EMERGENCY PREPAREDNESS PLAN

Omni Quality Living - Maplewood

LONG-TERM CARE HOME

Adopted: July 11, 2022

This plan will be reviewed annually and /or as required by the Fixing Long-Term Care Act (FLTCA), 2021.

Revised November 2025

Table of Contents

Introduction 5

1. PURPOSE 6

A. AUTHORITIES 6

C. ASSUMPTIONS 7

3. CONCEPT OF OPERATIONS 7

A. PRE-EMERGENCY 7

B. PREPAREDNESS 11

C. RESPONSE 12

D. ROLES AND RESPONSIBLITIES 14

E. THE COMMUNICATION PLAN 15

F. EMERGENCY PAGING CODES 17

G. EMERGENCY COLOUR CODES 18

H. HAZARDS AND POSSIBLE EVENTS 19

I. OUTBREAK AND COMMUNICABLE DISEASE 20

J. FIRE SAFETY PLAN 23

K. THE EVACUATION PLAN 24

L. RECOVERY 33

Addendum A-Hazard Identification Risk Assessment Tool 34

Addendum B-Hazard and Risk Assessment Form 36

Addendum C- HIRA Infectious Diseases..... 37

Addendum D-Contract Partners and Services 42

Addendum E-Communication Log 43

Addendum F-Staff Contact for Essential Supplier Services Contact List 44

F-1. Emergency water/ food services acquisition 45

Addendum G-Fan Out List 46

Addendum H- Code Drill Practiced 49

Addendum I - Standard Operating Procedures 50

Addendum J-Memorandum of Understanding for Transportation 61

Addendum K-Memorandum of Understandings for Accommodation 62

Addendum L-Physical layout of building/alternate route 63

Addendum M- Notification List..... 64

Addendum N- All Hazard Checklists and Resources 65

All Hazards Preparedness Checklist 65

N-1. Fire Safety 67

N-2. Severe Weather 68

N-3. Earthquake 69

N-4. Flood 70

N-5. Volcanic Eruption 72

N-6. Power Outage 72

N-6. Water Main Break 73

N-7 Gas Line Break 73

N-8. Repopulation Checklist 74

Introduction

Omni Quality Living Long-term homes are vulnerable to multiple threats and hazards daily. These include but are not limited to natural hazards such as earthquakes; severe weather, including high winds, snowstorms; floods; landslides; fires; tornados, volcano eruptions and global environmental threats such as pandemics; war and terrorism. Additionally, there are man-made hazards such as hazardous materials spills and potential bomb threats.

While each of these threats is a problem in and of themselves, they are frequently the cause of secondary issues such as long-term power loss, boil water advisories, communication system both internal and externally diminished. In some cases, the event may cause disruption to critical supplies and services such as food, medical supplies, staffing, laundry services, and fuel.

Preparing for such disasters is critical for ensuring the safety and security of residents, staff, and visitors of long-term care facilities. Omni Quality Living Long-Term Care homes acknowledge that change is constant in our industry, therefore understands that homes emergency plans are not static. Emergency preparedness plans will be a part of a continuous evaluation process which will include a re-evaluation of existing plans 30 days after activation, annually, on the introduction of new items into the home, structural layout or designs changes which may have impact on the existing emergency preparedness plan and /or emergency procedures.

1. PURPOSE

To provide guidance to Omni Quality Living Maplewood on emergency policies and procedures to protect the lives and property of residents, staff, and visitors.

2. SITUATIONS AND ASSUMPTIONS

A. AUTHORITIES

- Fixing Long-Term Care Act, 2021 (FLTCA) proclaimed Ontario Regulation 246/22 on April 11, 2022
- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1
- Ontario's Long-Term Care COVID-19 Commission Final Report April 30, 2021
- O. Reg. 388/97: FIRE CODE under *Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4*
- Ministry of Long-Term Care Emergency Preparedness Manual May 2022
- Health Canada (2015). Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies. Water and Air Quality Bureau, Healthy Environments and Consumer Safety Branch, Health Canada, Ottawa, Ontario (Catalogue No. H128-1/09-578-1E-PDF).
- Centers of Disease Control and Prevention

B. SITUATION

- The province of Ontario, in which Omni Quality Living homes are located, is vulnerable to both natural and man-made disasters.

- Residents of these facilities require home specific emergency considerations in planning for disasters or emergencies and in ensuring safety.

- Omni Quality Living long-term care homes are responsible for the health and wellness of residents and their staff, including developing emergency response plans that address potential disasters and emergencies.

C. ASSUMPTIONS

An emergency is defined as an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that require immediate action to ensure the safety of a person.

- The possibility exists that an emergency or disaster may occur at any time.

- In the event an emergency exceeds the homes' capability, external services and resources may be required.

- Local, provincial, and federal departments and agencies may provide assistance necessary to protect lives and property.

- Depending on the scope of the event and the type of assistance needed, local, provincial, and federal departments and agencies may be unable to respond immediately. It is the responsibility of Maplewood long-term care home to be prepared to care for residents, staff, and visitors for seven to ten days.

- Maplewood will comply with all provincial requirements for review and inspection of safety plans and procedures.

3. CONCEPT OF OPERATIONS

Maplewood long-term care home should have an emergency preparedness action plan in place capable of providing for the safety and protection of residents, staff, and visitors. Procedures should be developed to ensure that residents who are cognitively impaired, physically impaired, hearing impaired, speech impaired, or have English as a second language are properly informed and alerted as necessary. The long-term care home should provide a safe shelter for the residents without causing undue disruptions, and loss of property. The long-term care should provide shelter-in-place for residents and staff in an emergency where this protection is necessary.

This plan can be effective for either internal or external emergencies.

A. PRE-EMERGENCY

1. Conduct an evaluation of the homes' potential vulnerabilities to potential hazards by completing a hazard identification risk assessment (HIRA) in Addendum A. A risk level of low, medium, or high is assessed for all potential hazards and documented on Risk Assessment Form (Addendum B).

    a. A disaster is any existing or potential situation posing a threat to residents' safety and well-being.

    b. Threat to resident safety and well-being may be immediate or imminent. Threats may include major interruption of life support systems, i.e., heat, hydro, water, severe weather (warning / actual), inability/difficulties for staff attendance (accessibility, transport), gas leaks, boil water advisories, service providers to provide services i.e., food, transport.

2. Review Surge online Emergency Response Program, policies, and procedures, conduct practice exercises, provide education to staff, provide information to residents and families, and re-evaluate existing plans 30 days after activation and annually.

3. Complete a Hazard Identification and Risk Assessment for Infectious Disease Request to determine if surveillance of hazards is adequate (Addendum C). Note that in the long-term care population, although communicable diseases may be rare, the risk will be high. This vulnerable population will have a major impact on healthcare services and the event may pose a threat to Ontario's public health capacity. Although rare, the disease can require a high priority for incident-specific planning e.g., COVID-19.

4. Tracking of similar symptoms of infection will commence with a trend of two or more residents and staff.

5. Memorandums of Understanding related to external evacuation of residents and staff during an emergency signed every two (2) years. This will include consultation with emergency services suppliers in the community, transportation services, health service providers, and partner facilities. List of contact information with these

partners and services (See Addendum D). A communication log will be kept by the home (See Addendum E).

6. List of essential services and designated staff/s who will communicate with service supplier during an emergency (See Addendum F) e.g., Include food supplier, pharmacy, staffing agencies, garbage removal, hydro, water, well maintenance, telephone.

7. Determine communication systems to be used in the emergency-e.g., cellular phones, fax machines and walkie talkies.

8. Ensure functioning of the homes emergency warning system / public announcement system. Cowbells on hand if required.

9. Test reliability of Fan Out List emergency telephone roster for contacting personnel and activating emergency procedures. (See Addendum G).

10. Test emergency generators as per schedule.

    a. Identify power needs based on which equipment and appliances are necessary for the safety and security of residents, staff and visitors.
    b. Ensure all plugs designated direct contact to generator are cleared marked.
    c. Develop procedures for testing generators and equipment supported by emergency generators.
    d. Maintain a 7-to-10-day supply of emergency fuel. Establish a delivery agreement with a supplier.
    e. Activate and test the generator underload accordingly.
    f. Document all testing procedures.

11. Ensure a 14-to-21-day supply of food and water for residents and staff. (Have at least one gallon of water per person, per day on hand. Identify a supplier/source of water off-site)

    a. Arrange for a private contact to supply back-up resources.
    b. Rotate supplies and check expiration dates regularly.

12. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.

13. Enhance emergency education.

a. Practice code drills with all staff per Code Drill Annual schedule provided by home office. (See Addendum H).
b. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents, and residents' families.
c. Encourage personal preparedness for all staff.

14. Conduct fire drills ***at a minimum*** **of once** every month on a day, evening and night shift.

    a. Document each drill, instruction, or event to include date, content and participants involved.
    b. Identify and document any problems associated with the drill.
    c. Develop and implement improvement plans for problems associated with the drill.
    d. Record a summary/overview of each drill and submit monthly report to home office.

15. All drills are conducted twice each year. It is recommended that at least one of these drills be conducted to exercise ***all*** aspects of the emergency action plan. Documented drills with critiques and evaluations to be included in that month's home office submission.

