------|
|  | | Policy Number: EM-B-42 |
| | | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 | |
| Prepared By: S. Simmons | Revision Date: May 2023 | |
| Subject: | Use of Emergency Fire Equipment | |

Policy

All staff shall be trained and knowledgeable in the proper use of Emergency Fire Equipment.

Procedure

For Fire Alarms see EM-B-40 (Fire Alarm System) and for Fire Extinguishers see EM-B-44.

Fire Doors

- DO NOT PROP OPEN FIRE DOORS
- Upon activation of the fire alarm, all fire doors will automatically close.

Smoke and Heat Detectors

- All smoke and heat detectors will be activated automatically
- Smoke detectors and Heat detectors can only be cleared by silencing then resetting the main fire panel. Resetting the fire panel should only be done by authorized personnel under the direction of the fire department (except during fire drills).

Sprinklers: will be activated automatically when subjected to heat, depending on model.

Pull Stations: will activate the alarm system when the lever is pulled down or out.

Annunciator Panel

- The panel will light up when the fire alarm system is activated.
- The panel is designed to indicate the area of the Home where the fire alarm is activated.
- Will reset when the main panel is reset. If the panel is in alarm this is to be done under the direction of the Fire Department only. If the panel is in trouble, it will be reset by authorized personnel only.

Emergency Shut-off valves

- Gas Valves: turn to the off position; Electrical Panel: push breaker to the off position

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| Cross References: EM-B-30 (Fire Alarms); EM-B-42.00 (Fire Extinguishers) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|---------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-B-44 |
| | | Page 1 of 2 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Extinguishers | | |

Policy

All staff are required to take a portable fire extinguisher with them when reporting to a fire alarm or scene. Staff should never enter the scene of a fire without an extinguisher. Refer to EM-E-10: Emergency Equipment Locations and EM-E-20: Fire Extinguisher Locations.

When not to fight a fire...

- If the fire could block your only exit
- If the fire is spreading quickly
- If the type or size of the extinguisher is wrong
- If the fire is too large
- If you don't know how to use the fire extinguisher

Procedure

1. Carry by the handle to the fire
2. **P** - Pull the pin
3. **A** - Aim nozzle at base of fire
4. **S** - Squeeze the handle
5. **S** - Sweep nozzle back and forth to blanket. Extinguish ground fires first, working progressively upwards
6. Always back away from the fire area in case the fire flares up.

Never re-hang extinguishers after use. The Environmental Service Supervisor will ensure extinguishers are properly recharged by a person that is qualified to service portable fire extinguishers and that a replacement extinguisher is provided.

Keep extinguishers in a visible area without obstructions around them.

Dry Chemical Extinguishers (Class ABC) – can be used on all types of fires: combustibles, flammable liquids, and electrical.

Wet Chemical Extinguishers (Class K) - can be used for fires involving cooking appliances that involve combustible cooking media; vegetable or animal oils and fats. This extinguisher is to be used in conjunction with the existing hood fire suppression system. Class K extinguishers should not be used on electrical fires at anytime.

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|  | | Policy Number: | EM-B-44 |
| | | Page 2 of 2 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Extinguishers | | |

Carbon Dioxide (CO²) Extinguishers – are located in the electrical and mechanical rooms which have a plastic horn at the end of the nozzle. The extinguishers release pressurized CO² into the fire to reduce the air/oxygen feeding it. The CO² is extremely cold, the extinguisher needs to be held by the plastic horn.

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| <u>Cross References:</u> EM-E-10 (Emergency Equipment Locations); EM-E-20 (Fire Extinguisher Locations) | <u>Attachments:</u> None |
|---|--------------------------|

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|---|---|
|  | Policy Number: EM-B-46 |
| | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 |
| Prepared By: S. Simmons | Revision Date: May 2023 |
| Subject: | Flex-Evac Evacuation Tags |

Policy

When conducting a search, Flex-Evac Evacuation Tags will be used to identify if a room has been checked or if a resident is in the room during an emergency such as a fire. Flex-Evac tags are fastened to each door. The tag attaches to the door frame (magnetically) to display a “Vacant” sign.

See EM-D-10: Evacuations - General

Procedure

1. In the event of a fire, check each room thoroughly. After each room has been searched, exit the room, close the door and attach the Flex-Evac tag across the door and door frame. This will signal to others that the room has been searched and is vacant.
2. After a room has been searched and the occupant remains in the room, shut the door. Do not attach the Flex-Evac tag.
3. At anytime during an emergency such as a fire, if a room tag is not across the door and door frame, the room must be re-checked to ensure that someone has not re-entered the room or the room remains occupied.

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| <u>Cross References:</u> EM-D-10: Evacuations - General | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
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|---|--------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-B-50 |
| | | Page 1 of 3 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Drills | | |

Purpose/Regulatory Standards

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, i. fires ...

Reg. 268 (10): The licensee shall, (a) on an annual basis test the emergency plans related to the loss of essential services, fires, ... including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;; ... [and] ... (d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

Note: RHA Reg. 25 (3): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, i. fires ... RHA 24 (5:) The Licensee shall ... (c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

Fire Protection and Prevention Act

Subsection 2.8.3.2. (1): Fire drills ... shall be held at least once during each 12-month period for the supervisory staff, except that except that ...[in care] occupancies, fire drills shall be held at least monthly ...

Subsection 1.4.1: 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.

Subsection 2.8.3.2. (6): In the case of a care occupancy, a care and treatment occupancy and a retirement home, any training of supervisory staff carried out under a fire safety plan shall be recorded. (7) In the case of a training record required by Sentence (6), the original or a copy of at least the current and the immediately preceding record shall be retained in the building for a period of at least two years and shall be made available for examination by the Chief Fire Official on request.

Policy

Fire Drills shall be performed each month on all shifts. Fire drill times shall be rotated so that all shifts participate at least once each month. Attendance shall be documented.

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|  | | Policy Number: | EM-B-50 |
| | | Page 2 of 3 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Drills | | |

Procedure

1. The Environmental Services Supervisor (ESS) or the Administrator will coordinate fire drills at least once a month. Audible or live fire drills shall be rotated so that day and evening shifts have the opportunity to practice the procedure.
2. Notice will be given to Trent Security regarding the drill time and location to prevent emergency response by the Fire Department. The local Fire Department will also be notified that the Home's fire alarm system is out of service for the fire drill.
3. Notification of management of the drill will be at the discretion of the ESS & Administrator.
4. Where there are external commercial tenants within the same building, notice of the drill will be given prior to the activation of the alarm by the ESS. This will include: Hairdressers (all Homes), Peterborough Square (Princess), Ground floor commercial tenants and Electrician (Empress).
 - For Empress Gardens the electrician will be contacted 48 hours in advance of a drill to assist with the operation of the Fire panel to avoid bells disrupting commercial tenants.)
5. The designated fire location zone will change for each drill. The ESS will place a fire symbol or sign in a room.
6. The ESS may activate a smoke detector, or once a staff member notices the sign, the staff member will be directed to activate the pull station.
7. Upon hearing the fire alarm, all staff must initiate their fire response procedures. Staff response is then observed by the ESS and/or Fire Drill observer.
8. When the fire is located and/or evacuation completed, the ESS or fire drill observer will indicate to staff to notify the Emergency Response Leader of an "All Clear" which signals the end of the drill.
9. At the end of the drill, all staff shall sign the fire drill attendance sheet (EM-B-50B) and participate in a review/debrief. An individual debrief will also be held with the Emergency Response Leader (ERL), ESS (or fire drill leader) and Director of Care to review specifically the response of the ERL during the drill.
10. The Fire Panel and alarm system will be reset. The Fire Department and alarm company will be notified by the ESS that the system is restored after the drill is complete.
11. The Emergency Response Leader and the ESS will complete a Fire Alert Report (see EM-B-50A) and forward it to the Administrator. A copy shall be provided to the OH&S Committee and a copy will be posted on Health and Safety communication boards. Deficiencies are to be addressed immediately and reports of remedy included in the report.
12. The Administrator will ensure that attendance at Fire Drills is tracked so that all employees in the Home participate in a Fire Drill at least one each year.

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|  | | Policy Number: EM-B-50 |
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| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Fire Drills | |

- Fire Drill attendance will be tracked using the “offline course” feature in AON Academy

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|-------------------------------|--|
| <u>Cross References:</u> None | <u>Attachments:</u> EM-B-50A (Fire Alert Report); EM-B-50B (Fire Drill Attendance Sheet) |
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FIRE ALERT REPORT

| | | | |
|---|---|---|-----------------|
| Drill <input type="checkbox"/> or Alarm <input type="checkbox"/> | Date: _____ | Time: _____ | |
| Location of Fire | Who Discovered the Fire | Fire Alarm Pulled <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was there a fire? <input type="checkbox"/> Yes <input type="checkbox"/> No | Alarm Activated by: <input type="checkbox"/> Detector <input type="checkbox"/> Pull Station | | |
| Time taken to find the fire: _____ | Was the fire extinguished? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Time the Fire Dept arrived: _____ | Time of All-Clear announcement: _____ | | |
| Test/Drill Preparation: | YES | NO | Comments |
| Fire Department notified before test/drill | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alarm monitoring firm notified before test/drill | <input type="checkbox"/> | <input type="checkbox"/> | |
| Commercial tenants notified | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did Person(s) Discovering the Fire: | | | |
| Remove residents from immediate danger | <input type="checkbox"/> | <input type="checkbox"/> | |
| Close door(s) and window(s) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pull alarm | <input type="checkbox"/> | <input type="checkbox"/> | |
| Initiate Evacuation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Attempt to control fire with an extinguisher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did the Person in Charge: | | | |
| Confirm location of fire | <input type="checkbox"/> | <input type="checkbox"/> | |
| Direct staff in control of fire | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure residents out of immediate danger | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure evacuation started if necessary | <input type="checkbox"/> | <input type="checkbox"/> | |
| Greet Fire Department at main entrance | <input type="checkbox"/> | <input type="checkbox"/> | |
| Response of Other Staff Members: | | | |
| Designated staff assisted as directed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Extinguisher was taken to the fire scene | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adjacent rooms checked; doors closed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Flex-Evac Tags were used | <input type="checkbox"/> | <input type="checkbox"/> | |
| Equipment shutdown was appropriate | <input type="checkbox"/> | <input type="checkbox"/> | |
| All exit doors were monitored | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator was shut down | <input type="checkbox"/> | <input type="checkbox"/> | |
| Corridors were clear & exits unobstructed | <input type="checkbox"/> | <input type="checkbox"/> | |
| All exterior doors secure | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Form, to be completed jointly by the Emergency Response Leader and the Supervisor/Director of Env. Services. | | | |



FIRE ALERT REPORT

| Fire Safety Systems: | YES | NO | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------|--|----------|--------------------------|---------------|--------------------------|-----|--------------------------|----|-------------|--|------------------|--------------------------|-----|--------------------------|----|-------------|--|---------------------------|--------------------------|-----|--------------------------|----|-------------|--|--------------|--|--|--|--|-------------|
| Fire alarm system activated correctly | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 nd stage alarm activated correctly (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annunciator panel indicated correct fire zone | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-closing doors activated correctly | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Follow-up Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All-clear announced; staff signed attendance | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A debrief was held | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire alarm system reset | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Door hold-open devices reset | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elevator service restored | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HVAC system restored | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire alarm system clear of any troubles | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confirmed monitoring firm received alarm | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire Department notified after drill/test | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;">Who was Contacted?</td> <td style="width: 30%;">Administrator</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 10%;">Time: _____</td> </tr> <tr> <td></td> <td>Director of Care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td>Time: _____</td> </tr> <tr> <td></td> <td>Director of Env. Services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> <td>Time: _____</td> </tr> <tr> <td></td> <td>Other: _____</td> <td></td> <td></td> <td></td> <td></td> <td>Time: _____</td> </tr> </table> | | | | Who was Contacted? | Administrator | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Time: _____ | | Director of Care | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Time: _____ | | Director of Env. Services | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Time: _____ | | Other: _____ | | | | | Time: _____ |
| Who was Contacted? | Administrator | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Time: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Director of Care | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Time: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Director of Env. Services | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Time: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other: _____ | | | | | Time: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Describe the Fire Drill Scenario, Fire Incident, Fire Alarm Occurrence:</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Describe Areas for Improvement:</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emerg. Response Leader: _____ | | Director of Care: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administrator: _____ | | Supervisor of Env Services: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | Copy to the Director of Env, Services <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|------------------------------------|--------------------------------------|
|  | | Policy Number: EM-B-55 |
| | | Page 1 of 1 |
| Policy Section: | Emergency Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Annual Observed Fire Drills | |

Fire Protection and Prevention Act

2.8.2.2. (1): There shall be sufficient supervisory staff available in care occupancies, care and treatment occupancies, detention occupancies and retirement homes to carry out the duties required in the fire safety plan.

2.8.3.2 (2.1): ... in care occupancies, care and treatment occupancies and retirement homes, a fire drill 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 requirements of Sentence 2.8.2.2.(1) have been met.

2.8.3.3: The Chief Fire Official shall be notified within an approved time period of every fire drill carried out under Sentence 2.8.3.2.(2.1).

Procedure

The Home will plan and conduct an annual fire drill and evacuation with the local Fire Department to confirm sufficient staffing levels. The Administrator / Executive Director is responsible for ensuring this occurs.

1. The management team, led by the Administrator / Executive Director and in consultation with the Director of Environmental Services (DES), will plan a scenario for evacuating residents to the nearest point of safety/fire zone. The evacuation scenario will represent the lowest staffing complement and must be completed in the time frame allocated.
2. Once practiced by the Home, the scenario will be submitted to the Chief Fire Official (CFO) on the "Observed Fire Drill Scenario Form" (EM-B-55-A). The CFO will approve the scenario and set an agreed upon date with the Home for the drill.
3. The drill will measure: the time to respond to the room of fire origin and remove the resident from the room and close the room door within the approved time; the time to evacuate residents to a point of safety within an approved time; and also to confirm that there is sufficient staff to complete the duties of the Fire Safety Plan.

| | |
|--|---|
| <u>Cross References:</u> EM-B-55A (Observed Fire Drill Scenario Form) | R emove persons E nsure doors closed A ctivate alarm C all Fire Department T ry to extinguish fire |
|--|---|

Vulnerable Occupancy – Fire Drill Scenario Form

This Section Completed by Owner / Operator

This guideline is intended to assist facility administrators and Chief Fire Officials with the development and validation of the annual fire drill scenario requirement in care occupancies, care and treatment occupancies and retirement homes. Complete the 4 steps below when seeking a fire service approval of the fire drill scenario.

PART (1) PROPERTY INFORMATION

| | | |
|--------------------------|-------------------|---|
| Property Operating Name: | | Contact number: |
| Contact Name: | | Occupancy Classification: CHECK Below |
| Occupancy Address: | | <input type="checkbox"/> Care Occupancy |
| City/Town: | Postal Code: | <input type="checkbox"/> Care and Treatment Occupancy |
| Licensing Agency: | Licensing Number: | <input type="checkbox"/> Retirement Home |

PART (2) CONTACT INFORMATION

| | |
|-----------------|----------------|
| Owner Name: | |
| Owner Address: | |
| City/Town: | Postal Code: |
| Contact Number: | Email address: |

PART (3) APPROVED FIRE DRILL SCENARIO

| | |
|-------------|---|
| TIP: | <p><input checked="" type="checkbox"/> The Ontario Fire Code requires monthly fire drills to be performed in care occupancies, and care and treatment occupancies. The local fire service observes an annual fire drill to determine sufficient supervisory staff is available to perform fire safety duties described in the Fire Safety Plan.</p> <p><input checked="" type="checkbox"/> Every person required to implement a fire safety plan must have completed an acceptable training program/course by January 1, 2017.</p> <p><input checked="" type="checkbox"/> Additional requirements and Compliance dates can be found in the Compliance Schedule. Check all Fire Code applications here</p> |
|-------------|---|

Step 1 - Develop a Scenario Representing Lowest Staffing Level Complement

| | | |
|----------|--|--|
| A | Select a zone/floor area of fire origin involving residents/patients in resident/patient rooms that poses the greatest evacuation challenge for staff. | Floor # : _____ Zone: _____ Number of residents/patients in the fire compartment that will require evacuation to a point of safety: _____ |
| B | Identify the point of safety to which residents/patients in the zone/floor area of fire origin will be evacuated. | <input type="checkbox"/> Outside Building <input type="checkbox"/> Exit stairwell (min. 30 minutes fire resistance rating) <input type="checkbox"/> Adjacent Zone (min. 30 minutes fire resistance rating) |

| | | |
|---|---|---|
| C | Select a resident/patient room within this zone/floor area that would represent the room of fire origin. | Room #: _____ Total residents/patients in the room: _____ |
| D | Simulate the time of day representing the lowest staffing level complement available to respond to the room of fire origin. | Time of day: _____ Number of staff available to respond: _____ |

TIP: Submit drawings to the fire service that show the building features and the proposed area affected by the fire drill. Include the proposals listed above on the drawing so that the scenario can be reviewed and approved.
 Evacuations in stairwells with non-ambulatory residents may be labour intensive. Proxies should be considered when scenarios are developed to ensure the safety of all residents / patients within the facility. Refer to OFMEM [TG-01-2013](#) and [TG-01-2004](#) for details.