16. Develop and maintain Standard Operating Procedures includes the following (as Addendum I) to include:

    a. Task assignments (by title, not individual names)
    b. Security procedures
    c. Personnel call down lists
    d. Emergency supplies; storage, maintenance, and use
    e. PPE inventory

17. The Nursing Station is the designated Command Centre and will serve as the focal point for coordinating operations. If evacuation is necessary, the alternative location will be Brighton Funeral Home.

18. Ensure all staff are trained in the emergency preparedness plan to execute the activities of the Command Centre. All staff should know the location of the Emergency Preparedness Plan.

19. Plan for evacuation and relocation of residents.

a. Identify the individual responsible for implementing facility evacuation procedures.

b. Determine the number of ambulatory and non-ambulatory residents. Identify residents who may need more than minimal assistance to safety evacuate such as palliative residents, residents on isolation, and residents exhibiting responsive behaviours. Ensure staff are familiar with individual evacuation plans for these residents.

c. Identify and describe transportation arrangements made through Memorandums of Understanding or Mutual Aid Agreements that will be used to evacuate residents (Addendum J)

d. Describe transportation arrangements for logistical support to include moving and protecting records, medications, food, water, beds, and other necessities.

e. Identify receiving long-term care homes/facilities and include in the plan a copy of the Mutual Aid Agreement or Memorandum of Understanding that has been signed (Addendum K)

f. Identify evacuation routes inside the home that will be used as well as secondary routes should the primary routes be impassable. Map of physical layout of the home to be consulted if a route is impassable (Addendum L).

g. Determine and specify the amount of time it will take to successfully evacuate all patients to the receiving facility.

h. Specify the procedures that ensure Maplewood staff will accompany evacuating residents and procedures for staff to care for residents after evacuation.

i. Identify procedures to keep track of residents once they have been evacuated. Establish procedures to ensure all residents and staff are out of the facility and accounted for. Use a Communication log and Omni Evacuation Record -Resident Placement form.

j. Determine what items and how much each resident should take.

k. Establish procedures for responding to family inquiries about residents who have been evacuated.

l. Determine when to begin pre-positioning of necessary medical supplies and provisions.

m. Specify an activation time when Memorandums of Understanding for transportation and the notification of alterative facilities will begin.

B. PREPAREDNESS

Upon receipt of an internal or external warning of an emergency, the facility Executive Director or appropriate designate(s) should:

1. Notify staff in charge of emergency operations to initiate the emergency preparedness plan. Use Emergency Notification list [Addendum M] to contact managers in order directed. Advise personnel of efforts designed to guarantee resident and staff safety.

2. If potential disaster is weather related, closely monitor weather conditions and update Director of Operations/ Home Office designate as necessary. Executive Director and/or designate to monitor weather channel.

3. Inform key agencies of any developing situation and protective actions contemplated. Such as generator rental services, gas delivery service, food delivery service. Keep an up-to-date list of contacts (Addendum F).

4. Review Emergency Preparedness Plan, including evacuation routes, with staff and residents.

5. Prepare the Maplewood Nursing Station for Command Centre operations and alert staff of impending operations.

6. Contact residents' families. Coordinate dissemination of messages with Director of Operations or Home Office designate.

7. Control all entrances to the home. Account for all residents and staff on shift.

8. Confirm emergency staff availability initiating Fan Out List Roster call.

9. Pre-arrange emergency transportation of non-ambulatory residents (dialysis residents, PICC residents etc.) and their records. Consider hospital transfers. Update Omni Facility Evacuation Resident Form regularly. Check food, water, and fuel supplies.

10. Monitor radio/television/website if able.

11. Have a plan in place to minimize resident medication interruptions by being able to access satellite pharmacy CARE RX Peterborough and an alternate source to determine emergency operations in the event of halted deliveries or the need for backup. Consider early medication delivery drop-off.

12. Review staffing patterns of all departments and schedule extended shifts for essential staff. Alert alternate personnel to be on stand-by.

C. RESPONSE

Upon receipt of an internal or external warning of an emergency, the facility Executive Director or appropriate designate/s should:

1. Notify staff in charge of emergency operations to initiate the emergency preparedness plan. Use Emergency Notification list [Addendum M] to contact managers in order directed. Advise personnel of efforts designed to guarantee resident and staff safety.

2. If potential disaster is weather related, closely monitor weather conditions and update Director of Operations/ Home Office designate as necessary.

3. Inform key agencies of any developing situation and protective actions contemplated. Such as generator rental services, gas delivery service, food delivery service.

4. Review Emergency Preparedness Plan, including evacuation routes, with staff and residents.

5. Prepare the Maplewood Nursing Station for Command Centre operations and alert staff of impending operations. Should an alternate location be required this will be determined by the emergency commander (Executive Director or designate).

6. Contact residents' families. Coordinate dissemination of messages with Director of Operations or Home Office designate.

7. Control all entrances to the home. Account for all residents and staff on shift. Assess if security is required due to length of hazard.

8. Confirm emergency staff availability initiating Fan Out List Roster call.

9. Enact emergency transportation of non-ambulatory residents (dialysis residents, PICC residents etc.) and their records.

10. Check food, water, and fuel supplies.

11. Monitor radio/television/website if able (Ontario - Weather Conditions and Forecast by Locations - Environment Canada)

12. Have a plan in place to minimize resident medication interruptions by being able to access satellite pharmacy CARE RX Peterborough after-hours pharmacy, an alternate source to determine emergency operations in the event of halted deliveries or the need for backup. Consider early medication delivery drop-off.

13. Review and reassess staffing patterns of all departments, and extended shifts for essential staff. Alert alternate personnel to be on stand-by and or initiate call-in process is required.

D. ROLES AND RESPONSIBLITIES

The Home Executive Director or designate is responsible for the overall direction and control of the home's emergency operations, receiving requested assistance from the head of each internal department, the local Emergency Management Agency, local Fire Department, local Police Department, private and volunteer organizations and various local provincial departments and agencies.

Duties and activities that should be **directed or assigned by the Executive Director or designate are:**

1. Coordinate the development of emergency preparedness plans and procedures.

2. Coordinate the activation, and oversee the implementation, of emergency preparedness plans and procedures.

3. Direct Command Centre operations.

4. Assign a coordinator for the delivery of residents' medical needs.

5. Assign a coordinator accountable for residents, their records, and needed supplies.

6. Assign responsibility for maintaining the home's safety, including securing necessary equipment and alternative power sources.

7. Coordinate the emergency water and food services acquisition in collaboration with the Nutritional Care Manager. (See Addendum F).

8. Ensure availability of special resident menu requirements and assess needs for additional food stocks.

9. Assign a coordinator to ensure the cleanliness of all residents and provision of residents' supplies for 7 to 10 days.

10. Coordinate the inspection of essential equipment (wet/dry vacuums) and protection of the facility (lower blinds, closed windows, secure loose equipment, etc.).

11. Ensure security of the home by limiting access as necessary.

12. Coordinate provision of assistance to all departments in the home.

13. Notify families about emergency operations.

14. Facilitate telecommunications and oversee release of information with the direction of home office.

E. THE COMMUNICATION PLAN

The communication plan will follow Omni policy # AM-5.1-Daily Communications. This policy states *all matters requiring timely attention, consideration and response shall be reported by the Executive Director or designate and to the Director of Operations assigned to the Home*. It is imperative that Home Office be notified immediately of any situation which puts a resident, the home, any employee, or the organization at risk. All hazards or emergency events that require the initiation of the home specific emergency preparedness plan must be reported immediately to Home

Office. Omni Quality Living has a Communication in the Home (Pre-Planning) procedure to ensure that there is a phone that can be plugged into the identified outlet (emergency backup line) to provide communication into and out of the home if there is loss of communication services. Some homes have a battery-operated phone (cellular) available, and most homes have a "charge nurse" cellular phone that can be used for this purpose. Also battery-operated walkie -talkies are kept in designated areas for staff to access in case of emergencies. The Executive Director and the Director of Care for all homes are afforded a company cellular phone/compensation.

During regular business hours contact Omni Quality Living at **(705) 748-6631** and notify Home Office of emergencies. A representative from Omni Quality Living Home Office will send out a notification to the organization that a specific home is experiencing a loss of communication services.

If there is an emergency in the home:

- Executive Director/Director of Care/Charge Nurse or designate informed
- Contact Local Emergency Services (Fire, Police, Ambulance) by dialing 911 if the emergency dictates
- Home Office Informed by Executive Director or Designate
- The Home specific emergency preparedness plan will be initiated by the Executive Director or designate.
- Governing Authorities informed as required
- All families/POA/SDMs are contacted to inform them of the status of the Home.
- Executive Director, in consultation with Home Office will determine the content of the communication to residents and family.
- The Home shall ensure the person(s) designated to be responsible for communication provides updates to these individuals via their preferred method of communication.

- The most appropriate frequency of communication and regular updates will be provided to family POA/SDMs as required based on the event.

- All communication with the media will be performed by Home Office.

An emergency that occurs outside of normal business hours, the Charge Nurse will initiate the following notification protocol:

Step #1 - Contact Local Emergency Services (Fire, Police, Ambulance) by dialing 911

Step #2 - Notify all personnel on duty using the annunciator panel of the emergency and to report. If emergency is not fire related staff report to designated Command Centre.

Step #3 - Contact management in the following order*:*

1. Executive Director – Rachel Corkery
2. Maintenance Manager – Tracy Morewood
3. Director of Care – Jasmine Sherman
4. Omni Quality Living Director of Operations - Patrice Chartier
5. Omni Quality Living Director of Operations – Justin Hills
6. Omni Quality Living Director of Operations – Susan Bell
7. Omni Quality Living Director of Operations – Doneath Stewart
8. Omni Quality Living Director of Operations – Bradley Lucas
9. Omni Quality Living Vice President Operations - Sarah Ferguson-McLaren
10. Omni Quality Living - Chief Operating Officer - Shawn Riel

All homes are provided with a Home Office On-Call schedule where they can reach a Director of Operations after hours.

F. EMERGENCY PAGING CODES

An emergency paging code is a notification of an event that requires **immediate action**. At Omni Quality Living the emergency codes are denoted by a standardized color set by the Ontario Hospital Association to allow for uniformity amongst health care organizations in Ontario. This also facilitates the translation of essential information to the responding code teams to ensure optimal response. The use of codes is intended to convey essential information quickly and with minimal misunderstanding to staff while preventing stress and panic among residents and visitors of the long-term care home.

Initiating an Emergency Paging Code:

To initiate the plan the designated employee will

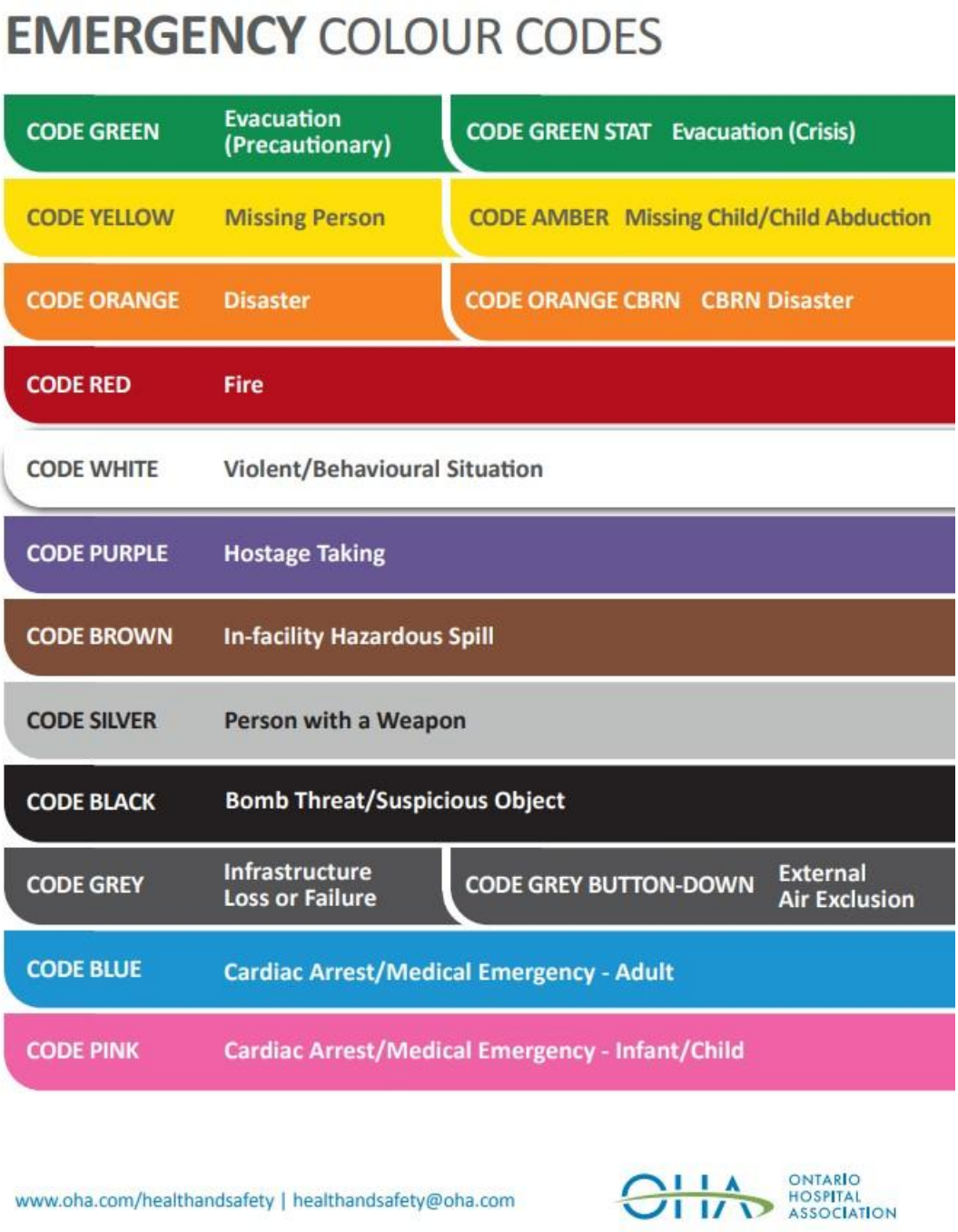
a. Use the designated communication tool in the home
b. Use the paging code to alert the staff of practiced actions to be initiated.
c. The command will be repeated three times e.g. “CODE RED, 3rd floor sunroom, CODE RED, 3rd floor sunroom, CODE RED, 3rd floor sunroom”

Terminating an Emergency Paging Code:

To deactivate the plan the designated employee will

a. Use the designated communication tool in the home
b. Repeat the command three times e.g., “ALL CLEAR, code red, 3rd floor sunroom, ALL CLEAR, code red, 3rd floor sunroom, ALL CLEAR, code red, 3rd floor sunroom”.
c. Evaluate and update emergency plans within 30 days of their deactivation, each time they are activated.

EMERGENCY COLOUR CODES



Ontario Hospital Association Emergency Codes

HAZARDS AND POSSIBLE EVENTS

Maplewood is prepared for all the following hazards and potential events:

- Outbreak of a disease of public health significance, epidemic, pandemic
- Fires
- Community Disaster
- Violent outbursts
- Bomb threats
- Medical emergencies
- Chemical Spills
- Missing Resident
- Loss of one or more essential services
- Gas leaks
- Natural disaster
- Extreme weather-heat/cold
- Boil water advisories
- Floods

Maplewood has completed a Hazard Risk Assessment form for all the above hazards and possible events. See Addendum A, B and C.

OUTBREAK AND COMMUNICABLE DISEASE

Maplewood's Outbreak Management Plan is in the Executive Director's Office as well as posted on the IPAC Board next to the nursing station. Alternatively, there is an electronic copy to Maplewood's shared drive for all Managers to access.

Maplewood's Outbreak Preparedness Plan includes.

Outbreak Definitions
What to do if Maplewood is declared in an outbreak
Public Health Contact Numbers
Doctor, Pharmacy and outside Providers contact information
Facility contractors Contact Numbers
A facility map indicating where PPE supplies are stored.
A staff contingency planning should staff levels be impacted as a result of the outbreak.
5 Day Low Labour Menu at a Glance
All staff have access to the policies related to infectious disease contact, screening requirements and isolation protocols available through Surge Learning Policy Professional.
The Outbreak Management Team has been identified and the members of this team are posted on the Infection Prevention and Control Board which is across from the office of the Director of Care.

Omni Quality Living RESPONSE CHECKLIST

Adapted from CRISIS EMERGENCY RISK COMMUNICATIONS (CERC)Department of Health and Human Services Centers for Disease Control and Prevention

Steps to take when crisis hits:

1. Verify situation: Determine the magnitude of the event as quickly as possible.		
Done ( )	Checkpoints	Initial
	Do you know the source of the information?	
	How credible is the source information	
	Was information obtained from additional sources to put event into perspective?	
	Is the information you received consistent with other sources?	
	Is the characterization of the event plausible? (Outbreak, pandemic, epidemic, communicable disease)	
	If necessary, was the information clarified through a subject information expert?	
2. Conduct notifications: Contact and brief those within and outside your organization who need to know. Have the following been notified and briefed.		
	Appropriate persons in your organization (IPAC Lead, Home Office IPAC Director, Director of Operations, Vice President, Chief Operations Officer)	
	Public Health Unit?	
	Ministry of Long-Term Care?	
	Appropriate provincial agencies informed?	
	Appropriate federal agencies informed if required?	
	Residents informed? Resident council if required?	
	Families informed? Family Council if required?	
	Other relevant groups (community centre, police, MOL, fire department)	
3. Assess level of crisis: Determine the degree and intensity of the event to determine the communication response?		
	Has a HIRA level (low, medium, high) been identified that corresponds to the event characteristics	
	Have the hours of operation for the communication team been established?	
	Has the person/s who will communicate with networking been established?	
	Were specific audience concerns addressed?	
4. Organize assignments: activate your Emergency Preparedness Communications plan.		
	Do all personnel understand their role and their immediate tasks?	
	Were specific assignments given to each team member?	
	Have all staff been briefed and prepared in case they are approached by the media?	