Step 2 - Determine Time Available for Closing the Door to the Room of Fire Origin

| | | |
|----------|--|--|
| A | Estimate the time required for detecting a fire in the room of fire origin based on the device in the room of fire origin. Use the time shown from Table C.1 below unless otherwise documented. | Fire Detection Time _____ (minutes) (A) |
| B | Estimate the time period during which the suite or room of fire origin is safe to enter. Choose 2.5 minutes for an unsprinklered room or 5 minutes for a sprinklered room. | Time room is safe to enter _____ (minutes) (B) |
| C | Calculate the time available for staff to : <input checked="" type="checkbox"/> respond to the room of fire origin <input checked="" type="checkbox"/> remove/assist occupants from the room, and <input checked="" type="checkbox"/> close the room of fire origin door. | (B) - (A) = (C) Time Available Time available : _____ (minutes) (C) |

| Table C.1 Detection Method**Maximum Detection Time | Time to Detect (min) |
|---|----------------------|
| smoke alarm/detector in small bedroom (12 x12 ft) of fire origin | .5 |
| smoke alarm/detector in medium to large room (15 x 20 to 25 x 25 ft) of fire origin | .75 |
| smoke detector in corridor, with fire initiating in adjacent bedroom with open door | 1.5 |
| smoke detector in corridor, with fire initiating in adjacent small bedroom with closed solid-core wood door | 5 |
| 135°F heat detector in small bedroom (12 x12 ft) of fire origin | 1.5 |
| 135°F heat detector in medium to large room (15 x 20 to 25 x 25 ft) of fire origin | 2.5 |
| 135°F heat detector in corridor outside adjacent small bedroom of fire origin with open door | 3.3 |
| 135°F heat detector in corridor outside adjacent small bedroom of fire origin with closed solid-core wood door | 18 |
| 135°F-165°F residential type sprinkler system in a bedroom of fire origin | 2.5 |
| supervisory staff at work station smelling smoke from fire in room with door open to corridor | 6 |
| supervisory staff at work station smelling smoke from fire in room with solid-core wood door closed to corridor | 8.3 |

** For the purposes of this document only the maximum time to detect is shown. Refer to OFM TG-01-2013 Table C.1 for additional information.

| | |
|-------------|---|
| TIP: | <p>NEVER re-open the door to the room of fire origin after evacuating the room. Smoke and fire may compromise the hallway and reduce the time available to evacuate residents to the next point of safety. Fire Safety Plan instructions should ensure doors remain closed.</p> <p>Smoke alarms are now mandatory in each suite, or sleeping room not within a suite, that is not equipped with a smoke detector. Information can be found in the Fire Alarm Test Report to determine the type of detector in each suite and sleeping room.</p> <p>Self-closing devices may be required on doors to suites and sleeping rooms on January 1, 2017. Check all Fire Code applications here.</p> |
|-------------|---|

Step 3 - Determine Time Available to Evacuate Occupants in the Zone/Floor Area of Fire Origin to a Point of Safety AND Closing the Door to the Room of Fire Origin

| | | |
|----------|--|---|
| A | <p>Identify the type of door to the room of fire origin.</p> <p>*Door rating information may be found on suite door frame and on door near hinges.</p> | <p>Check applicable door type / rating:</p> <p><input type="checkbox"/> Wood panel or Hollow-core wood = 5 min</p> <p><input type="checkbox"/> 45 mm solid-core wood = 15 min</p> <p><input type="checkbox"/> 20-min. rated door in 20 min labelled frame = 20 min</p> <p><input type="checkbox"/> Hollow metal / steel door = 30 min</p> <p><input type="checkbox"/> 45 min labelled door in 45 min labelled frame = 45 min</p> <p style="text-align: center;">Door rating - _____ (min.) (A)</p> |
| B | <p>Determine the minimum water supply duration for automatic sprinklers from the following information:</p> <p>No sprinklers = 0 minutes</p> <p>Sprinklers designed to NFPA 13D = 20 minutes</p> <p>Sprinklers designed to NFPA 13R = 30 minutes</p> <p>Sprinklers designed to NFPA 13 = 30 minutes</p> <p>Municipal water supply to sprinklers = 60 minutes</p> <p>*Sprinkler design information may be found in Sprinkler System Test Reports or other documentation.</p> | <p>Sprinkler system water supply duration (minutes)</p> <p>_____ (min.) (B)</p> |
| C | <p>Calculate the <u>time available</u> to evacuate residents to the point of safety.</p> <p><u>Time available</u> is denoted as (C).</p> <p>(This is time available after the door to the room of fire origin is closed.)</p> | <p>(A) + (B) = (C) Time available</p> <p>Time available to evacuate residents to point of safety.</p> <p>_____ (min.) (C)</p> |

List Supervisory Staff duties to be carried out as noted in the Approved Fire Safety Plan

| |
|---|
| <p>May include calling 911, pulling fire alarm or other duty to ensure resident safety:</p> |
|---|

Method of Alarm Activation for Fire Drill Scenario

May be direct fire alarm activation, silent alarm, verbal notification:

TIP:

- PRACTICE the fire drill scenario and supervisory duties prior to fire service observations to ensure time requirements are obtained with minimum staffing levels. Ensure the Fire Department has the most current Fire Safety Plan.**
- Options to improve evacuation times can be found on page 15 of the OFMEM Guideline [TG-01-2013](#).
- Submit the plan to the Chief Fire Official for approval of the Fire Drill Scenario.

PART (4) APPROVED FIRE DRILL SCENARIO INFORMATION

| | |
|---|-------------------|
| Document Prepared by: | Date Prepared by: |
| Proposed Date for Fire Drill Observation: | Alternative Date: |
| Date Submitted to Chief Fire Official for APPROVAL: | |

Chief Fire Official Approval of Fire Drill Scenario

| | | |
|------------|-----------|------|
| | | |
| Print Name | Signature | Date |

This Section Completed by the Fire Service

Verification of Fire Drill Scenario Variables

| Verify the following prior to running the actual fire drill. Adjust scenario times as required if discrepancies identified. | Confirmed |
|---|-----------|
| Does the Fire Drill Scenario represent the lowest staffing level as identified in the Fire Safety Plan? | |
| Is the detection method provided in Step 2 A (table C.1) properly identified and used in calculation? | |
| Will the identified point of safety accommodate everyone from the evacuated zone? | |
| Is the door rating provided in Step 3 A properly identified and used in calculation? | |

Time Verification by the Fire Service

| Actions from Directive 2014-02 | Time Calculated By Owner | A | |
|--|---|--|--------------------------|
| The actual time to respond to the room of fire origin, remove occupant(s) from the room, and close the door to the room. | Show time from Step 2 C – Available Time _____ | Record actual time to complete task _____ | Acceptable Y or N |
| The actual time to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety | Show time from Step 3 C – Available Time _____ | Record actual time to complete task _____ | Acceptable Y or N |
| | | Pass | Fail |
| Was the actual time to respond to the room of fire origin, remove occupant(s) from the room, and close the door to the room within the time permitted? | | | |
| Was the actual time to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety within the time permitted? | | | |
| Were all identified Supervisory Staff duties from Fire Safety Plan completed as shown above? | | | |
| Did the fire drill observation identify any <i>Supervisory Staff</i> duties performed that were not shown in the Fire Safety Plan? | | YES | NO |

TIP

- If the fire drill observations determine that *insufficient* supervisory staff is available to perform the fire safety duties as described in the Fire Safety Plan, appropriate enforcement options provided in OFMEM TG-01-2012 – [Fire Safety Inspections and Enforcement](#) should be utilized to ensure the safety of the occupants.
- Complete the “Registry of Vulnerable Occupancies” as required in Directive [2014-001](#) and detailed in [Communiqué 2014-09](#)
 - Directive [2014-002](#) requires a Fire Safety Inspection to be completed. The inspection may be done on a different date than the Fire Drill.
- **Ensure the Fire Safety Inspection Checklist is completed and retained in the fire department file.

| | | |
|---|-------------------------|--------------------------------------|
|  | | Policy Number: EM-B-60 |
| | | Page 1 of 2 |
| Policy Section: | Emergency Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Fire Prevention | |

Purpose/Regulatory Standards

The purpose of a Fire Prevention Program is to prevent fires from happening. Effective fire prevention requires that everyone know and fulfill their responsibilities. It is only possible with the complete cooperation of all persons in the building. Effective Fire Prevention also requires:

1. Good Housekeeping
2. Effective Maintenance
3. Adherence to the smoking and fire safety policies of the residence. LTC Homes are non-smoking facilities.

Policy

The Home shall have a Fire Prevention Program to reduce the risk of a fire occurring.

Procedure

Supervisors and managers will ensure that all employees/volunteers/contractors under their supervision are:

1. knowledgeable of the fire procedures and policies relating to fire safety.
2. knowledgeable of the basic fire hazards in their work area.

All employees will:

1. Be knowledgeable of the contents of the Emergency Manual and adhere to the fire safety policies.
2. Be knowledgeable of the locations of Fire Alarm Pull Stations, fire-fighting equipment and exits in his/her work area.
3. Report any accumulation of combustible waste material (inside or outside the building), and any defective, mechanical, electrical equipment or other fire hazards to their supervisor.

No Staff Member/Volunteer/Contractor shall:

1. Store gasoline or other flammable liquids in the interior part of the residence, unless proper safety procedures are followed.
2. Accumulate combustible material in corridors, stairways or other prohibited areas.
3. Interfere or tamper with breakers, thermostats, heat controls, air conditioners, or other mechanical controls.

| | | | |
|---|-------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-B-60 |
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| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Prevention | | |

4. Use electrical hot plates, heaters, or kettles in resident rooms or other unauthorized areas. All kettles/coffee pots must have an automatic shut-off feature.
5. Use paper in or near an oven.
6. Use fire prevention equipment without prior, documented training in its use.
7. Hold open and leave unattended a fire or smoke barrier door.

Hot Works Procedure

Hot works is any heat producing work that can be done by employees or contractors and can include welding and cutting, propane torch use, grinding, braising, etc. When hot work is being done by an employee or contractor, they will take the following precautions:

- 1) Notify the onsite management (Environmental Services Supervisor, Administrator, Nurse in Charge) of the location of the Hot work and expected duration.
- 2) Remove combustibles from the immediate work area.
- 3) Have a Fire extinguisher on hand while the work is in progress.
- 4) Upon completion of the work, monitor the area for 10 minutes to ensure there is no fire hazard.
- 5) Inform management or nurse-in-charge when the work is completed.
- 6) Onsite staff will continue to monitor the work area for three (3) hours after the work is completed.

| | |
|--------------------------------|---------------------------|
| <u>Cross References</u> : None | <u>Attachments</u> : None |
|--------------------------------|---------------------------|

| | | | |
|---|--|----------------------------------|----------------|
|  | | Policy Number: | EM-B-62 |
| | | Page 1 of 2 | |
| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Maintenance and Inspection Program | | |

Purpose/Regulatory Standards

LTCHA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following:
... **3.** Resources, supplies, personal protective equipment and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protective equipment and equipment have not expired.

RHA Reg. 25 (3): *The licensee shall ensure that the emergency plan provides for the following: ...*
3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order. [Note: LTCHA Reg. 30 does not address testing.]

Policy

The residence shall have a Fire Maintenance and Inspection program to ensure that fire and emergency equipment are in working order at all times.

Procedure

- The Director of Environmental Services or AON’s Maintenance Manager will schedule staff/contractors to ensure that fire equipment is checked as per Fire Code requirements.
- All staff shall ensure that fire doors are kept closed at all times. The only fire doors that can remain open are those that are wired directly into the fire alarm system. These will close automatically. Resident doors with hold-opens approved by the Fire Department will be closed immediately by staff in the event of an alarm.
- The Joint Health and Safety Committee will include the inspection of fire safety equipment and the adherence to fire safety policies into its regular safety inspection routines.

Fire Alarm Shutdown

In the event the fire alarm is out of service for maintenance or other reasons, the Home will initiate the Fire Watch procedure as outlined in EM-B-64 (Fire Watch Procedure).

Inspection and Maintenance Procedures

To assist in fulfilling inspection 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. Local Fire Prevention Officers will check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.

| | | | |
|---|--|----------------------------------|----------------|
|  | | Policy Number: | EM-B-62 |
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| Policy Section: | Fire Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Maintenance and Inspection Program | | |

Definitions for key words are as follows:

| | |
|---------|--|
| Check | Means visual observations to ensure that device or system is in place and is not obviously damaged or obstructed. |
| Inspect | Means physical examinations to determine that the device or system will apparently perform in accordance with its intended function. |
| Test | Means operation of device or system to ensure that it will perform in accordance with its intended operation of function. |

Record Retention:

It is stated in the Fire Code that written records of all tests and corrective measures are required to be retained for a period of two years after they are made, and shall be available upon request to the Chief Fire Official. Records shall be made and the original or a copy shall be retained at the building premises for examination by the Chief Fire Official. Records of tests and corrective measures or operational procedures shall be retained so that at least the current and the immediately preceding reports are available, however; records shall be retained for a period of at least two years after being prepared.

NOTE: The initial verification or test reports for fire protection systems installed after November 21, 2007 shall be retained on the premises throughout the life of the systems. This requirement applies to systems installed in accordance with this Code or the Building Code.

| | |
|---|---|
| <u>Cross References:</u> EM-B-64 (Fire Watch Procedure) | <u>Attachments:</u> EM-B-62A (Fire Equipment Inspection Plan) |
|---|---|



FIRE EQUIPMENT INSPECTION PLAN

General Fire Protection Systems/Equipment

General Responsibility

| | |
|--|----|
| Doors in fire separations shall be checked as frequently as necessary to ensure that they remain closed. | ES |
| Exit signs shall be clearly visible and maintained in a clean and legible condition. | ES |
| Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied. | ES |

Weekly

| | |
|--|----|
| When subject to accumulation of combustible deposits, hoods, filters and ducts shall be checked weekly and be cleaned when such deposits create an undue fire hazard. | ES |
|--|----|

Monthly

| | |
|---|----|
| Doors in fire separations shall be inspected monthly for proper operation. | ES |
|---|----|

Yearly

| | |
|---|------------|
| Fire dampers and fire-stop flaps shall be inspected annually, or based on a schedule via contractor acceptable to the Chief Fire Official. | Contractor |
| Every chimney, flue and flue pipe shall be inspected annually and cleaned as often as necessary to keep them free from accumulations of combustible deposits. | Contractor |
| Disconnect switches for mechanical air-conditioning and ventilating systems shall be inspected annually to establish that the system can be shut down. | Contractor |
| Spark arresters shall be cleaned annually or more frequently where accumulations of debris will adversely affect operations. Burnt-out arresters shall be repaired or replaced. | Contractor |

Portable Fire Extinguishers

General Responsibility

| | |
|--|------------|
| Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service. | ES |
| A permanent record containing the maintenance date, the examiner's name and a description of any work or hydrostatic testing carried out shall be prepared and maintained for each portable extinguisher. | ES |
| All extinguishers shall be recharged after use or as indicated by an inspection or when performing maintenance. When recharging is performed, the recommendations of the manufacturer shall be followed. | Contractor |



FIRE EQUIPMENT INSPECTION PLAN

Monthly Responsibility

| | |
|---|----|
| Portable extinguishers shall be inspected monthly. | ES |
|---|----|

Yearly

| | |
|---|------------|
| Extinguishers shall be subject to maintenance not more than one year apart or when specifically indicated by an inspection. | Contractor |
| Maintenance procedures shall include a thorough examination of the three basic elements of an extinguisher: a) mechanical parts b) extinguishing agent c) expelling means | Contractor |
| Every twelve months, pump tank water, and pump tank calcium chloride base antifreeze types of extinguishers shall be recharged with new chemicals or water, as applicable | NA |