5. Prepare information and obtain approvals: Get agreement on the information content, develop it, and get it approved for release by home office.		
6. Release information to public: Decide on the frequency of information release, how it will be done, and who will do it. Home office will direct release of information to the public.		
7. Monitor, maintain, and adjust for the remaining duration of the crisis		

J. FIRE SAFETY PLAN

The fire safety plan is in the Fire Safety Plan Box located just outside of the main entrance.

A copy is also located in the Home Specific Emergency Preparedness Binder in the Executive Director's office. To review a copy of the plan, please contact Rachel Corkery, Executive Director.

K. THE EVACUATION PLAN

The potential hazards may demand that the home's evacuation is precautionary or needs to be done immediately. Natural disasters such as earthquakes, tsunamis, floods, cyclones, tornadoes, hurricanes, storms, and volcanic eruptions can result in residents and staff requiring to be evacuated from the home. Structural damage to the home and the presence of communicable diseases caused by these natural disasters after they have ended can also result in an evacuation. Extreme weather conditions, loss of essential services, fire, bomb threats, community disaster, disasters resulting from chemical, biological, radiological, or nuclear events can demand an evacuation response to preserve life of residents, staff, and families. Omni Quality Living understands that in an emergency the severity and scope of the event/hazard is unpredictable. Evacuation can be internally (shelter-in-place/precautionary) or externally (crisis/stage 2/mass home exit). Maplewood has developed an evacuation plan and a shelter-in-place plan to promote the safety of residents, staff, and families.

The decision to evacuate the home is made by:

- Fire Authority on site
- Executive Director or designate, if on site
- Director of Care or designate, if onsite
- Charge Nurse, if above personnel not on site

Outside of normal business hours the Charge Nurse will initiate the following notification protocol:

Step #1 - Contact Local Emergency Services (Fire, Police, Ambulance) by dialing 911
Step #2 - Notify all personnel on duty using the annunciator panel of the emergency and where to report. If emergency is not fire related staff report to designated Command Centre. Step #3 - Contact management in the following order*:*

1. Executive Director – Rachel Corkery
2. Maintenance Manager – Tracy Morewood
3. Director of Care – Jasmine Sherman
4. Omni Quality Living Director of Operations - Patrice Chartier
5. Omni Quality Living Director of Operations – Justin Hills
6. Omni Quality Living Director of Operations – Susan Bell
7. Omni Quality Living Director of Operations – Doneath Stewart
8. Omni Quality Living Director of Operations – Bradley Lucas
8. Omni Quality Living Vice President Operations - Sarah Ferguson-McLaren
9. Omni Quality Living - Chief Operating Officer - Shawn Riel

10. Omni Quality Living – Director of Asset Management – Jeff Ibbitson

If full evacuation is necessary: The Charge Nurse coordinates the staff in the evacuation procedure, ensures Medication Administration Records and Resident Clinical Records (if applicable) are removed to safety. Direction will be given by the Executive Director/Director of Care/Operations Director regarding the extent of further notifications to be initiated.

All precautions will be taken to promote zero loss of lives and protect property damage.

FOR ALL EVACUATIONS

- Remain calm.
- Close all doors on your way out and take your keys if safe to do so.
- Turn off all electrical and open-flame equipment if safe to do so.
- Leave the area by the nearest and safest exit available.
- If the nearest route is blocked or unsafe, use an alternate route.
- Be wary of potential dangers along your exit route; test doors for heat in case of fire.
- Do not use your cellular phone unless you are reporting an emergency, or it is absolutely necessary. The use of cellular phones during an emergency increases the demand on cellular network towers. Emergency responders and those in need of immediate assistance will be relying on those towers to facilitate crucial communication in a timely manner—**Do not use your cellular phone in an evacuation unless it is an emergency.**

Follow your home specific preparedness plan

MAPLEWOOD EVACUATION PLAN

In the event that it is determined that the best course of action is to evacuate residents offsite the following steps will be taken:

- The charge nurse or designate will initiate by announcing CODE GREEN X 3 using the paging system.
- Residents and Staff will be evacuated through the safest and closest exit systematically. Once all resident and staff are safely out of the building; the Charge Nurse will ensure that all residents and staff are accounted for.

- The Executive Director or Designate will contact Quinte Access Emergency Transportation by calling using daytime or afterhours contact numbers as required
- If necessary, staff and residents will walk from Maplewood Property south on Maplewood Avenue to Chapel Street and there east to Trinity St. Andrew's Church.
- The Executive Director will contact the identified contact personnel that the home will need to use the facility. The Executive Director has the key to open the receiving center. The center is equipped with a large Wheelchair accessible room, bathroom and kitchen facilities.
- Once inside the emergency shelter, charge nurse will complete safety and security check for all residents and ensure all staff and residents are accounted for.
- Once Residents have been transferred to the receiving center management personnel will designate an employee to notify parties as necessary re: location and placement of residents.
- Initiate action of notifying families and responsible parties. Families/responsible parties will be asked if they are able to care for the resident in their home for a short time, and if so to come immediately to transfer the resident to their home.
- If they are unable to care for the resident, they can be asked if they are able to provide transportation to another home and remain with the resident until they are settled.
- All related forms and checklist and evaluations as per Omni Quality Living – Evacuation of Residents policies and protocols. The Executive Director of Designate will complete a critical incident report and ensure that all required documentation and communication has been completed.

MAPLEWOOD SHELTER-IN-PLACE PLAN

In the event it is necessary to shelter in place, the charge nurse or designate will direct staff and residents to take the following precautions.

- Charge Nurse will locate the Emergency Kit to have access to flashlights and other emergency tools. The staff will use the walkie talkies that are located in the RED boxes (A Hall/Front Entrance, Nursing Station and BHALL). Walkie Talkies and the overhead paging system will be used to ensure timely information and direction is provided to the team.
- Residents, visitors, and staff stay away from the windows.
- Staff will close the curtains and ensure windows and doors are securely shut and locked.
- In the event of external air contamination, it will be necessary to ensure that the air exchange system is shut off. This is done by accessing the electrical panel outside of the clinical care coordinator's office. The Breaker is labeled "Roof Fan 28".
- Initiate the emergency call out list.
- Communication will be established with the Municipality of Brighton's emergency services (Fire, Police).
- Staff will support residents and visitors in a calm and controlled manner until the external threat has passed or a wider community emergency response is initiated.
- The Executive Director will complete Critical Incident Report as required.
- The Executive Director or designate will ensure that all required documentation is completed.

Omni LONG-TERM CARE HOME EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

HOME NAME: _____ DATE: _____

COMPLETED BY: _____ TIME: _____

Level of Care	Facility Type	Transportation Type	Number of Residents
LEVEL I: Description: Residents are usually transferred from long-term care classified home and require a level of care only available in hospital or like home classified (A/B/C/D) with Skilled Nursing or Subacute Care Facilities. Examples: • Bedridden, totally dependent, difficulty swallowing • Requires dialysis • Requires electrical equipment to sustain life • Critical medications requiring daily or weekly monitoring • Requires continuous IV therapy • Terminally ill	Like Home Hospital SNF or Subacute	ALS	_____
LEVEL II: Description: Residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in-home setting or public shelters. Examples: • Bedridden, stable, able to swallow • Wheelchair-bound requiring complete assistance • Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject • Requires assistance with tube feedings • Draining wounds requiring frequent sterile dressing changes • Oxygen dependent; requires respiratory therapy or assistance with the oxygen • Incontinent; requires regular catheterization or bowel care	Like Home Medical Care Shelter In some circumstances, may be able to evacuate to family/caregiver home	BLS Wheelchair Van Car/Van/Bus	_____
LEVEL III Description: Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care. Examples: • Independent; self-ambulating or with walker • Wheelchair dependent; has own caretaker if needed • Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) • Oxygen dependent; has own supplies (i.e. O2 concentrator) • Medical conditions controlled by selfadministered medications (caution: refrigeration may not be available at public shelters) • Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment	Like Facility Home Setting Public Shelter	Car/Van/Bus	_____ ___
NOTE: It is unlikely that licensed health facilities such as long-term care homes will have many residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.			

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EVACUATION RECORD – RESIDENT PLACEMENT

DATE OF EVACUATION: PAGE ____ of ____

Resident Name	Family Notified		Receiving Home	MAR Sent with Resident	Time of Transfer	Staff initials
	Yes/No	Time				

EVACUATION REPORT FORM

To be completed by Charge Nurse as evacuation is in progress			
Date	**Time**	**Reason**	**Decision made by**

NOTIFICATIONS MADE

Category	Name	Time	Staff Initials	Comments
Fire				
Police				
Home Management				
Omni Management				
Ambulance				
Medical Director				
Evacuation Centre				
Emergency Transportation				
Clergy				

At Evacuation Site – Immediate Services Available – How Provided

Medical	Nursing	Pharmacy
Dietary	Environmental	

Attendance Counts	Time	All accounted for	Missing	Found
	Time	All accounted for	Missing	Found

	Time	All accounted for	Missing	Found
Casualties				

EVACUATION REPORT – Administration

This checklist is to be completed following an actual evacuation or a drill. A copy should be submitted to Omni Home Office.				
Date	**Time**	**Drill ☐** **Evacuation ☐**		
Reason for Evacuation: **Decision to Evacuate made by:**				
Notification	**Title**	**Name**	**Time**	**Notified by:**
	Emergency Services			
	Administrator			
	Maintenance			
	Director of Nursing			
	Omni Home Office			
	Ministry of LTC			
	Medical Director			
	Community Liaison			
Evacuation Centre/s used:				
Receiving Personnel				
Transportation used				
Immediate Services Required	Medical	Nursing	Pharmacy	
	Dietary	Environmental		
Resident Data				
Attendance Counts	Time	All Accounted for:	Missing	Found
	Time	All Accounted for:	Missing	Found
	Time	All Accounted for:	Missing	Found
Casualties	To Hospital			
Deaths	Coroner			

Receiving Facilities Designated by MOLTC		
Staff Data Staff Member assigned to call ins: Time initiated:		
Staff who came in		Staff who had shifts extended
Follow up - How were the following services provided?		
Medical		
Pharmacy		
Dietary		
Resident Continence Needs		
Emotional Support		
Recommendations		
Home Management		
Fire Dept		
Police Dept		
Omni Home Office		
MOLTC		
Corrective Action Plan		
PROBLEM IDENTIFIED	ACTION REQUIRED	COMPLETED

EXECUTIVE DIRECTOR

DATE

L. RECOVERY

Immediately following the deactivation of the emergency, the Home Executive Director or Designate should take the provisions necessary to complete the following actions:

1. Assess the impact caused to the home, residents, and staff members.

2. Coordinate recovery operations with home office, the local emergency management agency, and other local agencies to restore normal operations, to perform search and rescue, and to re-establish essential services. (See Addendum N-8.)

3. Provide counseling for residents, staff and families as required.

4. Provide provincial authorities, local authorities, and home office a master list of residents and staff displaced, missing, injured or dead.

5. Provide information on sanitary precautions for contaminated water and food to staff, volunteers, residents, and appropriate personnel to home office if required.

6. If necessary, arrange accommodations for residents and staff.

7. Evaluate and update emergency plans within 30 days of the deactivation; complete the Hazard and Risk Assessment form- Addendum B.

Addendum A-Hazard Identification Risk Assessment Tool

Hazard Identification Risk Assessment Tool

A risk matrix will be used to determine the risk of potential hazards. This value assigned to the potential risk can be low, medium, or high by using the following equation:

Likelihood X Severity = Risk

Likelihood will be defined as the probability of the hazard occurring.

Table A indicates likelihood using the following values:

LIKELIHOOD	EXAMPLE	RATING
Most Likely	The most likely result of the hazard/event being realized	5
Possible	Has a good chance of occurring and is not unusual	4
Conceivable	Might occur at sometime in the future.	3
Remote	Has not been known to occur after many years	2
Inconceivable	Is practically impossible and has never occurred	1

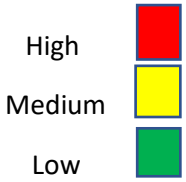
Severity will be defined as what will be the impact of the hazard realized. The outcome of the hazard is based on the consequences associated with an increasing level of severity. Consider the following consequences: fatalities, injuries/illness, psychosocial, social networks, evacuation, shelter-in-place, property damage, critical infrastructure service, environmental damage, economic loss, and reputational damage. MLTC May 2022 Methodology Guidelines 2019

Table B indicates Severity using the following values:

SEVERITY (S)	EXAMPLE	RATING
Catastrophic	Numerous fatalities, irrecoverable property damage and productivity	5
Fatal	Approximately one singe fatality, major property damage if hazard realized	4
Serious	Non-fatal injury, permanent disability	3
Minor	Disabling but not permanent injury	2
Negligible	Minor abrasions, bruises, cuts, first aid type injury	1

An example of risk matrix (Table C) is shown below

	SEVERITY (S)				
Likelihood (L)	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5



Steps to follow to use the risk matrix:

1. Find the severity column that best describes the outcome of risk.
2. Follow the likelihood row to find the description that best suits the likelihood that the severity will occur.
3. Select the risk level in the box where the row meets the column.
4. Record the relative risk value on your Risk Assessment Form.

RISK	DESCRIPTION	ACTION
15-25	**HIGH**	A **HIGH** risk requires immediate action to control the hazard as detailed in the hierarchy of control. Actions taken must be documented on the risk assessment form.
5-12	**MEDIUM**	A **MEDIUM** risk requires a planned approach to controlling the hazard and applies temporary measure if required. Actions taken must be documented on the risk assessment form including date of completion.
1-4	**LOW**	A risk identified as **LOW** may be considered as acceptable and further reduction may not be necessary. However, if the risk can be resolved quickly and efficiently, control measures should be implemented and recorded.

Addendum B-Hazard and Risk Assessment Form

HAZARD and RISK ASSESSMENT FORM

Date of Assessment: _____

Assessment done by: _____

Approved by Executive Director: Yes_____ No_____

Name of Executive Director: _____ Signature: _____

Hazards and Risks	**Those at risk**	**Resources/controls in place for eliminating or reducing the risk and where the information may be found**	**Identified Risk (L x S = R)**	**Responsible Person(s)**
Hazard: Risk:				
Hazard: Risk:				

Record any further actions required, responsibility and action date in note section below if required.

Further action: Yes_____ No_____

NOTES:

Addendum C- HIRA Infectious Diseases

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WORKSHEET TEMPLATE

Hazard Identification and Risk Assessment for Infectious Disease Requests

Introduction

This **worksheet** is one component of Public Health Ontario's (PHO) **Hazard Identification and Risk Assessment (HIRA) Framework.** It may be used in preparation for completing a final mass gathering HIRA. Public health organizations may adapt this form for their own purposes, situations and structure.

Instructions:

- Complete the worksheet, which is based on a combination of reviewing available literature and resources, expert opinion and group discussion across organizational areas to achieve consistency in probability, impact and risk level assignments (Refer to pages 2-3 for sample probability and impact definitions and the related matrix to assign risk).
- If there are multiple populations to assess, separate tables may be created to assist in assessments for each population, if necessary.
- For each disease group, add/delete rows and sections, as needed. Some diseases are listed in the sample Table 1 below as examples only.
- To help inform surveillance planning for a mass gathering, the last two columns of the table may be used to indicate, based on a preliminary assessment, whether the current surveillance is sufficient to monitor each disease. If it is not, note some preliminary planning implications (e.g., considerations or ideas for enhanced surveillance and reporting).
- While similar diseases with similar risk assessments and possible planning implications may be grouped in the final HIRA, diseases may be listed in individual rows in this worksheet, allowing staff to identify relevant groupings.

Probability, Impact and Risk Levels

Tables 1 and 2 provide sample probability and health impact scales, which may then be used in conjunction to assign a level of a risk (Tables 3 and 4) to each disease.

Table 1. Probability Categories and Example Definitions

Probability	Example definition*
Frequent	Multiple incidents have occurred in the last five years in the local jurisdiction or the health event has been regularly reported at similar MGs.
Probable	One or two similar incidents have either occurred in the local jurisdiction in the past five years or the health event has been irregularly reported at similar MGs elsewhere.
Unlikely	Similar incidents have only occurred in the local jurisdiction more than five years ago or the health event has only been reported once or twice at similar MGs elsewhere.
Rare	It is possible for the health event to occur, but it either has not been reported yet or it has only happened extremely rarely at non-MG events.

*The probability definitions provided in this table may be considered as guidance and may be adapted to suit the circumstances of different events and considerations identified on the intake form.

Table 2. Impact Categories and Definitions

Impact	Definition
Major	Would result in significant or prolonged morbidity and some mortality and/or health care system would be overwhelmed by the health event.
Significant	Would result in some morbidity and some mortality and/or health care system would be strained by the health event.
Moderate	Could result in morbidity or mortality, but the health care system would have the capacity to cope with the health event.
Minor	Unlikely to result in harm or fatalities to the community and what harm results would be well within the capacity of the health care system to manage.

Table 3. Probability vs. Impact Matrix

Probability of Event Occurring	Minor Health Impact	Moderate Health Impact	Significant Health Impact	Major Health Impact
Frequent	Low	Medium	High	High
Probable	Low	Medium	Medium	High
Unlikely	Low	Low	Medium	Medium
Rare	Low	Low	Low	Medium

Table 4. Risk Categories and Definitions

Risk	Description
High Risk	The health event poses a threat to Ontario's public health capacity. It is a high priority for incident-specific planning.
Medium Risk	The health event could affect Ontario's public health capacity. It is a medium priority for incident-specific planning.
Low Risk	The health event will not affect Ontario's public health capacity. It is a lower priority for incident-specific planning.

Worksheet

Create one table for each population being assessed. Note that the disease groups/diseases listed in Table 1 below are examples for illustrative purposes only; remove/update rows as appropriate. Please refer to page 1 for additional instructions for using this worksheet.