5 Years

| | |
|--|------------|
| Every five years, pressurized water and carbon dioxide fire extinguishers shall be hydrostatically tested . | Contractor |
|--|------------|

6 Years

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

Fire Alarm System

General Responsibility

| | |
|--|-----|
| Fire alarm and voice communication system components shall be kept unobstructed. | ES |
| Fire alarm shall be kept unobstructed. | ES |
| Fire alarm system power supply disconnect switches shall be locked on in an approved manner. | AON |

Daily Responsibility

| | |
|--|----|
| The following daily checks shall be conducted if a fault is established, appropriate corrective action shall be taken. a) Check the principle and remote trouble lights for trouble indication; b) Inspection of the AC power-on light shall be done to ensure its normal operation. | ES |
|--|----|

Monthly

| | |
|--|--|
| Every month the following tests shall be conducted under battery back up power and if a fault is established, appropriate corrective action shall be taken: | |
|--|--|



FIRE EQUIPMENT INSPECTION PLAN

| | |
|--|----|
| <ul style="list-style-type: none"> a) one manual fire alarm initiating device shall be operated, on a rotating basis, and shall initiate an alarm condition b) function of all signal devices shall be ensured c) the annunciator panel shall be checked to ensure correct annunciation d) intended function of the audible and visual trouble signals shall be ensured e) fire alarm batteries shall be checked to ensure that: <ul style="list-style-type: none"> i) terminals are clean and lubricated where necessary; ii) terminal clamps are clean and tight; iii) electrolyte level and specific gravity, where applicable, meet manufacturer's specifications | ES |
| Voice paging capability to one zone shall be tested monthly on a rotational basis. | NA |
| One emergency telephone shall be tested monthly on a rotational basis for operation and correct indication at control unit. | NA |
| Loudspeakers shall be tested monthly as an all-call signal to ensure they function as intended. | NA |
| At least one firefighter's emergency telephone shall be tested monthly on a rotational basis to ensure communication with the control unit. All telephones shall be tested each year. | NA |

Yearly Responsibility

| | |
|--|------------|
| Yearly tests conducted by a certified alarm contractor as required by The Ontario Fire Code, Section 1.1.5.3. Tests shall be in conformance with CAN/ULC S536, "Inspection and Testing of Fire Alarm Systems". | Contractor |
| Voice communications between floor areas and the central alarm control facility shall be tested annually, as required for fire alarm initiating and signally devices. | NA |

Inter-connected Smoke Alarms (As Required By Code)

Weekly

| | |
|--|----|
| The power supply shall be checked weekly. | ES |
|--|----|

Monthly

| | |
|--|----|
| The operability of the interconnected system shall be confirmed monthly, by testing at least one smoke alarm using its test function, on a rotational basis. | ES |
|--|----|

Yearly

| | |
|--|------------|
| Where installed, each manual pull station shall be tested to ensure activation of the interconnected smoke alarms on an annual basis. | Contractor |
| Interconnected smoke alarms shall be tested and maintained in operating condition in conformance with CAN/ULC – S552, Standard for the Maintenance & Testing of Smoke Alarms & as required by the Fire Code. | Contractor |



FIRE EQUIPMENT INSPECTION PLAN

Smoke Alarms

General Responsibility

| | |
|--|--------|
| Ensure dwelling unit smoke alarms are maintained in operating condition. | ES/AON |
| Ensure a copy of the smoke alarm manufacturer's Maintenance instructions or approved alternative is on site. | AON |

Standpipe Systems

Monthly Responsibility

| | |
|---|----|
| Hose cabinets shall be inspected monthly to ensure that the hose and equipment are in the proper position and appear to be operable. | ES |
|---|----|

Yearly

| | |
|---|------------|
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected for wear, rust or obstruction. Re-secure plugs or caps, wrench tight. | Contractor |
| If plugs or caps are missing, examine the Fire Department connections for obstructions, back flush if necessary, and replace plugs or caps. | Contractor |
| Hose valves shall be inspected annually to ensure that they are tight and that there is no water leakage into the hose. | Contractor |
| Standpipe hose shall be removed and re-racked annually and after use. Any worn gaskets in the couplings, at the hose valve and at the nozzle shall be replaced. | Contractor |

Sprinkler Systems (Wet)

General Responsibility

| | |
|---|-----|
| Auxiliary drains shall be inspected as required to prevent freezing. | AON |
| Fire Dept. connections shall be equipped with plugs or caps that are secured wrench-tight | AON |

Weekly

| | |
|--|----|
| Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be checked weekly to ensure that they are sealed or locked in the open position. | ES |
| Water supply pressure and system air or water pressure shall be checked weekly by using gauges to ensure that the system is maintained at the required operating pressure. | ES |



FIRE EQUIPMENT INSPECTION PLAN

Monthly Responsibility

| | |
|--|-----|
| On all sprinkler systems, an alarm test , using the alarm test connection located at the sprinkler valve, shall be performed monthly. | AON |
|--|-----|

Two Months Responsibility

| | |
|--|-----|
| All transmitters and water flow devices shall be tested at two month intervals. | AON |
|--|-----|

Six Months

| | |
|---|------------|
| Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested at six month intervals. | Contractor |
|---|------------|

Yearly

| | |
|---|------------|
| Exposed sprinkler piping hangers shall be checked yearly to ensure that they are kept in good repair. | Contractor |
| Sprinkler heads shall be checked at least once per year to ensure that they are kept in good repair. | Contractor |
| Sprinkler heads shall be checked at least once per year to ensure that they are free from damage, corrosion, grease, dust, paint, or whitewash. They shall be replaced where necessary as a result of such conditions. | Contractor |
| On wet sprinkler systems, water-flow alarm test using the most hydraulically remote test connection, shall be performed annually. | Contractor |
| Sprinkler system water pressure shall be tested annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply. | Contractor |
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected of wear, rust or obstruction. Re-secure plugs or caps, wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps. | Contractor |

Sprinkler Systems (Dry)

General Responsibility

| | |
|---|-----|
| Auxiliary drains shall be inspected as required to prevent freezing. | AON |
| Dry-pipe valve rooms or enclosures in unheated buildings shall be checked as often as necessary when the outside temperature falls below 0° Celsius to ensure that the system does not freeze. | AON |

Weekly Responsibility

| | |
|--|----|
| Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be checked weekly to ensure that they are sealed or locked in the open position. | ES |
|--|----|



FIRE EQUIPMENT INSPECTION PLAN

| | |
|---|----|
| Water supply pressure and system air or water pressure shall be checked weekly by using gauges to ensure that the system is maintained at the required operating pressure. | ES |
| System pressure gauges shall be checked weekly. The system shall be maintained at the required operating pressure. | ES |

Monthly

| | |
|--|-----|
| On all sprinkler systems, an alarm test , using the alarm test connection located at the sprinkler valve, shall be performed monthly. | AON |
|--|-----|

2 Months Responsibility

| | |
|--|-----|
| All transmitters and water flow devices shall be tested at two month intervals. | AON |
|--|-----|

3 Months

| | |
|--|-----|
| The priming water supply for dry pipe systems shall be inspected every three months to ensure that the proper level above the dry pipe valve is maintained. | AON |
|--|-----|

6 Months

| | |
|---|------------|
| Gate-valve supervisory switches and other sprinkler system supervisory devices shall be tested at six month intervals. | Contractor |
|---|------------|

Yearly Responsibility

| | |
|---|------------|
| Exposed sprinkler piping hangers shall be checked yearly to ensure that they are kept in good repair. | Contractor |
| Sprinkler heads shall be checked at least once per year to ensure that they are free from damage, corrosion, grease dust, paint, or whitewash. They shall be replaced where necessary as a result of such conditions. | Contractor |
| Sprinkler system water pressure shall be tested annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply. | Contractor |
| Plugs or caps on Fire Department connections shall be removed annually and the threads inspected for wear, rust or obstruction. Re-secure plugs or caps wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps. | Contractor |
| Dry pipe 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. A full flow trip test, with the control valve fully open, shall be conducted at least every three years. | Contractor |

15 Years Responsibility

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



FIRE EQUIPMENT INSPECTION PLAN

Water Supplies for Firefighting (Fire Pumps)

Daily Responsibility

| | |
|--|----|
| The temperature of pump rooms shall be checked daily during freezing weather. | ES |
|--|----|

Weekly

| | |
|---|-----|
| Valves controlling water supplies exclusively for fire protection systems shall be inspected weekly to ensure that they are fully open and sealed or locked in that position. | AON |
| Fire pumps shall be started once per week at rated speed. The fire pump discharge pressure, suction pressure, lubricating oil level, operative condition of relief valves, priming water level and general operating conditions shall be inspected . | AON |
| Internal combustion engine fire pumps shall be operated once per week for a sufficient time to bring the engine up to normal operating temperature. The storage batteries, lubrication systems and fuel supplies shall be inspected . | NA |

Yearly

| | |
|---|------------|
| Fire pumps shall be tested annually at full rated capacity to ensure that they are capable of delivering the rated flow. | Contractor |
|---|------------|

Private Fire Hydrants

General Responsibility

| | |
|--|--------|
| Hydrants shall be readily available and unobstructed for use at all times. | ES/AON |
|--|--------|

Yearly

| | |
|--|------------|
| Hydrants shall be inspected annually after each use. | Contractor |
| Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and inspected for wear, rust or obstructions. | Contractor |
| The hydrant barrel shall be inspected annually to ensure that no water has accumulated. | Contractor |
| The drain valve shall be inspected for operation if water is found in the hydrant barrel when main valve is closed. | Contractor |
| Hydrant waterflow shall be inspected annually and a record shall be kept. | Contractor |

Water Supplies for Firefighting (Water Tanks)

Daily Responsibility

| | |
|---|----|
| Water tank heat equipment, tank enclosure and/or water temperature shall be checked daily during freezing weather. | NA |
|---|----|



FIRE EQUIPMENT INSPECTION PLAN

Weekly

| | |
|---|----|
| Water levels and air pressure in pressure tanks shall be checked weekly and the relief valves on the air and the water lines shall be inspected weekly. | NA |
|---|----|

Monthly

| | |
|---|----|
| Water level in gravity tanks shall be inspected monthly. | NA |
|---|----|

Yearly

| | |
|--|----|
| An annual inspection shall be made of water tanks for fire protection, tank supporting structures and water supply systems including piping, control valves, check valves, heating systems, mercury gauges and expansion joints to ensure that they are in operating condition. | NA |
| Cathodic protection equipment in water tanks shall be inspected annually. | NA |

2 Years Responsibility

| | |
|--|----|
| Water tanks shall be checked every two years for corrosion. | NA |
|--|----|

5 Years

| | |
|---|----|
| Water tanks shall be inspected every five years and scraped and repainted as required. | NA |
|---|----|

Smoke Shafts and Venting Equipment

General Responsibility

| | |
|--|----|
| Access to windows and panels required for venting floor areas and vents to vestibules permitted to be manually openable shall be kept free of obstructions, openable without keys and operable at times. | ES |
|--|----|

6 Months

| | |
|---|----|
| All elevators in an elevator shaft, that is intended for use as a smoke shaft, be inspected semi-annually to ensure that on activation of the fire alarm system, the elevators will return to the street floor and remain inoperative. | NA |
|---|----|

Yearly

| | |
|---|------------|
| A closure in an opening to the outdoors at the top of a smoke shaft, shall be inspected annually to ensure that it will open: a) manually, outside from the building b) on a signal from the smoke/heat actuated device in the smoke shaft, and; c) when a closure in an opening between a floor area and the smoke shaft opens | Contractor |
|---|------------|



FIRE EQUIPMENT INSPECTION PLAN

| | |
|--|------------|
| Controls for air-handling systems for venting in the event of a fire, shall be inspected annually to ensure that air is exhausted from each floor area to the outdoors. | Contractor |
|--|------------|

5 Years

| | |
|---|------------|
| Closures in vent openings into smoke shafts from each floor shall be inspected sequentially over a period not to exceed 5 years. | Contractor |
|---|------------|

Smoke Control Measures

General Responsibility

| | |
|---|-----|
| Where smoke control measures contained in the supplement to the National Building Code of Canada 1995, Chapter 3, “Measures for Fire Safety in High Buildings” are used, the inspections and tests shall be as outlined in Section 7.3 of the National Fire Code of Canada. | AON |
| Where a smoke control system is designed to meet the requirements of The Ontario Building Code, the inspections and tests shall be in accordance with procedures established by the designer of the system. | AON |

Commercial Cooking Equipment

General Responsibility

| | |
|---|-----|
| Commercial cooking equipment exhaust and fire protection systems shall be installed and maintained in conformance with NFPA 96, “Ventilation Control and Fire Protection of Commercial Cooking Operations”. | AON |
| Ensure wet chemical or alkali based dry chemical portable fire extinguishers are provided to protect commercial cooking equipment and are readily available for use in an emergency. | AON |

Weekly

| | |
|---|----|
| Hoods, grease removal devices, fans, ducts, and other equipment shall be checked weekly and cleaned at frequent intervals, prior to surfaces becoming heavily contaminated with grease or oily sludge. | ES |
|---|----|

6 Months

| | |
|--|------------|
| Inspection and servicing of the fire extinguishing system shall be made at least every six months by properly trained and qualified persons in conformance with Ontario Fire Code, Section 6.8.1.1. | Contractor |
|--|------------|



FIRE EQUIPMENT INSPECTION PLAN

Emergency Lighting System

Daily Responsibility

| | |
|--|----|
| Check pilot lights for indication of proper operation. | NA |
|--|----|

Monthly

| | |
|---|------------|
| Batteries shall be inspected monthly and maintained as per manufacturer's specifications. | Contractor |
| Ensure that battery surface is clean and dry. | Contractor |
| Ensure that terminal connections are clean, free of corrosion and lubricated. | Contractor |
| Ensure that the terminal clamps are clean and tight as per manufacturer's specifications. | Contractor |
| Emergency lighting equipment shall be tested monthly to ensure that the emergency lighting will function upon failure of the primary power supply. | Contractor |

Yearly

| | |
|--|------------|
| Emergency lighting equipment shall be tested annually to ensure that the units will provide emergency lighting for a duration equal to the design criteria under simulated power failure conditions. | Contractor |
| After completion, the charging conditions for voltage and current and the recovery period will be tested annually to ensure that the charging system is in accordance with the manufacturer's specifications. | Contractor |

Elevators (High Buildings)

General

Responsibility

| | |
|---|-----|
| Ensure keys required to recall elevators and to permit independent operations are in their approved location. | AON |
| Maintain correct signage for firefighters' elevator. | AON |

3 Months

| | |
|--|------------|
| Every three months the 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. | Contractor |
| The key operated switch located outside an elevator shaft shall be tested to ensure that the actuation of the switch will render the emergency stop button in each car inoperative and bring all cars to the street floor or transfer lobby by cancelling all other calls after the car has stopped at the next floor at which it can make a normal stop. | Contractor |



FIRE EQUIPMENT INSPECTION PLAN

| | |
|--|------------|
| <p>Key operated switches in each elevator car shall be tested to ensure that the actuation of the switch will:</p> <ul style="list-style-type: none"> 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 | Contractor |
|--|------------|

Emergency Power Systems

General Responsibility

| | |
|---|-----|
| Emergency power systems shall be inspected, tested and maintained in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”. | AON |
| To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with manufacturer’s instructions. | AON |
| At least two copies of the instruction manual shall be maintained. | AON |

Monthly Responsibility

| | |
|---|----------------|
| <p>The emergency electrical power shall be completely tested monthly as follows:</p> <ul style="list-style-type: none"> a) Simulate a failure of the normal power supply. b) Arrange so that: <ul style="list-style-type: none"> i) an engine generator set operates under at least 30% of the rated load for 60 minutes and; ii) all automatic transfer switches are operated under load. c) Include an inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls. d) Record all instrument readings associated with the prime mover and generator and a verification that they are normal. e) Log and report as further prescribed in the manual of instruction for operation and maintenance. <p>Check fuel supply for sufficient quantity.</p> | AON/Contractor |
|---|----------------|

Annually

| | |
|---|----------------|
| Test the generator, control panel, and transfer switch in conformance with CSA C282, “Emergency Electrical Power Supply for Buildings”. | AON/Contractor |
|---|----------------|

| | | | |
|---|-----------------------------|---------------------------------|----------------|
|  | | Policy Number: | EM-B-64 |
| | | Page 1 of 2 | |
| Policy Section: | Fire Manual | Effective Date: May 2015 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Watch Procedure | | |

Purpose/Regulatory Standards

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, i. fires ...

Note: RHA Reg. 25 (3): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, i. fires ...

Policy

A “Fire Watch” procedure will be put into place when the fire alarm system is not in working order.

Procedure

In the event the fire alarm or sprinkler system is out of service for maintenance or other reasons, the Home will initiate the Fire Watch procedure to monitor the Home for fire or alarm factors. The Fire Department will be notified by phone of the shutdown by the Environmental Service Supervisor (ESS) or Director of Environmental Services (DES) and the Fire Watch Procedure will be documented while in use.

Peterborough - 705-745-3284

Millbrook – 705-932-9344

Tweed – 613-478-2535

If the alarm/sprinkler will be out of service longer than 24 hours, then written notification will be sent to the appropriate Fire Department by the Director of Environmental Services. Residents will be notified and instructions posted regarding alternate arrangements/plans in case of emergency.

To initiate a “Fire Watch”, the nurse in charge of the building will assign a staff member to patrol the entire building once every hour. (During regular business hours the Administrator may assign Fire Watch duties.) The assigned staff member will document their observations on the Fire Watch Log form (EM-B-64A). If required, an additional staff member may be called in to complete Fire Watch duties. Items of concern should be reported immediately. Completed forms will be submitted to the Administrator. Fire Watch duties are described on EM-B-64B (Fire Watch Duties).

If a fire starts during the shutdown period, the nurse in charge is to call 911 immediately and initiate staff fire procedures via internal phones. The fire watch will continue until the fire alarm is fully restored, at which time the local fire department will be notified by ESS or DES.

| | | | |
|---|-----------------------------|---------------------------------|----------------|
|  | | Policy Number: | EM-B-64 |
| | | Page 2 of 2 | |
| Policy Section: | Fire Manual | Effective Date: May 2015 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Fire Watch Procedure | | |

Fire Alarm “Trouble Signal”

A “trouble” condition indicates there is a problem (not an alarm) with the fire alarm system itself. As a life safety system, the fire alarm system is continuously checking itself to determine if certain key items are in proper working order. For example, the fire alarm continuously checks the wiring to system devices. If a problem is detected, then the fire alarm goes into "trouble" mode.

The trouble signal will sound a local alarm at the annunciator panel only. When the system goes into trouble mode, the nurse in charge should contact the Environmental Service Supervisor or Director of Environmental Services for direction. While the system is in trouble mode, it will still function normally and sound the alarm in the event of a fire. *As the alarm is still functional, there is no need to notify Trent Security or the Fire Department in this situation.*

While the alarm is in trouble-mode, a Fire Watch will be initiated as described above, and observations will be documented on the Fire Watch Log (EM-B-64A) until the trouble is cleared.

| | |
|--|---|
| <u>Cross References:</u> EM-B-62 (Fire Maintenance and Inspection Program) | <u>Attachments:</u> EM-B-64A (Fire Watch Log); EM-B-64B (Fire Watch Duties) |
|--|---|



Fire Watch Log

| | | |
|-----------------------------|-------------|-------------|
| _____ System out of service | Date: _____ | Time: _____ |
| Fire Department Notified | Date: _____ | Time: _____ |

| | | |
|------------------------------|-------------|-------------|
| _____ System Back in Service | Date: _____ | Time: _____ |
| Fire Department Notified | Date: _____ | Time: _____ |

PERSONS ASSIGNED TO FIRE WATCH DUTIES SHALL PATROL ALL AREAS OF THE BUILDING EVERY HOUR TO CHECK FOR SIGNS OF FIRE OR SMOKE CONDITIONS. ALL PATROLS ARE TO BE RECORDED ON THIS LOG REPORT IMMEDIATELY FOLLOWING EACH ROUND. NOTIFY SUPERVISOR/CHARGE NURSE OF ANY CONCERNS. SUPERVISOR WILL CALL 911 AS NEEDED.

Fire Watch Commenced: Date: _____ Time: _____

Start a new Fire Watch Log Report Sheet for each new day of fire watch.

| Rounds | Start Time | Finished | Signature | Comments |
|--------|------------|----------|-----------|----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
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| 22 | | | | |
| 23 | | | | |
| 24 | | | | |

| | | |
|---|--------------------------|--------------------------------------|
|  | | Policy Number: EM-B-70 |
| | | Page 1 of 1 |
| Policy Section: | Fire Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Generator Testing | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... viii. loss of one or more essential services. ... [Note: RHA Reg. 25 (3) is identical]

CSA C282-05: 11.3 Annual Test: The emergency generator set shall be subjected annually to a 2 h full-load test ... **11.4 Periodic Operational Tests:** The emergency electrical power supply system shall be completely tested as specified in Table 3 at least once a month in all facilities.

Policy

Generators shall be tested regularly, with documentation, to ensure they are in good working order. The testing will be done by an electrician, or a contracted company arranged by AON's Maintenance Manager. For directions during a loss of power see EM-C-20 (Loss of Power).

Procedure

All testing will be documented in the Generator Testing Logbook. Frequencies shall be as follows:

| Frequency | Test Duration | Responsibility |
|------------------|---------------|--|
| Monthly | 1 hour | Electrician or ESS when authorized |
| Semi-Annual | 1 hour | Electrician/Contracted 3 rd party |
| Annual Load Test | 2 hours | Electrician/Contracted 3 rd Party |

Monthly Testing Schedule

| Location | Monthly Schedule |
|--------------------|---|
| Royal Gardens | 1 st Tuesday of each Month |
| Centennial Place | 1 st Wednesday of each Month |
| Princess Gardens | 3 rd Tuesday of each Month |
| Empress Gardens | 3 rd Thursday of each Month |
| Canterbury Gardens | 2 nd Tuesday of each Month |
| Moira Place | 2 nd Wednesday of each Month |

During monthly testing the Environmental Services Supervisor and the electrician will ensure that windows and air handling units are turned off in the vicinity of the generator exhaust area.

Should problems or concerns be identified during the test, the Director of Environmental Services and/or AON's Maintenance Manager is to be contacted immediately to determine the appropriate action plan. If the generator will be out of service beyond the length of the test, notify the fire department and begin a Fire Check procedure as per EM-B-62 (Fire Maintenance Program).

| | |
|---|---------------------------------|
| <u>Cross References:</u> EM-C-20 (Loss of Power) | <u>Attachments:</u> None |
|---|---------------------------------|

| | | | |
|---|----------------------------|-------------------------------------|----------------|
|  | | Policy Number: | EM-C-10 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: October 2019 | |
| Prepared By: | T. Harrold | Revision Date: June 2022 | |
| Subject: | Community Disasters | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... iii. community disasters, ... [Note: RHA Reg. 25 (3) is identical]

Policy

For the purpose of “community disasters” as defined in Long-Term Care and Retirement regulations, the following policies/Emergency Plans are assumed to apply:

- EM-C-12 (Severe Weather Threats)
- EM-C-54 (External Air Quality Threat)

Procedure

For severe weather threats, including: major thunderstorms and tornadoes, serious flooding, winter snow and ice storms, or severe heat waves, see EM-C-12 (Severe Weather Threats).

- Note that useful information can also be found in EM-C-15 (Shelter-in-Place).

For threats due to external air quality, which may result from smoke or fumes arising from accidents or disasters in the community, refer to EM-C-54 (External Air Quality Threat).

- Note that useful information can also be found in EM-C-15 (Shelter-in-Place).

Note: For the purpose of Emergency Plan tests (see EM-A-18: Testing the Emergency Plan), a “community disaster” might also arise from a community wide loss of power, water, or gas supply. If one of these is used as the Home’s “Community Disaster” test, one of them must also be tested to satisfy the requirement to test the emergency plan for “Loss of Essential Services” as well. For LTC Homes, the same might apply to new additions for gas leaks, “natural disasters and extreme weather events”, boil water advisories, and floods. *(There appears to be a lot of overlap in the individual “Emergency Plans” that are required.)*

See EM-A-70 (Hazard Identification and Risk Analysis) regarding the assessment of hazards and risks arise within the home or in the surrounding vicinity or community.

| | |
|---|--------------------------|
| <u>Cross References:</u> EM-A-30 (Emergency Management) and see above | <u>Attachments:</u> None |
|---|--------------------------|

| | | | |
|---|-------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-C-12 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Severe Weather Threats | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... ii. community disasters, ... *[Note: RHA Reg. 25 (3) is identical]*

Policy

The following precautions will be taken when severe weather threatens. The Administrator and senior management will monitor local media for information and/or instructions, initiating Emergency Management (see EM-A-30) and Shelter-in-Place procedures (see EM-C-15) as warranted.

Procedure

Severe Thunderstorms & Tornadoes are often accompanied by high winds which can damage buildings and interrupt power and telephone services to the residence.

- Remain indoors, away from exterior doors & windows (block with mattresses if necessary).
- Avoid using telephones, electrical appliances and showers/baths.
- After a storm, avoid loose and/or dangling wires. Use of phones should be limited to official use.
- For hurricane or tornado warnings residents may need to be moved from outside facing rooms and common areas to interior hallways and utility areas for safety. Also, residents may need to be moved to a lower floor level.

Floods can result from heavy rain, rapidly melting ice/snow or from violent storms.

- Check the water supply for contamination (i.e. colour, odour, and purity) prior to drinking.
- Contact the Environmental Services Supervisor or AON maintenance to check flooded electrical equipment or for measures to safeguard electrical and elevator equipment.

Winter Storms can be accompanied by high winds, blowing/falling snow and low temperatures:

- Be aware that winds and icing can lead to power outages. The backup generator will provide added heat and power.
- Keep Residents and staff indoors.
- Locate emergency supplies available: see EM-E- 10A (Emergency Items Location List)

Heat Waves and high temperatures are often accompanied by smog and high use of electricity

- Be aware that smog and heat may cause respiratory problems and dehydration
- Ensure the residents receive plenty of fluids (refer to Care Department manuals)
- Avoid strenuous activities; stay indoors or in shade; Provide extra fans or air conditioning

| | |
|--|---------------------------------|
| <u>Cross References:</u> EM-A-30 (Emergency Management); EM-C-15 (Shelter-In-Place) | <u>Attachments:</u> None |
|--|---------------------------------|

| | | | |
|---|-------------------------|--------------------------------------|----------------|
|  | | Policy Number: | EM-C-15 |
| | | Page 1 of 2 | |
| Policy Section: | Emergency Manual | Effective Date: December 2017 | |
| Prepared By: | Various | Revision Date: May 2023 | |
| Subject: | Shelter-in-Place | | |

Purpose/Regulatory Standards

“Shelter-in-Place” is a precaution intended to keep residents, staff, and visitors safe while remaining indoors. The instruction to “shelter in place” means to find a safe location indoors and stay there. Sheltering-in-place may be appropriate for an extreme weather event, such as a tornado or an ice storm where local roads are impassible. It may be necessary when chemical, biological, or radiological contaminants have been released into the environment, making indoors the safest place to be. It may also be necessary when there are violent persons acting out in the community (i.e. a shooter). The length of time to shelter may be short, such as during a tornado warning, or long, such as during a winter storm or a pandemic. It is important to stay sheltered until local authorities say it is safe to leave.

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... ii. community disasters, ... *[Note: RHA Reg. 25 (3) is identical]*

Policy

The person in charge will initiate shelter-in-place precautions. Typically that is the Emergency Response Leader or the Administrator. See EM-A-30 (Emergency Management). The decision to shelter in place will be made by monitoring news media, or based on the instructions of local authorities. The Administrator will confirm shelter-in-place precautions with the Director of Environmental Services and the Senior Vice President. The Emergency Management Team will convene to coordinate management and communications while the threat is present.

Procedure

- **Staying Informed:** To keep apprised of the anticipated threat, the person in charge will monitor local news and/or weather outlets, or assign a delegate to do so.
- **Strategy:** The nature of the hazard will determine the shelter-in-place strategy: For example, during an ice storm, simply remaining inside should be sufficient. For a tornado, sheltering spaces should be selected in the basement or interior areas on the lowest level of the building, away from corners, windows, doors and outside walls. In the case of an air quality threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed.
- **Supplies:** The Home is constructed and provisioned to be generally self-sufficient for a couple of days, if necessary. Inventories of food, medications, and a multitude of other items are maintained onsite. In addition, an emergency back-up generator is available to supply power in the event that electrical services are lost. For certain external risks, it will be appropriate to review the Shelter-in-Place Checklist (see EM-C-15A) and assemble the required items. Typically this would only arise where roads are impassible and/or there is the risk of power loss (lack of fuel for the generator).

| | | |
|---|-------------------------|--------------------------------------|
|  | | Policy Number: EM-C-15 |
| | | Page 2 of 2 |
| Policy Section: | Emergency Manual | Effective Date: December 2017 |
| Prepared By: | Various | Revision Date: May 2023 |
| Subject: | Shelter-in-Place | |

- Response: Remain calm. If there are visitors in the building, provide for their safety by asking them to stay, not leave. Unless there is an imminent threat, ask staff and visitors to call their emergency contact to let them know where they are and that they are safe.

The specific actions to be taken will depend on the nature of the hazard at hand. Refer to the appropriate Emergency Plan.

Air Quality:

- See EM-C-52 (Chemical Spills or Toxic Fumes) and EM-C-54 (External Air Quality Threat)

Severe Weather:

- See EM-C-10 (Severe Weather Threats), EM-C-20 (Loss of Power) and EM-C-25 (Loss of Gas Supply)
- For Tornado's or Hurricane force winds

Violence/A Shooter: See P405 (Violence in the Workplace).

- Lock all exterior doors. Relocate residents to the interior of the building. Stay out of sight through exterior windows.

| | |
|-------------------------------------|--|
| <u>Cross References</u> : See Above | <u>Attachments</u> : EM-C-15A (Shelter-in-Place Checklist) |
|-------------------------------------|--|



SHELTER-IN-PLACE SUPPLY CHECKLIST

| | Ready | Comments |
|--|--------------------------|----------|
| Communication | | |
| Charged cell-phone | <input type="checkbox"/> | |
| Battery or hand-crank weather-alert radio | <input type="checkbox"/> | |
| Office supplies (e.g. paper, whiteboards, markers, etc.) | <input type="checkbox"/> | |
| Food | | |
| Supply of clean water (bottled or in containers) | <input type="checkbox"/> | |
| Supply of Food that does not require cooking | <input type="checkbox"/> | |
| Disposable plates and cutlery | <input type="checkbox"/> | |
| Manual Can Opener(s) | <input type="checkbox"/> | |
| Hygiene | | |
| Supply of soap, towels, hand sanitizer | <input type="checkbox"/> | |
| Supply of Cleanser, disinfectant, bleach | <input type="checkbox"/> | |
| Supply of Toilet Paper, Paper Towels, Towelettes | <input type="checkbox"/> | |
| Emergency Supplies | | |
| Generator fuel topped-up | <input type="checkbox"/> | |
| Supply of resident medications | <input type="checkbox"/> | |
| Battery or hand cranked flashlights, or glow sticks | <input type="checkbox"/> | |
| First Aid Kits fully stocked | <input type="checkbox"/> | |
| Spare blankets | <input type="checkbox"/> | |
| Extra batteries | <input type="checkbox"/> | |
| Duct Tape, rope | <input type="checkbox"/> | |
| Matches, lighters | <input type="checkbox"/> | |
| Pry Bar (for opening blocked doors etc.) | <input type="checkbox"/> | |
| Plastic sheeting (to repair damaged windows) | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

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|  | | Policy Number: | EM-C-18 |
| | | Page 1 of 1 | |
| Policy Section: | Emergency Manual | Effective Date: October 2019 | |
| Prepared By: | T. Harrold | Revision Date: May 2023 | |
| Subject: | Loss of Essential Services | | |

Purpose/Regulatory Standards

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... viii. loss of one or more essential services. ... [Note: RHA Reg. 25 (3) is identical]

Policy

For the purpose of “loss of essential services” as defined in Long-Term Care and Retirement regulations, the following policies/Emergency Plans apply:

- EM-C-20 (Loss of Power)
- EM-C-25 (Loss of Gas Supply)
- EM-C-30 (Loss of Water)

Procedure

The Emergency Plan for “Loss of Essential Services” must be tested annually (see EM-A-18 (Testing the Emergency Plan)). It is recommended that the Home consider which scenario is most likely and/or might have the most severe consequences, and plan the test accordingly. Barring that, the Home can cycle through the three scenarios each year (or do more than one).

Note: For the purpose of Emergency Plan tests a community wide loss of power, water, or gas supply might also be a relevant “community disaster” scenario to test. If one of these three topics is used as the Home’s “Community Disaster” test, one of them must also be tested to satisfy the requirement to test the “Loss of Services” as well.