Table 1. Name of population being assessed

Disease Groups/Diseases (examples listed in rows below)	**Probability** (see definitions)	**Impact** (see definitions)	**Rationale for probability and impact selections** (Describe)	**Risk assessment** (use Table 3 matrix)	**Current surveillance sufficient?** If no →	**Possible, high-level planning implications** (Describe, if current routine surveillance is not sufficient)
Antimicrobial resistance and healthcare-associated infections	Probable	Moderate	Resident Frailty Level, Disease Process and End of Life	Medium	Yes	
Food and waterborne diseases						
Gastrointestinal illness/Food poisoning	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Norovirus	Probable	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Salmonellosis	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Vectorborne diseases	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Zoonotic diseases	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Vaccine-preventable diseases						
Measles	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Mumps	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	yes	
Varicella (Chickenpox)	Rare	Moderate	Frailty Level, EOL and Disease process	Low	Yes	

Disease Groups/Diseases (examples listed in rows below)	**Probability** (see definitions)	**Impact** (see definitions)	**Rationale for probability and impact selections** (Describe)	**Risk assessment** (use Table 3 matrix)	**Current surveillance sufficient?** If no →	**Possible, high-level planning implications** (Describe, if current routine surveillance is not sufficient)
Respiratory diseases						
Acute respiratory illness	Probable	Moderate	Frailty Level, EOL and Disease Process	Medium	yes	
Influenza	Probable	Moderate	Frailty Level, EOL and Disease Process	Medium	yes	
Sexually-transmitted infections (STIs)	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Blood-borne infections	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	
Other/Emerging infectious diseases						
COVID 19	Probable	Moderate	Frailty Level, EOL and Disease Process	Medium	Yes	
Monkey Pox	Rare	Moderate	Frailty Level, EOL and Disease Process	Low	Yes	

Notes

This resource has been developed by Public Health Ontario. For questions or feedback about this resource, contact epir@oahpp.ca.

References

European Centre for Disease Prevention and Control. Potential risks to public health related to communicable diseases at the Olympics and Paralympics Games in Rio de Janeiro, Brazil 2016. Stockholm: ECDC; 2016 [cited 2019 Oct 08]. Available from: https://www.ecdc.europa.eu/en/publications-data/potential-risks-public-health-related-communicable-diseases-olympics-and.

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Toronto Public Health, Communicable Disease Surveillance Unit. Generic enhanced surveillance plan for communicable diseases. Toronto: 2017.

Acknowledgements

The authors acknowledge the contributions of all stakeholders who provided guidance and feedback during development of the HIRA framework.

Public Health Ontario acknowledges the financial support of the Ontario Government.

Contract Partners and Services

Contact list is available in the Home. For review, please contact Rachel Corkery, Executive Director.

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Communication Log

COMMUNICATION LOG TOOL DURING AND PREPARING FOR EMERGENCY

Date/Time	Caller	Person Called	Reason	Outcome

Staff Contact for Essential Supplier Services Contact List

- The Emergency Contact lists are located in the Home Specific Manual Located at the Nurses stations
- Tracy Morewood will be responsible for water suppliers, food services, garbage removal and Generator Service Contractor as needed.
- Jasmine Sherman will be responsible for the pharmacy and medication suppliers, and Med Line for Nursing Supplies will provide up-to-date information medical director and attending physician as needed
- Linda O'Hara will be responsible to communicate with Med Line and other suppliers for PPE supplies as needed.
- Rachel Corkery will be responsible for communicating with families/POA, Home Office, Ministry of Long Term Care, Ministry of Labour, Home and Community Care Services-Belleville Office, local authorities as required.
- Maplewood's generator is natural gas powered and is connected to union gas lines. The backup generator systems is designed to power on should a power interruption occur that lasts longer than 20 seconds. It will also shut off when electrical service resumes. The system is fully automated.

F-1. Emergency water/ food services acquisition

Sobey's – Offsite Refrigeration and Food Services – 613-475-0200

No Frills- Emergency Grocery Supply chain – 1-866-987-6453

Vito's Pizzeria 475-475-0568

Little Ceasars – 475- 475-0647

Subway 613-475-5533

China King 613-475-8833

Square Boys Pizza 613-475-4444

Kentucky Fried Chicken – 613-208-0580

Brighton Springs Water – 613-475-5666

Addendum G-Fan Out List

Emergency Staffing Call out is initiated by the Executive Director or designate.

Maplewood Emergency Fan Out List is initiated through the Mass Messaging System. The Office Manager is responsible for maintaining this system which contains all staff contact numbers and their preferred method of communication including voicemail, text or email

SAMPLE EMERGENCY FAN OUT PROCEDURE:

In the event of an emergency disaster the following telephone fan out procedure will go into effect.

MANAGER RESPONSIBLE: Executive Director

Name		Title	ETA	Phone #
		Skill Development Coordinator (SDC)	2min	
		IPAC Lead	5 min	
		Clinical Care Coordinator (CCC)	8min	
		Environmental Services Manager (ESM)	10 min	
		RAI-Coordinator	12 min	
		Life Enrichment Coordinator (LEC)	15 min	
		Assistant Director of Care (ADOC)	25 min	
		Director of Care (DOC)	30min	
		Director of Care (DOC)	40 min	
		Executive Director	40 min	
		Office Manager	40 min	
		Nutritional Care Manager (NCM)	40 min	
		Clinical Care Coordinator (CCC)	50min	

***Executive Director will have a preassigned list with individuals to contact. The Executive Director/Director of Care/ or designate will call managers and then the Office Manager or designate will initiate the Mass Messaging System indicating in the broadcasted message will indicate all relevant information regarding the nature of the emergency as well as where staff can report to

Addendum H- Code Drill Practiced

CODE DRILLS/EDUCATION BINDER is Located in the Executive Director's Office.

Addendum I - Standard Operating Procedures

Equipment/Item	Check	Frequency
Make-up Air Units	Belts are tight, fans are operating, filters are clean, motor is oiled and operating In Winter - make sure burners are operating, and temperature is correct min 22□C or 72□F	Monthly
Hot Water System Heaters - gas fired Pumps	Pilot light is lit, unit performing satisfactorily, Kitchen boilers set at 71□C or 160□F Domestic supply at maximum of 49□C or 120□F Check in room thermostats to verify correct temperatures Check and oil circulating pumps	Monthly
Walk in cooler & freezer	Clean condensing heads, ensure operating properly Check cooling heads - clean and operating	Monthly
Emergency Lighting System	Check and test to ensure operating appropriately	Monthly
Alarms, Panels - Fire, Door, Call Bells Door Alarms & Call Bells	Ensure functioning properly; check for leaking batteries, corroded terminals, burned bulbs Check to ensure operating properly Randomly select a few and ensure operating properly	Monthly
Fire Drills	Practices held on each shift – One each month to be powered by batteries by using a pull station to activate alarm – D.C. Test One each month powered by electricity using a smoke detector to activate alarm – A.C. Test. Record drills and twice monthly observations, each employee must have at least one fire drill every three months	Twice monthly
Boiler Room	Check valves and switches	Monthly
Lighting – interior, exterior, exits	Check for burned out bulbs; replace as necessary	Monthly
Clothes Dryers	Check belts, lint traps; Clean back of dryers; ensure functioning properly, oil motor and grease bearings	Monthly

Washing Machines	Ensure proper function and operability, check belts	Monthly
Heating units in rooms/halls	Ensure proper settings and operability; make sure a minimum of 6” around unit is clear of obstruction	Monthly
Automatic Door Closures	Ensure proper function	Monthly
Plumbing Fixtures	Faucets, taps, and sinks – ensure rubbers and seals working properly - no pipes leaking, draining well – Toilets – check seals, ensure flushing properly	Monthly
Fire Extinguishers	Ensure proper pressure & good repair. Tag, sign & date inspection	Monthly
Fire Hoses	Ensure good condition and no leaks; tag, sign and date inspection	Monthly
Spa Baths	Ensure screws on lift and tub is tight. Check lifts performing properly and safely. Ensure proper function of circuit breakers under tubs	Monthly
Traps	Kitchen – clean grease trap	every 3months (or as required)
Roof	Check to ensure roof, drains and vents are free and clear of leaves, etc.	
Fire Blanket	Check in place in kitchen; tag and sign	Monthly
Kitchen Range Hood	Check; tag and sign	Monthly
Resident Electrical Equipment	Check on admission; record in Electrical Inspection Record	Every 6 months
Fire Safety Audit - Form 2.8 a)	Inspect all identified item noted on Fire Safety Audit. Complete corrective action on all deficiencies	Monthly

Annually a qualified and licenced technical personnel to certify that the fire alarm system and all components have been tested and inspected in accordance with Section 6 of the Ontario Fire Code for periodic inspections and tests.

Equipment/Item	Inspect and Test
Control Unit	Indicators, audibility, trouble signals, power supply, ground fault, alarm signal, automatic transfer from alert to alarm, switch operations, when silenced automatic reinitiate upon subsequent alarm, cut out timer, input circuits, output circuits, coded signal sequence, correct matrix operation as per design and specification, reset operation, main power to emergency power supply transfer, data communication link supervision and operation, unit interconnection to monitoring station, cabinet and plug in components, cables, fuses, termination points, versions and software
Power Supply	Fused in accordance with manufacturers specifications, adequate to meet the requirements of the system, AC disconnect is locked in on position and painted red and AC disconnect location.