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| <u>Cross References:</u> EM-A-30 (Emergency Management) and see above | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-C-20 |
| | | Page 1 of 3 | |
| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Loss of Power | | |

Purpose/Regulatory Standards

FLTCA 22. (1) ...Every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,

- (a) the heating system;
- (b) emergency lighting in hallways, corridors, stairways and exits; and
- (c) essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, elevators and life support, safety and emergency equipment.

FLTCA 268 (4): The licensee shall ensure that the emergency plans provide for the following... 1. Dealing with emergencies, including, without being limited to ... ix. loss of one or more essential services... [*Note: RHA Reg. 25 (3) is identical*]

Policy

The Home's emergency plan for "Loss of Power" is to have a back-up generator, which shall be tested regularly to ensure it is in good working order (see EM-B-70: Generator Testing).

Procedure

Emergency Generator

1. Emergency generators are in place at all AON seniors' residences (Retirement and LTC).
2. In the event of a power loss, the Emergency Generator will activate automatically. Two stage generators require manual activation for 2nd stage.
3. When the generator activates, exterior windows in the area of generator exhaust should be closed. All elevators should be checked to ensure that no one becomes trapped during the power transfer to the generator.
4. Notify AON's IT support company that the generator is running due to a power outage so appropriate measures can be taken to prevent damage to computer equipment.
5. The generator can be turned on & off manually at the source by authorized personnel only.
6. When power is restored, the generator may run for about an additional 20 minutes. For some locations the fire panel and/or magnetic door locks will need to be reset.

A trouble alarm on the fire panel will continue until the panel is "acknowledged" and "reset" manually. The ESS will post a procedure by the main fire panel to acknowledge and reset

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| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Loss of Power | | |

the fire panel and the magnetic door locks. If the fire panel or door locks will not reset, contact AON Maintenance 24 hr on-call at (705) 742-5445 to arrange for an electrician.

Fuel Supplies

- The preferred generator will be dual-fuelled: diesel fuel (tank) and natural gas (municipal supply).
- The ESS will notify AON's Maintenance Manager when the diesel tank level reaches the three-quarters level. The target threshold to fill the tank will be 75% unless the Maintenance Manager determines existing diesel fuel should be used before adding new fuel.
- For Homes without a natural gas option (Centennial Place and Royal Gardens) and for emergency deliveries for all locations, a back-up supply arrangement will be maintained with a local supplier (see EM-C-20A and EM-C-20B for arrangements).

Emergency Lights and Outlets

1. In the event of power failure, the emergency lighting will automatically activate.
2. Each residence will have a supplementary power outage kit consisting of flashlights/lanterns, extra batteries, and extension cords. This will be checked monthly by the Supervisor of Environmental Services.
3. Emergency electrical outlets are available for residents whose care needs require essential electrical equipment (i.e. Oxygen machines) or lighting.
4. **For Centennial Place**, staff must follow guidelines on EM-C-20C (Emergency Power Management – Centennial Place) for using emergency power outlets.

Electrical System

1. In the event of a localized loss of electricity to a room or floor in the Home, the Environmental Services Supervisor or Nurse in Charge in their absence will check the appropriate breaker/electrical panel. If power is still not supplied, AON maintenance should be contacted to either respond directly or coordinate a response with a local electrician.
2. In the event of a total loss of power to the Home, contact AON Maintenance and contact Hydro One to determine the anticipated duration of the power loss. In such an event, the LTC Administrator will advise the MOHLTC through the Critical Incident Reporting system and, in Retirement, a Building Incident Form will be completed. Also as available, refer to www.Hydroone.com and select "Outage Map" for information on outages in the area.

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| Subject: | Loss of Power | | |

All Homes – Hydro One – 1-800-434-1235

Cold Weather

If the loss of power occurs during cold weather:

1. Ensure that all windows and exterior doors are closed. Obtain additional blankets from storage and use them as necessary to keep residents warm.
2. Open boiler bypass valves to facilitate heating water circulation.
3. Keep vacant room doors closed, to minimize loss of heat.
4. If gas supplies are still available supply residents with hot beverages as needed.
5. If temperatures drop to unacceptable levels and/or power will not be restored for an extended period, evacuation procedures may be initiated (EM-D-10: Evacuations General).

Hot Weather

If the loss of power occurs during hot weather:

1. Ensure that all windows and exterior doors are closed.
2. Keep vacant room doors closed, to minimize loss of cooling.
3. Obtain fans for central common areas as central cooling may be unavailable and follow procedures in GA-D-57: Heat Related Illness & Prevention Plan (LTC) and GP-4-18: Temperature Extremes (Retirement)
4. If temperatures increase to unacceptable levels and/or power will not be restored for an extended period, evacuation procedures may be initiated (EM-D-10: Evacuations General).

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| <p><u>Cross References:</u> EM-B-70 (Generator Testing); EM-D-10 (Evacuations -General); GA-D-57 (Heat Related Illness & Prevention Plan); GP-4-18 (Temperature Extremes)</p> | <p><u>Attachments:</u> EM-C-20A (Diesel Fuel Arrangement - Peterborough); EM-C-20B (Diesel Fuel Arrangement - Tweed); EM-C-20C (Emergency Power Management – Centennial Place)</p> |
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Emergency Power Management - Centennial Place

- 1) In the event of a power outage, electrical loads are managed by a computerized power management system that controls essential large loads on the generator. Priority systems throughout the building will remain functional. To ensure proper operation of the generator, staff will need to take action to ensure **nonessential** loads are removed from the red generator plugs in resident suites and all other areas.
- 2) Staff will immediately check all rooms to ensure that no extra power generating devices such as resident beds, heaters, fireplaces, or fans are plugged into the red emergency generator outlet. It is recommended that any nonessential items that do not relate to life safety **must be unplugged** from the red outlet. The only items that should be utilized are those for life safety such as oxygen equipment or nurse call equipment. Ceiling lifts and hospital beds can be utilized with appropriate approval/scheduling to ensure that equipment is not utilized at the same time. This will assist with power management and managing generator electrical loads.
- 3) If the generator loads are not managed properly, it will result in an overload of the main fuses causing a complete loss of power.
- 4) If this should happen, AON will be contacted immediately and advised of the complete loss of power. The contact number is 705-742-5445. The Environmental Services Supervisor, or Nursing Supervisor in their absence, will turn the red disconnect switch (**labeled MEE**) on the Electrical Panel in the generator room to the **“Off”** position. The generator will still be running, and ear protection is available right outside the generator room door.
- 5) After the disconnect switch is turned off, the main switch on the generator will be turned to the **“Off”** position for 10 seconds and then back to the **“On”** position. This will re-start all lighting and life safety systems.
- 6) AON or a certified electrician will initiate a procedure to resume power and the computerized power management system.
- 7) Staff will utilize the items in the emergency power outage kit located in the Environmental Services Supervisor office as required until full generator power is restored.

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| | | Page 1 of 1 | |
| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Loss of Gas Supply | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... **viii.** loss of one or more essential services. ... [Note: RHA Reg. 25 (3) is identical]

Policy

A contingency plan shall be in place in the event of an unexpected loss of natural gas.

Procedure

In the event of loss of natural gas to the Home, call AON Maintenance at (705) 742-5445 and then contact the 24 hour Emergency Service number to determine expected duration of the shut down.

Peterborough/Millbrook - Enbridge Gas - 1-866-763-5427

Tweed – Union Gas (now owned by Enbridge) - 1-877-969-0999

When gas supply is restored to the Home, a designated HVAC technician will be contacted to check and relight all gas appliances and equipment.

If the loss of gas has occurred during warm weather and is expected to be restored in a reasonable period of time:

1. Suspend operation of laundry & dishwashing services in order to conserve hot water for resident care.
2. For emergency provision of food to residents see EM-C-40: Interruption of Dietary Services.

If the loss of gas occurs during cold weather and will be restored in a reasonable length of time:

1. Ensure that all windows and exterior doors are closed, and all air supply and exhaust fans are off.
2. Obtain additional blankets from storage and use as necessary to keep residents warm.
3. Utilize electric space or baseboard heaters in common areas if it is safe to do so.

The LTC Administrator will advise the MLTC through the Critical Incident Reporting system and, in Retirement, a Building Incident Form will be completed. In the event that gas supplies are not to be restored for an extended period of time and will impact resident safety/wellbeing, an evacuation may be necessary (see EM-D-10: Evacuations-General).

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| <u>Cross References:</u> EM-D-10 (Evacuations-General); EM-C-40: Interruption of Dietary Services; | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-C-30 |
| | | Page 1 of 2 | |
| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Loss of Water | | |

Purpose/ Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... xi. boil water advisories

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... viii. loss of one or more essential services. ... *[Note: RHA Reg. 25 (3) is identical]*

Policy

A contingency plan shall be in place in the event that there is a serious disruption in the supply of water to the building. This includes a “Boil Water Advisory” in the local community.

Procedure

In the event of a complete loss of water, contact AON Maintenance first. Upon their direction, contact Local Water Authority in order to determine expected duration of shutdown. If water services will be returned to normal quickly, no further action need be taken.

Peterborough – Peterborough Utility Services – (705) 748-9300

Millbrook – Water Treatment Plant – (705) 932-2802

Tweed - Municipality of Tweed Public Works - (613) 478-2535

Short Term (1-3 hours)

1. Bottled water, milk and fruit juices will be used to supply the short term needs of residents.
2. Laundry and dishwashing shall be discontinued for the duration of the shortage. Disposable products will be used wherever possible (dishes, peri-cloths etc)
3. Resident bathing shall be suspended and replaced with sponge baths.
4. No watering of lawns or unessential use of water will be permitted
5. Minimize the use of toilets during the shortage. Note that tank toilets can be flushed only once after the water supply to the building is cut off.

Medium Term (3-12 hours)

1. The Director of Dining Services will arrange for bottled water, milk and fruit juices from suppliers and, as necessary, from other AON locations.

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| Subject: | Loss of Water | | |

2. Water required for emergency use may be obtained from the water tanks located in the Boiler Room. Water used for this purpose should be coordinated through the Director of Environmental Services or AON's Maintenance Manager. Such water must be allowed to cool before use, as tank temperatures may be above the range that is safe for residents.

Long Term (12+ hours)

1. The Director of Environmental Services will arrange for a water supply company to transport a tanker truck of water to be located on-site.
2. Evacuation procedures may be initiated. (See EM-D-10: Evacuations-General).
3. In such an event, the Administrator of a LTC Home will advise MLTC through the Critical Incident Reporting system and, in Retirement, a Building Incident Form will be completed.

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| <u>Cross References:</u> EM-D-10 (Evacuations-General) | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-C-40 |
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| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons/D. Leal | Revision Date: May 2023 | |
| Subject: | Interruption of Dietary Services | | |

Purpose/ Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... *viii.* loss of one or more essential services. ... [Note: RHA Reg. 25 (3) is identical]

Policy

A contingency plan will be in place in the event that kitchen facilities are unusable.

Procedure

Loss of kitchen facilities:

1. The use of alternative facilities in the residence should be explored as a partial solution (i.e. secondary serveries etc.)
2. Food for residents will be acquired/purchased in the ready form from outside sources and served in disposable containers. (LTC Homes see DS-D-45: Disaster Plan Emergency Menu)
 - Juice, milk, and cereals are available in portioned pack containers.
 - Individually wrapped muffins, cookies and cakes would be used in place of breads.
3. The first source of outside food provision in emergencies will be other AON residences. The Director of Dietary Services will utilize these resources to ensure that special diets are maintained
 - Empress Gardens: 705-876-1314
 - Princess Gardens: 705-750-1234
 - Royal Gardens: 705-741-6036
 - Centennial Place: 705-932-4464
 - Canterbury Gardens: 705-876-1414
 - Port Hope Golf and Country Club: 905-885-6487 or 905-885-4936
 - In the case of extreme emergency, the local Red Cross Chapter may be available for extra food supplies at 705-745-8222
4. The Director of Dining Services will ensure that:
 - a one (1) day supply is maintained in each location of paper products and disposable flatware/cups; and
 - a three (3) day supply of paper products and disposable flatware/cups is maintained at a central storage site.

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| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons/D. Leal | Revision Date: May 2023 | |
| Subject: | Interruption of Dietary Services | | |

Loss of Power

1. Keep doors closed on fridges and freezers to retain temperature. If the loss of power will not be restored, arrangements for a refrigerated trailer will be made by the Director of Dining/Support Services.
2. Utilize gas stoves for cooking and boiling water. Move portable equipment to outlets running on generator power.
3. Set up food stations on all floors if elevators are not operating.
4. Use 3 sink method for dishwashing or use disposables

Loss of Gas

1. Use electric ovens/microwaves/BBQ.
2. Switch menu to cold food items (i.e. sandwiches/salads)

Loss of Water

1. Utilize disposables for dishware.
2. Have bottled water/beverages 4 litres/resident /day (2L cooking, 1 litre drinking, 1 litre personal hygiene)
3. For hand hygiene, use instant hand sanitizers.

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| <u>Cross References:</u> LTC Homes: DS-D-45 (Disaster Plan Emergency Menu) | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-C-45 |
| | | Page 1 of 2 | |
| Policy Section: | Other Emergencies | Effective Date: May 2022 | |
| Prepared By: | T. Harrold | Revision Date: May 2023 | |
| Subject: | Epidemics and Pandemics | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations, including, (a) measures for dealing with, responding to and preparing for emergencies, including, without being limited to, epidemics and pandemics; ... [Note: RHA. 25 (3) is identical]

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1.i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, ...

RHA Reg. 25 (3) (3) The licensee shall ensure that the emergency plan provides for the following: ... v.1 epidemics and pandemics, ...

Policy

The Home shall have an emergency plan in place to respond to outbreaks of disease in the community with public health significance, including epidemics and pandemics.

Procedure

The Home’s protocols in response to widespread disease outbreaks (including epidemics and pandemics) are addressed in its Infection Prevention and Control policies/manuals. This includes preventative measures, surveillance and detection protocols, infection management and precautions, outbreak response measures, and collaboration with Public Health Authorities.

The following is a **sample only**, of some key topics addressed in the Home’s plans to respond to epidemics and pandemics:

Long-Term Care:

| Topic | Policy Manual Reference |
|--|--------------------------------------|
| Infection Prevention and Control Program | IPC-A-10 |
| Daily Surveillance and Monitoring | IPC-C-10 |
| Standard Precautions and Modes of Transmission | IPC-D-10 |
| Additional, Transmission-Based Precautions | IPC-D-15 |
| Personal Protective Equipment (PPE) | Various – see section IPC-D-20 to 30 |
| Outbreak Management | IPC-H-20 |
| Targeted COVID Prevention | Various – see section IPC-H-30 to 35 |
| Managing a COVID-19 Outbreak | IPC-H-38 |

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| Subject: | Epidemics and Pandemics |

Retirement (“The Gardens”):

| | |
|--|-------------------------------------|
| Infection Prevention and Control Program | GP-7-10 |
| Daily Surveillance and Monitoring | GHC-3-2 |
| Standard Precautions and Modes of Transmission | GP-7-20 |
| Additional, Transmission-Based Precautions | GP-7-15 |
| Personal Protective Equipment (PPE) | Various – see section GP-7-36 to 43 |
| Outbreak Management | GP-7-70 |
| Targeted COVID Prevention | Various – see section GP-7-80 to 82 |
| Managing a COVID-19 Outbreak | GP-7-88 |

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| <u>Cross References:</u> See above | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-C-50 |
| | | Page 1 of 2 | |
| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Unusual Odours or Gas Fumes/Leaks | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... x. gas leaks, ...

Background

Unusual odours or fumes may originate from various sources and locations, such as:

- Gas leaks
- Electrical wiring or lighting ballast (burning tar or plastic smell) in a localized area;
- Natural gas (rotting egg smell);
- Plumbing drain (foul or urine smell) local to source;
- Burning leaves (smoke/odour may be generalized or confined);
- Heating unit combustion gases (similar to car exhaust) may be generalized or confined.
- External air quality conditions

Policy

The Home shall have a plan in place to respond to unusual odours or gas fumes/leaks, including identified “gas leaks”. (If an odour is related to an obvious chemical spill refer to policy EM-C-52: Chemical Spills or Toxic Fumes. If an odour is related to smells originating outside of the building, refer to EM-C-54 (External Air Quality Threat)).