Battery	Correct type, rating, voltage, and the charging unit is clean, correct electrolyte level, no leaks and disconnection cause trouble signal.
Annunciator	Indication of individual alarm and supervisory zone, zone designation labelled properly, common trouble signal, lamp tested, input control unit is supervised, and switches for ancillary functions operate as intended, alarm silence indicator and manual activation.
Sequential Display	Individual alarm, supervisory and trouble inputs are labelled and clearly indicated. Alarm overrides supervisory input and trouble input. Supervisory input overrides
	trouble input. Display can be advanced. The first alarm is clearly displayed, and alarm supervisory inputs can be retrieved until reset
Devices: Heat Detectors, Smoke Detectors, Manual Pull Stations and Microswitches (supervisory)	Smoke detector sensitivity, status change including time delay recorded, duct smoke detector pressure differential confirmed, time delay of water flow recorded, sprinkler supervisory switches cause trouble signal, upper and lower pressure settings of supervisory devices recorded, low temperature settings recorded, identification of ancillary devices and actual operational test of ancillary devices.
Fire Hoses	Inspected and re-racked Pressure tested every five years
Portable Fire Extinguishers	Inspected Pressure tested every six years
Emergency Lighting	Inspected and tested
Standpipe System: Control Valves	Water supply valves open Valves in proper position Components listed for use Control valves locked, sealed, or supervised
Alarms	Alarm valves operate Electrical alarms tested Monitoring station notified
Piping	Monitoring station notified Exposed pipe in good condition Properly supported Valves tested for operation
Flow Test	Valves tested for operation Static pressure and flow pressure Nozzle bore used Location of riser
Fire Bells	Tested correctly Audible levels confirmed Initiate as designed with all activating devices

Wet and Dry Sprinkler	Air pressure and water levels. Control valves in proper position and monitored. Valves and meter chamber accessible. All sprinkler in good condition. Sprinklers are less than fifty years old. Spare sprinkler heads and wrench are accessible. Sprinkler heads are correctly orientated and of proper type/temperature. Piping checked for stoppage and proper pitch. Trip test performed. Clapper reset confirmed. Automatic air devices operating properly. Air relief in good condition. Drum drips are heated and capped.

MONTHLY/WEEKLY INSPECTIONS AND EQUIPMENT MAINTENTANCE CHECKS

1. All exit doors are illuminated with sufficient lighting to provide safe evacuation in the event of an emergency.

2. All emergency exit lights are operational, and bulbs are replaced as necessary.

3. Emergency lighting is fully operational and tested monthly with illumination for a minimum of 45 minutes.

4. All bulbs and batteries associated with the Fire Alarm Panel are tested and operating properly.

5. The trouble signal is tested and functioning properly and provides an audible signal as well as illumination on the Fire Alarm Panel and the Enunciator Panel.

6. Fire Alarm Panel and Enunciator Panel identify the effected zone when there is a device initiation within the zone.

7. Ensure all smoke detectors provide an indication of activation when initiated.

8. Fire alarm system is tested each month by activating “smoke detectors” and “manual pull station(s)”. This is to ensure both sections of the fire alarm system are fully operational and functioning properly.

9. Records are maintained that verify a fire drill is conducted monthly “on each shift”.

10. Fire alarm system is tested each month on AC and DC power, and both are fully operational.

11. Records indicate that nightly fire safety inspections are conducted, and the results are documented.

12. The fire alarm monitoring station equipment is inspected daily to ensure it is on-line and operational.

13. Evacuation procedures are posted at all pull stations.

14. Fire doors are not to be propped or wedged open.

15. Fire zone doors close and latch tightly when the fire alarm is activated, and the door smoke seal is entirely intact to create a full smoke barrier.

16. All exit doors latch tightly on frames without assistance.

17. All fire exits and corridors are kept clear and unobstructed.

18. The Fire Sprinkler System is inspected weekly for leaks and low pressure – inspection is recorded.

19. The Fire Sprinkler System compressor is operational, well maintained and drained of water when required.

20. The Fire Sprinkler System drip legs are drained monthly to ensure the removal of excess moisture.

21. All fire extinguishers are inspected monthly to ensure adequate pressure. The inspection is to be recorded on the contracted fire safety company inspection tag provided.

22. All fire hose cabinets and fire hoses are inspected monthly to ensure the hoses are racked properly and have not been damaged or disturbed. The inspection is to be recorded on the contracted fire safety company inspection tag provided.

23. The kitchen suppression system over the range and cooking surfaces is inspected monthly to ensure adequate pressure. The inspection is to be recorded on the contracted fire safety company inspection tag provided.

24. A minimum 10lb. BC rated fire extinguisher shall be located in the kitchen in an easily accessible location by an exit.

25. A fire blanket shall be located in the kitchen and shall be properly hung and accessible.

26. A minimum 10lb. ABC rated fire extinguisher shall be located in all areas with a high potential for fire. At a minimum: in the boiler and/or furnace room, electrical room, laundry room, elevator room, mechanical room, and maintenance area.

27. All fire hoses and nozzles are inspected and tested annually by a professional Fire Safety Company. Date of last inspection: August 22, 2025.

28. All fire extinguishers are inspected and serviced annually by a professional Fire Safety Company. Date of last inspection: August 22, 2025.

29. The fire sprinkler system is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: August 22, 2025.

30. The fire alarm system is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: August 22, 2025.

31. The fire pump is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: August 22, 2025.

32. All handrails in corridors and stairwells are unobstructed, secure and in good condition.

33. Doors that access stairwells are to be kept closed at all times.

34. The space beneath the stairwell(s) shall not be used for storage.

35. All flammable liquids are stored in suitable containers in a non-combustible cabinet.

36. All exterior sprinkler system Siamese connections are clear and unobstructed. The protective caps will turn freely and easily.

37. The “No Smoking” signs are posted in the appropriate areas, and the “Smoke-Free Ontario” regulations are observed by all staff, visitors, and residents.

38. Lint traps on the dryers are cleaned by the laundry staff at the end of each shift or more often if required.

39. All resident electrical equipment is inspected and approved by maintenance prior to being used by the residents or staff.

40. All electrical equipment throughout the home is inspected every 6 months – inspection is documented. Date of last inspection: June 19, 2025.

41. All heating equipment is professionally inspected twice annually to ensure it is safe and well maintained. The inspection is documented, and a list of the items inspected shall be provided by the contractor to ensure compliance to the applicable Ministry of Labor regulations. Date of last inspection: October 21, 2025.

42. Where applicable: inspect the water reservoir monthly and fill as required to ensure an adequate supply of water is available in the event of a fire. Water softener system if onsite check monthly.

43. Emergency generator tested weekly, and information documented. Date of last inspection: October 11, 2025.

The Home in Times of Construction

To maintain measures are in place to prevent construction-related infections in the homes. The Infection Control Practitioner (ICP) or the Environmental Services Manager (ESM) and or the Executive Director will monitor all areas of construction daily to weekly depending on the degree and class of construction.

If a home is under construction or renovation, careful planning is required to eliminate the potential of a nosocomial infection. If fungi and bacteria found in the dust particles are dispersed during the construction, residents, staff, and visitors may be at risk of acquiring a construction related nosocomial infection.

With the use of the Construction Activity and Risk Group Matrix, the planning committee matches the construction activity to the risk group. A multidisciplinary team consisting of the Infection Control Practitioner (or designate), Administration, Home Project Managers, Environmental Services, Medical Staff, Maintenance Staff and Contractors/Architects/Engineers will all have responsibilities in the planning and construction phases to ensure there is no risk of a construction related nosocomial infection.

Identifying Risk During the Construction Phase

Yes	No	Construction Level	Yes	No	Population Risk Group
		Type A: Inspection, non-invasive activity			Group 1: Low Risk
		Type B: Small scale, short duration, moderate to high levels			Group 2: Medium Risk
		Type C: Activity generates moderate to high levels of dust, requires greater 1 work shift for completion			Group 3: Moderate/High Risk
		Type D: Major duration and construction activities requiring consecutive work shifts			Group 4: Highest Risk

CSA Guideline Z317.13-07 May 2008)

Type of Activity for Identifying Risk During Construction

<u>Construction Level Type A</u> Inspection, Non-Invasive Activities	Activities that require removal of not more than one ceiling tile or require wall or ceiling panels to be opened; Painting (but not sanding) and wall covering; Electrical trim work; Minor plumbing work that disrupts the water supply to a localized resident car area (bedroom) for less than 15min and; Other maintenance activities that do not generate dust or require cutting of walls or access to ceiling other than for visual inspection
<u>Construction Level Type B</u> Small scale, short duration activities that create minimal dust. These include, but are not limited to,	Activities that require access to closed spaces; Where dust migration can be controlled, cutting of walls or ceilings for installing or repairing minor electrical work, ventilation components, telephone wires, or computer cables; Sanding or repair of a small area of a wall; and Plumbing work that disrupts the water supply of more than one resident are (two or more rooms) for less than thirty minutes