Procedure

If an unidentified smell is noticed:

1. The staff member shall URGENTLY notify the Charge nurse who will try to identify the source of the odours or fumes.
2. The Charge Nurse shall:
 - Call 911 if residents and staff are perceived to be at immediate risk
 - urgently notify the Administrator and the Environmental Services Supervisor (ESS) (or in their absence AON Maintenance 24 hr on-call at 705-742-5445) who will coordinate an investigation with a qualified contractor if needed. The ESS will contact the Director of Environmental Services for further instructions.
 - Notify the Administrator if there is a perceived risk to residents and staff
3. In such an event, the Administrator of a LTC Home will advise MLTC through the Critical Incident Reporting system. A Building Incident Form will be completed.

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| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Unusual Odours or Gas Fumes/Leaks | | |

Natural Gas Smell

If a smell is believed to be natural gas:

1. Shut off any natural gas valves in the immediate area
2. Open doors and windows to the outside
3. Notify the Charge Nurse
4. Contact the ESS or AON Maintenance to arrange for a gas contractor to come to the Home.
5. Contact the gas company as directed and call for free emergency service, 24 hours a day, 7 days a week. Emergency Number:

Peterborough/Millbrook – Enbridge Gas -1-866-763-5427 (1-866-763-SMEL-GAS)

Tweed – Union Gas (now owned by Enbridge) - 1-877-969-0999

6. If the smell gets stronger or is accompanied by a "hissing" noise, remain calm. Evacuate the area immediately and leave the doors and windows open. Call the natural gas company from a safe distance.
7. If there is a smell of gas outside, call the natural gas company at the numbers in #5 above. Keep clear of the area and keep doors and windows closed. Put out all open flames.
8. If you are near a gas leak, do not turn electrical switches, computers, or appliances, etc. on or off. Do not use a cellular telephone or start any motors or motor vehicles. Do not use lighters or matches or smoke.

Carbon Monoxide (CO)

Carbon Monoxide is a clear, odorless gas. In areas where there may be a risk of CO exposure, (above underground parking areas, near HVAC discharge vents, boiler rooms or laundry rooms) CO detectors are installed. If a CO detector is activated:

1. Remove residents/staff from the area. Get medical attention if needed.
2. Secure the area.
3. Notify the Charge Nurse and the Environmental Services Supervisor.
4. The Emergency Response Leader shall contact the fire dept to locate the source of the CO.
5. The area can be re-entered once it has been cleared by the fire department and/or the cause of the CO has been identified and addressed.
6. The ESS will keep a spare CO detector on site in case there is a faulty detector.

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| <u>Cross References:</u> EM-C-52 (Chemical Spills or Toxic Fumes) EM-C-54 (External Air Quality Threat) | <u>Attachments:</u> None |
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| Policy Section: Other Emergencies | | Effective Date: July 2003 | |
| Prepared By: S. Simmons | | Revision Date: May 2023 | |
| Subject: | Chemical Spills or Toxic Fumes | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... *vii.* chemical spills, ... **[Note: RHA Reg. 25 (3) is identical]**

Policy

The Home shall have a system in place to respond safely to all chemical spills and toxic fumes.

Procedure

1. In the event of a chemical spill, with or without the release of toxic fumes, safeguard or evacuate all persons from the room or area of concern (especially those with respiratory problems). Secure the area against all unauthorized re-entry. Adjust ventilation systems to ensure toxic fumes do not spread to other areas of the Home.
2. Call 911 if residents are believed to be at risk.
3. If the material is identifiable, refer to the Safety Data Sheet(s) applicable to the product(s) involved for: exposure levels, safety protective apparel, and clean up instructions.
4. The Charge Nurse shall, if deemed necessary by reasoning of scope, size or dangerous exposure to persons, contact the Administrator, the Director of Care, and Environmental Services Supervisor for further instructions.
5. All persons involved in the clean up or removal of chemical spills or toxic fumes shall wear no less than the minimum safety protective apparel required as stated in the Safety Data Sheets for the products involved. For assistance with a spill, AON Maintenance, external cleaning or spill companies, or the local Fire Department can be utilized as required for cleanup assistance.
6. The supervisor of the department responsible for the spillage of chemicals and/or the release of fumes shall complete a Building Incident report. As required the Administrator will advise relevant external organizations including the Ministry of Environment, and MLTC through the Critical Incident reporting system (LTC only).

If an odour is detected that is unrelated to an obvious chemical spill refer to policy EM-C-50 (Unusual Odours or Gas Fumes).

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| <u>Cross References:</u> EM-C-50 (Unusual Odours or Gas Fumes) | <u>Attachments:</u> None |
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| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | External Air Quality Threat | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

LTCHA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... ii. community disasters, ... vi. chemical spills, ... *[Note: RHA Reg. 25 (3) is identical]*

Policy

In the event of hazardous gases or fumes being present in the outside air, there shall be an effective and efficient procedure for restricting the entry of outside air into the residence.

Procedure

Restricting external air (“External Air Exclusion”) should only be activated where evacuation into the open air would be more hazardous to the health and safety of the residents, staff and visitors (e.g. external chemical cloud, considerable smoke from burning leaves, abnormally high outside ambient temperatures).

The Charge Nurse shall:

1. Upon notification of the need for External Air Exclusion, immediately notify the Administrator and Maintenance for further instructions.
2. Close all external doors and windows.
3. Shut down all air exchange fans, roof top units, and kitchen hood vents.
4. Close all vents.
5. Do not use the Laundry Dryers.
6. Restrict the exit of residents, staff & visitors to reduce the harmful effects of the outside air.
7. Ensure that each door closes completely before opening next door in the vestibules.

The Administrator shall advise the MLTC through the Critical Incident reporting system (LTC only) or complete a building incident report (Retirement).

The Care Department shall monitor residents deemed to be at risk.

| | |
|--------------------------------|---------------------------|
| <u>Cross References</u> : None | <u>Attachments</u> : None |
|--------------------------------|---------------------------|

| | |
|---|---|
|  | Policy Number: EM-C-60 |
| | Page 1 of 3 |
| Policy Section: Other Emergencies | Effective Date: July 2003 |
| Prepared By: S. Simmons/M. O’Keeffe | Revision Date: May 2023 |
| Subject: | Bomb Threat |

Purpose/Regulatory Standards

FLTC A 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... iv. bomb threats, ... *[Note: RHA Reg. 25 (3) is identical]*

Policy

All bomb threats are to be taken seriously. The media is not to be informed of the occurrence. The Emergency Response Leader and/or Administrator will assume responsibility until the police arrive to take over.

Procedure

If a bomb threat is in writing:

- REMAIN CALM.
- Note the delivery method and place in a large envelope
- Inform the Administrator and/or the Emergency Response Leader
- The Emergency Response Leader will immediately contact the police at 911 and notify the Administrator
- The Administrator will notify AON Head Office and the MLTC (LTC only)

If the bomb threat is received by telephone, the person receiving the call will:

1. Listen carefully and remain calm
2. Activate the panic button at the front desk (if this is where the call is received)
3. Attempt to prolong the conversation and extract as much information as possible from the caller (i.e. location of the bomb, time limit, and reason for threat)
4. Pay particular attention to the distinguishing characteristics of the caller’s voice (i.e. accent, sex, age, speech impediment). Listen for any background noise such as traffic, music, etc.
5. Record the exact time of the call and any other information obtained
6. Obtain as much information as possible and record the information on EM-C-60A (Bomb Threat Questions)
7. If possible, attract the attention of another staff member who should notify police **immediately** using an alternate phone line/cell phone
8. Immediately advise the Administrator or Emergency Response Leader, depending upon who is in charge of the building at the time the call is made
9. Contact the police immediately if they have not already been contacted

| | |
|---|---|
|  | Policy Number: EM-C-60 |
| | Page 2 of 3 |
| Policy Section: Other Emergencies | Effective Date: July 2003 |
| Prepared By: S. Simmons/M. O’Keeffe | Revision Date: May 2023 |
| Subject: | Bomb Threat |

The Administrator or Emergency Response Leader will:

1. have floor plans ready for use by the police
2. contact AON Head Office, including the Maintenance Manager, the Director of Environmental Services, and the Senior Vice President
3. contact the Director of Care if she/he is not already on-site

The Emergency Response Leader will meet the Emergency Responders (police / fire department), or send a designate, if the Emergency Control Centre is not in the main lobby. Provide a verbal update and building keys if requested.

Preparing for the Search

1. WAIT FOR POLICE BEFORE BEGINNING SEARCH and follow their instructions
2. Set up an Emergency Control Centre
3. If the threat includes the location of bomb, evacuate immediate and surrounding areas.
4. If the bomb location is not known, do not evacuate until Police arrive and give the instructions to do so
5. The Emergency Response Leader or Administrator will designate a person to contact additional staff if necessary
6. Leave all electrical switches and light switches in position they were in at the time of the threat

General Instructions (Re: Search Procedure)

1. Police personnel ONLY will Initiate Search
 - Staff may assist in the search at police direction. Flex-Evac procedures should be used (see EM-B-46)
 - Staff may refuse to assist police in searching the building
2. Searchers are to be cautious. Be alert for strange objects and anything that appears to be out of place
3. If an object is found, it is to be left **UNTOUCHED**

Decision to Leave

The decision to completely evacuate the building will be made by the Police or Fire Department in consultation with the Administrator.

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|---|---|
|  | Policy Number: EM-C-60 |
| | Page 3 of 3 |
| Policy Section: Other Emergencies | Effective Date: July 2003 |
| Prepared By: S. Simmons/M. O’Keeffe | Revision Date: May 2023 |
| Subject: | Bomb Threat |

After the threat is resolved:

1. The Administrator or designate shall immediately gather personnel directly involved and document in detail every action taken throughout the bomb threat.
2. Immediately notify the next of kin of any resident or staff who suffered trauma in the event
3. The Administrator (only) shall respond to media inquiries.
4. The Administrator shall be responsible for ensuring:
 - that all circumstances before, during and after the bomb threat are fully documented;
 - that all damage is photographed and fully documented;
 - in cooperation with the police, all evidence is preserved;
 - ensure assistance is provided to any staff who may be injured;
 - a report of the incident is completed and forwarded to AON’s Vice President.

For LTC Homes, the Administrator will document the incident and report it to the Ministry of Long-Term Care.

| | |
|---|--|
| <u>Cross References:</u> EM-B-46 (Flex-Evac Evacuation Tags); EM-D-10 (Evacuations – General) | <u>Attachments:</u> EM-C-60A (Bomb Threat Questions) |
|---|--|



| | |
|---------------|--|
| Date: | |
| Time: | |
| Completed By: | |
| Signature: | |

BOMB THREAT QUESTIONS and DOCUMENTATION:

Duration of Call (in minutes): _____

Exact Wording of Threat: _____

QUESTIONS TO ASK:

- What time will the bomb explode? _____
- Where is it? _____
- What does it look like? _____
- Where are you calling from? _____
- Why did you place the bomb? _____
- What is your name? _____

IDENTIFYING CHARACTERISTICS:

| | | | | | | |
|--------------------------|-----------|--------------------------|--------|--------------------------|----------|--------------------------------|
| Gender | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Not Sure | <input type="checkbox"/> |
| Estimated Age | Young | <input type="checkbox"/> | Middle | <input type="checkbox"/> | Old | <input type="checkbox"/> |
| Accent | English | <input type="checkbox"/> | French | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Voice | Loud | <input type="checkbox"/> | Soft | <input type="checkbox"/> | Other | <input type="checkbox"/> _____ |
| Speech | Fast | <input type="checkbox"/> | Slow | <input type="checkbox"/> | Other | <input type="checkbox"/> _____ |
| Manner | Emotional | <input type="checkbox"/> | Calm | <input type="checkbox"/> | Vulgar | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> | _____ | | | |
| Background Noises (note) | | | | | | |

Other Observations:

Voice was familiar _____
 Caller I.D. number on phone (if available) _____
 Caller was familiar with area _____
 Threat reported immediately to: _____

| | | | |
|---|-------------------------|--------------------------|----------------|
|  | | Policy Number: | EM-C-70 |
| | | Page 1 of 1 | |
| Policy Section: | | Other Emergencies | |
| Effective Date: | | August 2011 | |
| Prepared By: | | S. Simmons | |
| Revision Date: | | May 2023 | |
| Subject: | Missing Resident | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 1. Dealing with, ... vii. situations involving a missing resident, ... *[Note: RHA Reg. 25 (3) is identical]*

Policy

The Home shall have a system in place to respond to situations where a resident is missing.

Procedure

Missing resident policies are addressed in other Policy and Procedure Manuals.

- LTC: see GA-D-22 (Search for Missing Resident)
- Retirement: where a resident is missing AND considered to be at risk, see GP-4-8 (Resident Search)

| | |
|-------------------------------------|---------------------------|
| <u>Cross References</u> : See above | <u>Attachments</u> : None |
|-------------------------------------|---------------------------|

| | | | |
|---|----------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-C-73 |
| | | Page 1 of 2 | |
| Policy Section: | Other Emergencies | Effective Date: July 2003 | |
| Prepared By: | R. Nixon/S. Simmons | Revision Date: May 2023 | |
| Subject: | Elevator Incidents | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home ... , including, (a) measures for dealing with emergencies;

RHA 60 (4): *Every licensee of a retirement home shall ensure that the following are in place for the home: 1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements.*

Policy

The Home will have a policy to respond to elevator breakdowns. The procedure to follow, as outlined below, will depend on whether there is a person trapped in the elevator or if the elevator is empty at the time of the breakdown.

Phone calls made from the emergency phone in the elevator will go directly to a 24-hr monitoring company (Trent Security). Elevators not equipped with an emergency phone will have an alarm button that either just rings locally in the Home (Princess Gardens) or connects directly to the monitoring company (Empress Gardens) by pressing the button.

If the elevator breaks down, the priority is to determine whether a person is inside the elevator. The Nurse in Charge or the Environmental Services Supervisor (ESS) will direct a staff member to go to each floor, knock on the elevator door and call out to ask if there is someone inside. A room check should be done for all residents known to be non-verbal, to ensure they are not inside.

Procedure

A. Entrapment (a person stuck in an elevator):

The Nurse in Charge or the ESS will:

1. Attempt to determine how many people are stuck in the elevator, which car they are in, what floor they are at, who they are (staff or resident or visitor) and if they require medical attention urgently.
2. If possible, direct the trapped person(s) to use the emergency phone in the elevator to speak directly to the monitoring company.
 - If the trapped individual has used the emergency phone on their own, the monitoring company will phone the Home to inform that there is a person stuck in an elevator. The monitoring company will also call AON Maintenance to report the entrapment.
3. If the trapped person has a cell phone with them in the elevator, ask them to call and speak directly to the Nurse in Charge or the ESS for ease and clarity of communication until the elevator is opened.

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|---|---|
|  | Policy Number: EM-C-73 |
| | Page 2 of 2 |
| Policy Section: Other Emergencies | Effective Date: July 2003 |
| Prepared By: R. Nixon/S. Simmons | Revision Date: May 2023 |
| Subject: | Elevator Incidents |

4. Call the Elevator Technician to report the incident and **get an ETA (estimated time of arrival) for the technician to be onsite** to release the trapped persons from the elevator.
5. Assign a staff member to regularly communicate with the trapped person(s) and provide them with updates about the progress of the efforts to get them out of the elevator and find out how they are doing (either by phone, or by calling out through the elevator door).
6. If the elevator technician is going to be **longer than 30 minutes to respond**, or if emergent medical care is required for one of the entrapped individuals, call the local fire department to come and release the doors and remove the trapped occupants.
 - In addition, contact AON Maintenance/On-Call staff at 705-742-5445 or the Director of Environmental Services for further direction
7. Put signage on each floor that the elevator is out of service to inform residents/staff that the unit is out of service.
8. Report and document the breakdown/entrapment immediately on a Building Incident Report (see GA-E-35 in LTC and GP-1-8 in Retirement).

The ESS will ensure that a prompt follow-up service call is arranged if the elevator issue is not resolved by the emergency onsite visit.

Elevator Breakdown (no entrapment):

- Problems with an elevator are to be reported to the ESS. The ESS will troubleshoot the situation and call the elevator company.
- If the problem occurs outside of business hours, the Nurse in Charge will call the ESS, and advise of the situation. A service call will be placed for the next business day unless the breakdown greatly restricts access to the Home or is a safety risk. After hours overtime calls to the elevator company need approval from the ESS or the Administrator.
- The Nurse in Charge may put the elevator out of service. Signs will be placed on the affected elevator until the elevator company arrives to repair it.

For any elevator breakdowns or entrapments that involve serious injury, the Administrator and ESS will file an incident report with the Technical Standards and Safety Authority using EM-C-73A (Elevating Devices Incident Reporting Form). The form is attached or can be found online.

| | |
|--|--|
| <u>Cross References:</u> GA-E-35 (Building Incident Reports); GP-1-8 (Building Incident Reports) | <u>Attachments:</u> EM-C-73A (Elevating Devices Incident Reporting Form) |
|--|--|



**Elevating Device
Incident Reporting Form**
as required by O.Reg 209/01

| | | | | |
|---|---|---|---|--|
| TYPE - LOCATION - SHUTDOWN | In case of death, serious injury or immediate hazard call: | 877-682-8772 | Email: ed-incident@tssa.org ☒ = Shut Down ☎ = Call | |
| | ELEVATING DEVICE Installation Number | | | |
| INCIDENT DETAILS | Occurrence Type | <input type="checkbox"/> death s36.(1) ☎☎ <input type="checkbox"/> injury with medical attention s36.(1) ☎☎ <input type="checkbox"/> injury without medical attention s36.(2) <input type="checkbox"/> equipment-property damage s36.(2) <input type="checkbox"/> equipment in a hazardous condition s36.(4,5) ☎☎ <input type="checkbox"/> fire, flood, lightening strike s36.(3) ☎☎ <input type="checkbox"/> voluntary reporting of an instance of elevated exposure to risk (No Injury and not covered in s36.(1) through s36.(5)) | | |
| | Device Type | <input type="checkbox"/> elevator <input type="checkbox"/> escalator / Moving Walk <input type="checkbox"/> Physical Disabilities Lift <input type="checkbox"/> Other, Specify: | | |
| Location / Address of the Elevating Device | | Occurrence Date | Occurrence Time | |
| Note: If the incident type is 36.(1), (3), (4) or (5), the device shall not to be returned to service until: <input type="checkbox"/> Cause identified, AND <input type="checkbox"/> Safety of the device is restored, AND <input type="checkbox"/> Inspector gave permission to return to service. | | | | |

| | |
|----------------|---|
| PERSONS | Describe the incident or event: |
| | Describe cause of incident or event, if known: |
| | What actions were taken to secure the scene and make the site safe by the owner or contractors (if any)? |
| | Describe actions taken (if any) by the owner or contractor to prevent or reduce the chance of a reoccurrence. |

| | | | |
|-----------------|---|--|---------------------------------|
| PERSONS | Injured Person or N/A (use one form per each injured person) N/A <input type="checkbox"/> | | |
| | Name: | Address: | Telephone No: |
| | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: | |
| | Describe injuries and medical / hospital help received (use additional sheet if required) | | |
| | Witness – if any witness to the incident | | |
| | Name: | Address: | Telephone No: |
| | 1. | | |
| | 2. | | |
| | Reported by: | <input type="checkbox"/> Owner <input type="checkbox"/> Contractor | <input type="checkbox"/> Other: |
| | Completed by: | Name | Date: |
| Position | | Telephone: | |
| | | Fax: | |
| | | Email: | |

INSTALLATION NUMBER IS MANDATORY

INSTALLATION NUMBER IS MANDATORY



INSTRUCTIONS TO THE ELEVATING DEVICE INCIDENT REPORTING FORM

The following instructions are provided for information only. For complete regulatory reporting requirements, refer to the *Technical Standards & Safety Act, 2000* and Ontario Regulation 209/01 (Elevating Devices) and Director's Guideline ED-230/09 available at <http://www.tssa.org/regulated/elevating/elevatingSafety.asp?loc3=adob>
Reporting forms can be obtained at <http://www.tssa.org/report.asp>

TYPE – LOCATION - SHUTDOWN: Identify the device *Installation Number*, the *Occurrence Type* (see table below), the *device type*, *address*, occurrence *time* and *date*. Acknowledge the shutdown / return to service criteria.

INCIDENT DETAILS: Provide as much detail as possible to describe the incident / event and actions taken after the incident.

PERSONS: Provide details related to persons; injured, any witnesses to the event, and information about the person completing this report.

FAQ's:

- a) Is reporting of incidents mandatory? Yes, required by the *Technical Standards & Safety Act, 2000* and section 36 of the Ontario *Regulations 209/01*. Section 37(1) of the Act specifies fines for failure to report an incident.
- b) Is the use of this form mandatory? Yes.
- c) Are owners and contractors required to report? Yes. See table below.

| Summary of Reporting Requirements | | | | |
|-----------------------------------|--|--|--|---|
| Reg | Occurrence Type | Notification (or CALL) | Written Reports | Device Status |
| s36.(1) | Death | Owner holder must notify the Director immediately by telephone | The contractor shall submit a written report to the Director within 24 hours of becoming aware of the incident | Shut Down until 36.(8) fulfilled. |
| | Injury requiring services of a medical practitioner | | | |
| s36.(2) | Injury other than 36.(1) or property damage | Owner must notify the Director by telephone within 24 hours of becoming aware | The Owner and the Contractor shall submit a written reports to the Director within 7 days of becoming aware | Return to Service after contractor evaluation |
| s36.(3) | Equipment exposure to harmful events impacting safe operation | | | Shut Down until 36.(8) fulfilled. |
| s36.(4) | Mechanic finds equipment in a condition that constitutes an immediate hazard | The mechanic must notify the licence holder immediately | The licence holder shall submit a written report to the Director within 7 days of the finding | |
| s36.(5) | Licence holder finds or becomes aware of equipment in a condition that constitutes an immediate hazard | The Owner must notify the Director by telephone within 24 hours of the finding | The licence holder shall submit a written report to the Director within 7 days of the finding | |

- d) **What is voluntary reporting of an instance of elevated exposure to risk?** If a device is in condition that does NOT constitute an immediate hazard, but the condition poses an **“elevated exposure to risk”** to the public, voluntary reporting provides additional data that can aid in better risk informed decision making by the Director, the elevating devices safety program and TSSA’s industry councils. Voluntary reporting is often associated with no injury events that are commonly attributed to user behaviour / error (eg trips and falls) where equipment issues are not present.

| | | |
|---|----------------------------|--------------------------------------|
|  | | Policy Number: EM-C-75 |
| | | Page 1 of 1 |
| Policy Section: | Other Emergencies | Effective Date: March 2012 |
| Prepared By: | T. Harrold | Revision Date: May 2023 |
| Subject: | Medical Emergencies | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following: 1. Dealing with, ... v. medical emergencies ... *[Note: RHA Reg. 25 (3) (1) is identical]*

Policy

The Home shall have plans in place to respond to medical emergencies.

Procedure

Policies for specific emergencies are addressed in other Policy and Procedure manuals as follows:

- LTC:

| | |
|------------------------------|---------|
| Nurse Call System | GA-D-10 |
| Call Bell Response | RC-A-50 |
| Responding to Resident Falls | RS-I-24 |
| Head Injury Protocols | RS-C-55 |
| Choking Protocol | RS-I-50 |
| Heat Exhaustion | RS-C-22 |
| Heat Stroke | RS-C-24 |
| Hypoglycemia | RS-C-42 |
| Seizure Protocols | RS-C-50 |
| Self-Harm | RS-I-60 |

- Retirement:

| | |
|------------------------------|----------|
| Nurse Call System | GP-4-2 |
| Emergency Medical Care | GHC-1-5 |
| Responding to Resident Falls | GHC-1-34 |
| Head Injury Protocols | GHC-1-6 |

| | |
|------------------------------------|--------------------------|
| <u>Cross References:</u> See above | <u>Attachments:</u> None |
|------------------------------------|--------------------------|

| | |
|---|--|
|  | Policy Number: EM-C-78 |
| | Page 1 of 1 |
| Policy Section: Other Emergencies | Effective Date: October 2014 |
| Prepared By: T. Harrold | Revision Date: May 2023 |
| Subject: | Violent Outbursts |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... iii. violent outbursts ... [*Note: RHA Reg. 25 (3) is identical*]

Policy

The Home shall have an emergency plan in place to respond to violent outbursts by residents.

The RHRA indicates that the “outburst” referred to in the regulation could be by anyone, including a family member or guest, a staff member, or someone off the street. AON refers to this simply as “violence”. Emergency plans to respond to violence/outbursts by these groups are fully addressed in P405 (Violence in the Workplace), including hazard assessments and steps to take if needed.

Procedure

Strategies for responding to violent outbursts by residents are part of the Home’s overall Responsive Behaviour Program. The key strategies are outlined in the following policies:

Long-Term Care:

| Topic | Policy Manual Reference |
|---|---|
| Immediate response and interventions | GA-A-55 (Aggressive or Violent Behaviours) |
| Shift to shift communication | GA-A-60 (24-Hour Building Report) |
| Shift to shift communication – Care Dept | RS-I-8 (Residents at Risk) |
| Monitoring behaviours | RC-G-12 (Resident Observation Record) |
| Program overview and cross-references | GA-A-50 (Responsive Behaviours - Overview) |
| Incident reporting and documentation - internal | GA-E-30 (Resident Incident Reporting) |
| Incident reporting and documentation - external | GA-E-45 (Critical Incident Reporting) |
| Internal & external resources and referrals | RS-I-35 (Responsive Behaviour Referrals) |

Retirement (“The Gardens”):

| | |
|---|--|
| Immediate response and interventions | GP-4-3 (Aggressive or Violent Behaviours) |
| Shift to shift communication | GP-4-1 (Resident Status Report) |
| Shift to shift communication – Care Dept | GHC-1-27 (Communicating Residents at Risk) |
| Monitoring behaviours | GHC-1-28 (Resident Observation Record) |
| Program overview and cross-references | GP-4-7 (Behaviour Management Strategy) |
| Incident reporting and documentation - internal | GP-3-2 (Resident Incident Reports) |
| Incident reporting and documentation - external | GHR-A-30 (Mandatory Reports) |

| | |
|------------------------------------|--------------------------|
| <u>Cross References:</u> See above | <u>Attachments:</u> None |
|------------------------------------|--------------------------|

| | | | |
|---|------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-D-10 |
| | | Page 1 of 2 | |
| Policy Section: | Evacuations | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Evacuations - General | | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following:
... 2. Evacuation plans for the home, including at a minimum ... a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. [*Note: RHA Reg. 25 (3) (2) is essentially identical*]

Circumstances That May Necessitate Evacuation:

- Fire
- Flood
- Explosion, Bomb Threat
- Loss of Heat, Power or Water for an extended period of time.
- Community Disaster (i.e. Toxic Spill, Severe Weather)

Types of Evacuation

1. Simple Evacuation:
 - A person discovering a fire or other immediate danger in a room and removing people from that room is a simple evacuation.
2. Partial/Internal Evacuation:
 - a) *Horizontal Evacuation:* Removing residents from a fire/danger area to another area on the same floor, preferably behind a smoke barrier door.
 - b) *Vertical Evacuation:* Moving residents to another floor, usually downward.
3. Total/External Evacuation:
 - Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency.

Decision to Evacuate

1. The decision to enact a “simple” evacuation shall be made by the person discovering the emergency and confirmed by the Emergency Response Leader.
2. The decision for a Partial/Internal Evacuation shall be made by the Emergency Response Leader, often under direction of the Fire Department or Police.
3. The decision for a Total/External Evacuation shall be made by the Administrator or the Emergency Response Leader, often under direction of the Fire Department or Police.

The Director of Environmental Services and AON’s Senior Vice President should be consulted prior to initiating a relocation of evacuated residents (see EM-D-30: Relocation).

| | |
|---|----------------------------------|
|  | Policy Number: EM-D-10 |
| Policy Section: Evacuations | Page 2 of 2 |
| Prepared By: S. Simmons | Effective Date: July 2003 |
| Subject: | Evacuations - General |

| | |
|---|--------------------------|
| <u>Cross References:</u> EM-D-30 (Relocation) | <u>Attachments:</u> None |
|---|--------------------------|

| | | | |
|---|------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-D-20 |
| | | Page 1 of 3 | |
| Policy Section: | Evacuations | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Evacuation Procedures | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations, including ... (b) procedures for evacuating and relocating the residents, and evacuating staff and others in case of an emergency.

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following: ... 2. Evacuation plans for the home, including at a minimum ... a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. [Note: RHA Reg. 25 (3) (2) is essentially identical]

Policy

The Emergency Manual and Fire Plan shall include an Evacuation Procedure. Staff assignments will be directed by the Emergency Response Leader (see EM-B-20).

Procedure

| |
|--|
| <p><i>ORDER OF EVACUATION OF RESIDENTS</i></p> <ol style="list-style-type: none"> <i>1. Residents in immediate danger</i> <i>2. Ambulatory Residents</i> <i>3. Wheelchair Residents</i> <i>4. All non-ambulatory Residents</i> <i>5. Resistive Residents – do not struggle or delay with resistive residents</i> |
|--|

(A) **INTERNAL** (horizontal / vertical)

1. Evacuate residents from rooms near the fire/emergency area to a “Safety Zone” beyond the emergency area. Wheelchairs, commodes, blankets, stretchers, etc., can be useful to help transport residents.
2. Follow the Flex-Evac tag procedure as outlined in Fire Plan after residents have been removed from rooms (see EM-B-46: Flex-Evac Evacuation Tags).
3. A staff member shall be assigned to track residents using form EM-D-20A. This is an important step and will be assigned to office staff as available.
4. A staff member will be assigned by the Charge Nurse to set up an internal Triage Area within the Safety Zone. This person will be responsible for assisting ambulance and paramedics on the condition of each resident as well as to where resident shall be relocated if deemed necessary.
5. Encourage Residents who are independently mobile to help each other.

| | | | |
|---|------------------------------|----------------------------------|----------------|
|  | | Policy Number: | EM-D-20 |
| | | Page 2 of 3 | |
| Policy Section: | Evacuations | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Evacuation Procedures | | |

6. Ensure all residents are evacuated from the emergency zone. Seek assistance for uncooperative residents. An RN or the Fire Department will direct if force is required.
7. Once in the Safety Zone, those requiring further medical attention will be sent to the designated Triage Area.

(B) EXTERNAL/TOTAL:

1. An external “staging area” will be identified as the place where residents and staff should be assembled and monitored once they have evacuated the building. The default staging areas are as follows, unless the Emergency Response Leader specifies an alternate location due to the location/circumstances of the particular emergency:

| Home | Default Staging Area |
|--------------------|--|
| Centennial Place | Side parking lot |
| Moira Place | Side parking lot |
| Canterbury Gardens | Garden Home parking lot |
| Empress Gardens | Courtyard outside Peterborough Square |
| Princess Gardens | Courthouse parking lot (on Simcoe Street side) |
| Royal Gardens | Westmount Bible Chapel parking lot |

2. An external Triage Area will be established within the staging area to receive residents from the Internal Triage Area.
3. A staff member should be assigned to check-off and TAG the Residents who are evacuated as they exit the fire door (see EM-D-24: Tagging Residents). Tagged residents should be directed to congregate in the staging area.
4. The TAGGER or other designated staff shall stay with the Residents and ensure no wandering occurs.
5. The TRACKER will record where each resident is relocated on form EM-D-20A.
6. The Charge Nurse will assign Runners to ensure lines of communication between Evacuation areas.
7. Staff should ensure that residents have appropriate clothing etc. to protect them from the outside elements.

Priorities for Evacuations

1. Residents, staff and Kardex/Resident Care Plans
2. Extra supplies of blankets
3. Medical cart and Charts

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Vital Records and Medications to be Evacuated (if it is safe to do so)

| Type | Responsibility Of |
|--------------------------------|---------------------------------|
| Resident Care Profile (Kardex) | Charge Nurse |
| List of Residents | Reception Desk - Administration |
| All Departmental schedules | Reception Desk - Administration |
| Employee Telephone Directory | Reception Desk - Administration |

Note that resident files available on online platforms may be accessed from alternate sites and electronic devices. This includes:

- LTC Homes: PointClickCare
- Retirement Homes: Resident Management System
eMAR within PointClickCare

Parking Lot Procedures

Ensure emergency vehicles do not get in the way of and hinder each other. Keep a clear area and route for transportation, evacuation, and easy accessibility for emergency vehicles.

Relocation

The policy and procedures above describe how to conduct an evacuation from one part of the building to an internal “safety zone”, or an evacuation of the entire building to a “staging area” outside of the building. For relocation from the staging area to alternate site, see EM-D-30 (Relocation).

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| <u>Cross References:</u> EM-B-10 (Immediate Fire Response); EM-D-23 (Evacuation Role Terminology); EM-B-46 (Flex-Evac Evacuation Tags); EM-D-24 (Tagging Residents) | <u>Attachments:</u> EM-D-20A (Resident Evacuation List) |
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|  | | Policy Number: EM-D-22 |
| | | Page 1 of 1 |
| Policy Section: | Evacuations | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Total Evacuation Roles and Responsibilities | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following:
... 2. Evacuation plans for the home, including at a minimum ... a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. *[Note: RHA Reg. 25 (3) (2) is essentially identical]*

Policy

Staff will have assigned responsibilities in the event of a total evacuation.

Procedure

As required the Charge Nurse/Administrator will establish the Emergency Control Centre and initiate Staff Call Back as required. Staff not listed below will assist with the evacuation as directed

The Charge Nurse will:

1. Be responsible for coordinating staff, maintaining a resident head count and tracking movement.
2. Be responsible for directing the removal or the Residents' Charts, Resident Care Profiles, MARS & Medications if possible.

Maintenance Staff will:

1. Depending on circumstances, be responsible for traffic control until the arrival of the Police.
2. Assisting fire department/police as required with building access, floor plans etc.
3. Be responsible for ensuring that a vacated building is left in a secure condition if possible.

The Administrative Assistant/Office Staff will:

1. Keep all outside lines available. (Accept only emergency in-coming and out-going calls.)
2. Be responsible for the removal of an up-to-date list of employees and their telephone numbers and an up-to-date list of residents.
3. Assist in notification of resident's next of kin (re: re-location, etc)

The Director Dining Services or the on-site Dietary Supervisor will:

1. If possible, arrange for the provision of beverages and snacks to residents, staff, etc.
2. Assign staff to assist with evacuation.
3. Ensure food safety – perishables, preparation, storage, exposure, and disposal.
4. Direct provision procurement and/or redeployment from other AON locations.

Housekeeping/Laundry staff will: secure extra bedding and linen if needed and assist with the evacuation as directed.

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| <u>Cross References:</u> EM-A-40 (Emergency Control Centre), EM-A-26 (Staff Call Back Procedure) | <u>Attachments:</u> None |
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|  | | Policy Number: EM-D-23 |
| | | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 | |
| Prepared By: S. Simmons | Revision Date: May 2023 | |
| Subject: | Evacuation Role Terminology | |

Policy

The following describes the roles involved in an evacuation in response to a fire or other emergency. These roles will be assigned to staff by the Emergency Response Leader or Charge Nurse depending on the situation/need at the time of the emergency.

Procedure

GREETER

- The person assigned to this duty is responsible for meeting the fire department and directing them to the alarm location as well as giving any information they require.

PHONES

- The person assigned to this duty is responsible for calling in back-up, and communicating with the appropriate people about the emergency.

RUNNER

- The Runner's responsibility is to ensure constant communication between all parties during an emergency. This may include sending and receiving messages between two evacuation sites on the property; between the fire chief and the charge nurse, etc.

TAGGER

- The Tagger's responsibility is to tag each resident as they leave the building. They work in conjunction with the Tracker.

TRACKER

- The Tracker's responsibility is to identify and check each resident as they exit the building. They are to ensure all residents are out safely. The Tracker works alongside the Tagger.

GUARD

- The Guard's responsibility is to ensure no resident's wander away during an emergency.

TRIAGE

- Those assigned to the Triage Area will assess those who need care, who need hospitalization, and those who do not.

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| <u>Cross References:</u> None | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-D-24 |
| | | Page 1 of 1 | |
| Policy Section: | | Evacuations | |
| Effective Date: | | July 2003 | |
| Prepared By: | | A. Coulter/S. Simmons | |
| Revision Date: | | May 2023 | |
| Subject: | Resident Evacuation Tags | | |

Purpose/Regulatory Standards

FLTCA 90 (1): Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations ...

Reg. 268 (4): The licensee shall ensure that the emergency plans provide for ... 2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. [*Note: RHA Reg. 25 (3) 3. is identical*]

Policy

In the event of an external evacuation, a process shall be in place to identify residents

Procedure

1. Resident evacuation tags (3 x 4 inch card) will be made by the Nursing Administrative Assistant (NAA)/Administrative Assistant upon move-in. Tag information will include:
 - Resident name
 - Primary diagnosis
 - Allergies
 - Level of transfer
 - Photo on the back of card – made by Life Enrichment/Activity staff
2. Each card shall be placed in a badge holder.
3. Cards are to be stored in a box kept at each Resident Home Area in LTC and at the reception desk at the main entrance in Retirement.
4. The NAA's/Administrative Assistant will make sure the card is transferred if the resident moves to another Care/Home area or is discharged.
5. The NAA/Administrative Assistant will keep the card information current by updating the cards each quarter at minimum.

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| <u>Cross References:</u> EM-D-20 (Evacuation Procedures); EM-D-22 (Total Evacuation Roles and Responsibilities) | <u>Attachments:</u> None |
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|  | | Policy Number: EM-D-30 |
| | | Page 1 of 2 |
| Policy Section: | Evacuation | Effective Date: July 2003 |
| Prepared By: | S. Simmons/T. Harrold | Revision Date: May 2023 |
| Subject: | Relocation | |

Purpose/Regulatory Standards

FLTCA Reg. 268 (4): The licensee shall ensure that the emergency plans provide for the following: **2.** Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency

Policy

In the event that a total evacuation becomes necessary, relocation sites will be as follows. The primary relocation sites will be other AON residences. *(For RHRA Inspectors: this document serves as a “contract” and a directive for each of the properties addressed by this policy to fulfill the obligations of this policy under the authority of the SVP, who is a Director of all affected entities.)*



Procedure

The relocation sites, in order of preference, will be as follows. Except for short term relocations, the preferred sites will focus on Peterborough due to critical mass and access to support services.

1. Canterbury Gardens
2. Royal Gardens
3. Other AON properties
4. local schools, arenas and church halls (short term only – under 2 hours, primarily for homes located outside the City of Peterborough)

Depending upon the residence affected, the number to be evacuated, and other considerations, residents may be evacuated to more than one site. This will be determined by the Administrator in consultation with the Director of Environmental Services and AON’s Senior Vice President.

Residents and Staff

Staff should accompany residents to the relocation site as directed by the nurse in charge (DOC/Supervisor/Charge Nurse) depending on the shift. Medically unstable residents should be transported to the hospital, not the relocation site. (See also: See EM-A-24: Communication During an Emergency and EM-A-26: Staff Call-Back Procedure).

Medications

The Director of Care, supported by the nurse in charge and other Care Department staff as required, will oversee the transporting of residents’ medications to the relocation point. The DOC will contact the contracted pharmacy to arrange “disaster plan” support, as required, as per pharmacy policies (see EM-D-30B: Pharmacy Disaster Information). (Medication records, i.e. “eMARs”, are available on-line, and can therefore be accessed from relocation sites.)

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| Prepared By: | S. Simmons/T. Harrold | Revision Date: May 2023 |
| Subject: | Relocation | |

Transportation

The Administrator or the nurse in charge will arrange resident transportation using the following resources:

1. GARDENS BUSES: 749-4888 (Princess-based) and 761-6627 (Canterbury-based)
2. SUMMIT TERRACE VAN 775-1802
3. LIFTLOCK BUS LINES AT 741-8543 (Rob Bennett directly), or 745-1666 or 743-2111 (Liftlock office)
4. ROXBOROUGH BUS LINES - 613-473-4624 (Tweed/Belleville). See *EM-D-30D (Emergency Transportation Arrangement – Tweed)*.
5. MEDICAL TRANSPORT VEHICLES AT 911
6. PETERBOROUGH CITY BUS LINES AT 745-0525 or 745-5801
7. BOLDRICK BUS SERVICE - 613-478-3322 (Tweed), *not accessible*

Resident transportation is the priority. Company vehicles can then be used to transport supplies and equipment as needed. Maintenance and AON Builders vehicles may be utilized as required. Taxi's are also an last-case option.

- CAPITAL TAXI SERVICE AT 742-4242 (Peterborough)
- CALL A CAB TAXI SERVICE AT 745-2424 (Peterborough)
- 9'S Taxi AT (613) 921-9999 (Tweed)

Short Term Relocation Sites

The Administrator of homes located outside of Peterborough shall make appropriate advance arrangements to utilize local schools, arenas and church halls as temporary relocation sites. Preferrably this shall be in writing. Appropriate sites will ideally include sufficient space, washroom facilities, cooking facilities, and access for residents with mobility challenges. The arrangement needs to include after-hours access.

Security of the Vacated Building

The Director of Environmental Services will confer with AON Maintenance and ensure the vacated building is secure

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| Cross References: EM-D-10 (Evacuations - General); EM-A-24 (Communication During an Emergency); EM-A-26 (Staff Call-Back Procedure) | Attachments: EM-D-30A (Evacuation Resource Plan); EM-D-30B (Pharmacy Disaster Information); EM-D-30C (Emergency Transportation Arrangement – Peterborough); EM-D-30D (Emergency Transportation Arrangement – Tweed); EM-D-30E (Emergency Relocation Arrangement – CP); EM-D-30F (Emergency Relocation Arrangement – MP) |
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|  | Policy Number: EM-D-32 |
| | Page 1 of 1 |
| Policy Section: Emergency Manual | Effective Date: July 2003 |
| Prepared By: S. Simmons | Revision Date: May 2023 |
| Subject: | Reception of Evacuees |

Policy

An organized plan shall be in place to receive evacuated residents from other AON locations.

Procedure

Initial Call for Help

1. The person receiving the Emergency Reception call is to notify Administrator, Director of Care (DOC), Charge Nurse and Director of Dietary Services of the upcoming Emergency Reception.
2. The Charge Nurse will then notify all staff of the upcoming Reception.
3. The Administrator/DOC/Charge Nurse shall meet the evacuated residents at the entrance.
4. Evacuated residents should be recorded on the Emergency Reception List (EM-D-32A).

The Charge Nurse at the receiving site shall:

- Ensure that residents are assessed upon arrival
- Establish a Triage station if required.
- Ensure that residents with dementia are accommodated in as secure an area as possible.

Care Staff: Provide beverage and light snack to evacuated residents, ensuring food includes sugar and salt free alternatives.

Dietary Staff

1. Prepare for the extra number of persons to feed
2. Adjust eating times, group sizes, eating locations to accommodate
3. Prepare a simple diet that includes sugar and salt free alternatives and texture modifications as required. Utilizes disposable flatware as required.

Office Staff: Contact relatives as requested by the Administrator or DOC and direct incoming phone enquiries. Residents can be temporarily discharged to SDM pending approval of the DOC.

Director of Environmental Services: Obtain resources as needed (cots, bedding) from other AON facilities or external agencies (Red Cross, Salvation Army)

All Other Staff/Volunteers: Respond to further instruction as directed in the Charge Nurse.

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| <u>Cross References:</u> None | <u>Attachments:</u> EM-D-32A (Emergency Reception List) |
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|  | | Policy Number: EM-D-36 |
| | | Page 1 of 1 |
| Policy Section: | Emergency Manual | Effective Date: July 2003 |
| Prepared By: | S. Simmons | Revision Date: May 2023 |
| Subject: | Returning to an Evacuated Residence | |

Policy

Procedures will be in place to re-occupy a residence that has been evacuated.

Procedure

1. The residence must be inspected and approved for resident re-occupancy by the Fire Department and other authorities as required.
2. Long term care homes must notify the Ministry of LTC about the return to the evacuated building.
3. Check all operational equipment and air out building.
4. Activate building systems.
5. If possible, arrange for a meal or snack for returning residents.
6. Notify advisory and attending physicians of return date and time.
7. Contact staff regarding scheduling for readmission.
8. Gather up all lists of residents and equipment to be returned.
9. Designate a central control area for returning residents, staff, and equipment.
10. The Administrator or delegate should be made responsible for returning traffic.
11. Double check and identify residents as they disembark from the various means of transportation.
12. Ensure checklists of residents and equipment are continually updated.
13. Ensure that residents and equipment are returned to the appropriate area.
14. Investigate missing items immediately.
15. Establish routine as soon as possible.
16. Debrief the evacuation as a means for learning and continuous improvement.

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| <u>Cross References:</u> None | <u>Attachments:</u> None |
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|  | | Policy Number: | EM-E-10 |
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| Policy Section: | Emergency Manual | Effective Date: July 2003 | |
| Prepared By: | S. Simmons | Revision Date: May 2023 | |
| Subject: | Emergency Item Locations | | |

Policy

The emergency item location list will be established that is that is location specific. It shall be reviewed and updated annually.

Fire extinguisher locations are outlined on policy EM-E-20: Fire Extinguisher Locations

Procedure

The emergency item location list will be maintained in the Emergency Manual. The Administrator will review and update the list on an annual basis. Items to address include:

FIRE

- Fire Alarms/Pull Stations
- Main Fire Panel and annunciator
- Fire Panel annunciators
- Fire Safety Zones
- Fire Exits
- Stairwells

MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

- Emergency generator transfer switch
- Emergency generator
- Main Water Shut-off valve
- Sprinkler valve
- Magnetic Lock Reset
- Main Gas Shut-off valve
- Electrical Panel

EMERGENCY SUPPLIES AND STORAGE

- Emergency Nursing Supplies
- Oxygen storage

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| <u>Cross References:</u> EM-E-20 (Fire Extinguisher Locations) | <u>Attachments:</u> EM-E-10A (Emergency Item Location List) |
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| Policy Section: | | Emergency Manual | |
| Effective Date: | | July 2003 | |
| Prepared By: | | S. Simmons | |
| Revision Date: | | May 2023 | |
| Subject: | Fire Extinguisher Locations | | |

Policy

A listing of fire extinguisher locations and types shall be established, that is that is location specific. It shall be reviewed and updated annually.

The locations of other emergency items are outlined on policy EM-E-10: Emergency Item Locations.

Procedure

The listing of fire extinguisher locations and types will be maintained in the Emergency Manual. The Supervisor or Director of Environmental Services will review and update the list on an annual basis.

The fire extinguisher list will be used for all required fire extinguisher inspections. Monthly inspections will be performed by the Supervisor of Environmental Services or designate. Annual inspections will be performed by an approved Fire Safety Equipment Company. New extinguisher tags will be installed on all extinguishers during the annual fire extinguisher inspection.

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| Cross References: EM-E-10 (Emergency Item Locations); EM-B-44 (Fire Extinguishers) | Attachments: EM-E-20A (Fire Extinguisher Locations & Types) |
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|  | Policy Number: EM-F-10 |
| | Page 1 of 2 |
| Policy Section: Emergency Phone Numbers | Effective Date: July 2003 |
| Prepared By: T. Harrold | Revision Date: May 2023 |
| Subject: | Maintaining Contact Lists |

Purpose/Regulatory Standards

Reg. 268 (5): The licensee shall ensure that the emergency plans address the following components: ... 3. Communications plan. *[Note: RHA Reg. 25 (4) is identical]*

Policy

Current copies of emergency phone lists shall be maintained in the Emergency Manual (in “Tab F”, following this procedure). Such lists shall include:

1. Staff phone lists
2. Family Member/POA Contact Information
3. The AON Emergency Phone lists
4. Other building-specific third-party contacts

Procedure

Staff Lists/Contact Information: The Administrative Assistant/Office Manager will ensure that staff contact lists are updated as staff leave or join the organization. When updates occur, new phone lists will be sent to the Emergency Manual distribution list at the front of this manual. All manual holders are responsible to replace the outdated phone list with the new one in Section F in this manual. Administrative Assistant/Office Manager will check the fan out list monthly to ensure that the information is up to date.

Family Member/POA Contact Information: To ensure that Family Member/POA Contact Information is available in the event of a power outage or loss of computer access, each week the Administrative Assistant/Unit Clerk shall ensure that two copies of the Contact Information Report are printed, one being kept in the Emergency Manual located at the front desk and the second given to the Director of Care. This will make sure that personal contact information is readily available at two key points and kept current to within one week. In the event of an emergency, if safe access to computers is available and there is power, an updated Contact Information Report should be printed immediately to capture any recent changes. Note that the report can be printed from offsite computers if necessary.

AON Emergency Contact Information: A Head Office emergency phone list is maintained and updated periodically. When updates occur, the Administrative Assistant will ensure that the new phone lists are sent to the Emergency Manual distribution list at the front of this manual for filing.

Other building-specific third-party contacts: A building specific list should be maintained, with updates distributed to the distribution list at the front of this manual for filing

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| <u>Cross References:</u> EM-A-24 (Communication During an Emergency); EM-A-26A (Emergency | <u>Attachments:</u> Phone lists as described above |
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|  | Policy Number: EM-F-10 |
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| Policy Section: Emergency Phone Numbers | Effective Date: July 2003 |
| Prepared By: T. Harrold | Revision Date: May 2023 |
| Subject: | Maintaining Contact Lists |

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|-----------------------------|--|
| Communication Fan-Out List) | |
|-----------------------------|--|