Construction Level Type C Activities that generate a moderate to high level of dust, require demolition, require removal of affixed facility components (sink) or assembly (countertop or cupboard), or cannot be completed in a single work shift. These include, but are not limited to,	Activities that require sanding of a wall in preparation for painting or wall covering Removal of floor coverings, ceiling tiles, and case work New wall construction Minor duct work Electrical work above ceilings Major cabling activities and Plumbing work that disrupts the water supply of more than one resident care area (two or more rooms) for more than 30 minutes but then 1 hour
Construction Level Type D Activities that generate high levels of dust, and major demolition and construction activities requiring consecutive work shifts to complete. These include, but are not limited to	Activities that involve heavy demolition or removal of a complete cabling system New construction that requires consecutive work shifts to complete and Plumbing work that disrupts water supply of more than one resident care area (two or more resident rooms) for one hour or more

Border Risk Areas

Group 1 Lowest Risk	Office areas Unoccupied wards Public areas Laundry and Soiled Linen cleaning areas Physical Plan Workshops and housekeeping areas
Group 2 Medium Risk	Resident areas unless listed in Group 3 or 4 Outpatient clinics (does not apply to LTC) Admission and discharge areas Waiting rooms, lounges, common areas Autopsy and morgue Occupational therapy areas remote from resident care areas Physical therapy areas remote from resident care areas

Group 3 Medium to High Risk	• Long Term Care-all resident care areas, medication rooms, life enrichment/programming areas • Food Preparation serving and dining rooms • Respiratory therapy areas • Clean linen handling and storage areas
Group 4 Highest Risk	• Resident rooms with residents who have immunodeficiency • Dialysis areas • Cardiovascular and cardiology resident areas • Pharmacy admixture rooms • Sterile supply areas • Protective environment isolation rooms • Dental procedure rooms • Central Processing departments • (all other areas listed are Acute care based areas and do not apply to LTC)

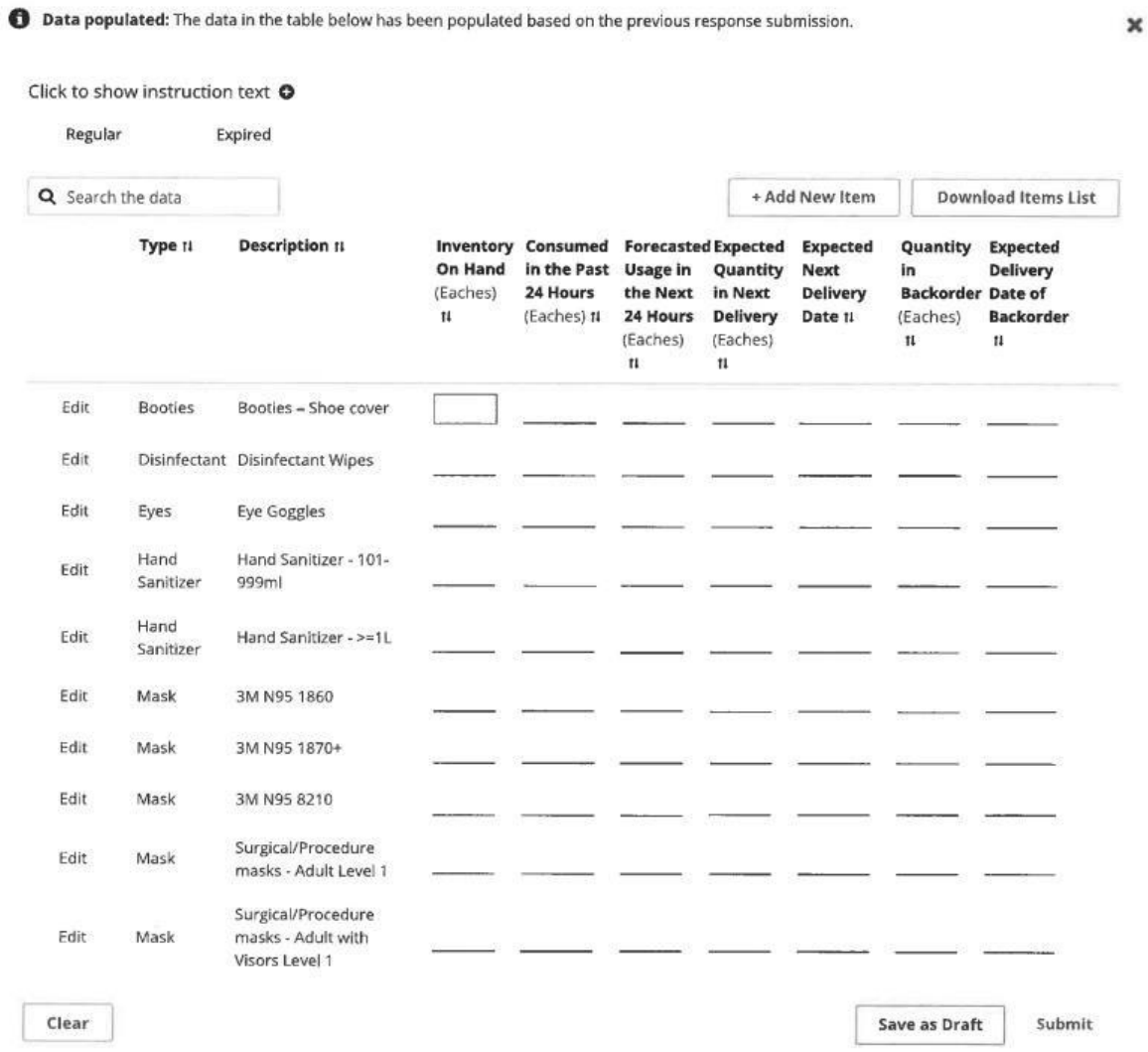
(Table 2: CSA Guidelines Z317.13-07 May 2008)

CQI Audit Schedule for IPAC

IPAC	Time line	Jan	Action plan submitted	Feb	Action plan submitted	Mar	Action plan submitted	Apr	Action plan submitted	May	Action plan submitted	June	Action plan submitted
Just Wash Your hands observation tool-Speedy Audit (every department in a month including allied professionals)	Daily to weekly												
Public Health Inspection-Latest edition	Bi-weekly												
OMNI - Infection control audit	Monthly												
Active Screening audit	Bi-weekly												
Rapid Testing Audit	Bi-weekly												
Staff Break audit	Monthly												
Dedicated Equipment-Reprocessing Audit	Weekly to Monthly												
IPAC Lifts and Sling audit	Monthly												
MOH IP-IPAC Inspection Audit	Quarterly												
IPAC Internal Review	Bi-Annual												
Infection Tracking Tool - Excel Electronic spreadsheet	Daily to Monthly												
Hand Hygiene tracking and trending graphs	Monthly to Quarterly												
Focused audit	As needed												
IPAC	Time line	Jul	Action plan submitted	Aug	Action plan submitted	Sep	Action plan submitted	Oct	Action plan submitted	Nov	Action plan submitted	Dec	Action plan submitted
Just Wash Your hands observation tool-Speedy Audit (every department in a month including allied professionals)	Daily to weekly												
Public Health Inspection-Latest edition	Bi-weekly												
OMNI - Infection control audit	Monthly												
Active Screening audit	Bi-weekly												
Rapid Testing Audit	Bi-weekly												
Staff Break audit	Monthly												
IPAC Lifts and Sling audit	Monthly												
MOH IP-IPAC Inspection Audit	Quarterly												
IPAC Internal Review	Bi-Annual												
Infection Tracking Tool - Excel Electronic spreadsheet	Daily to Monthly												
Hand Hygiene tracking and trending graphs	Monthly to Quarterly												
Focused Audit	As needed												

Weekly PPE INVENTORY COMPLETED BY DOC/IPAC LEAD or DESIGNATE

*Example of items on inventory list. Home expected to know their burn rate.



Data populated: The data in the table below has been populated based on the previous response submission.

Click to show instruction text

Regular Expired

Search the data

+ Add New Item | Download Items List

	Type	Description	Inventory On Hand (Eaches)	Consumed in the Past 24 Hours (Eaches)	Forecasted Usage in the Next 24 Hours (Eaches)	Expected Quantity in Next Delivery (Eaches)	Expected Next Delivery Date	Quantity in Backorder (Eaches)	Expected Delivery Date of Backorder
Edit	Booties	Booties – Shoe cover							
Edit	Disinfectant	Disinfectant Wipes							
Edit	Eyes	Eye Goggles							
Edit	Hand Sanitizer	Hand Sanitizer - 101-999ml							
Edit	Hand Sanitizer	Hand Sanitizer - >=1L							
Edit	Mask	3M N95 1860							
Edit	Mask	3M N95 1870+							
Edit	Mask	3M N95 8210							
Edit	Mask	Surgical/Procedure masks - Adult Level 1							
Edit	Mask	Surgical/Procedure masks - Adult with Visors Level 1							

Clear | Save as Draft | Submit

Addendum J-Memorandum of Understanding for Transportation

- EMERGENCY TRANSPORTATION WILL BE PROVIDED BY QUINTE ACCESS
- The Maplewood Management Team will be responsible to move and secure records.
- The Brighton Fire Department will provide support as available should residents need to be evacuated and relocated as per the agreed upon Emergency Plan for Maplewood.
- CARE RX Peterborough will provide support as needed for medication delivery, resident MAR and TAR during emergency evacuation protocol.
- Burnbrae Gardens will provide food Service support during time of evacuations, or a disruption of food services related to loss of essential services.

Addendum K-Memorandum of Understandings for Accommodation

- Streamway, Burnbrae Gardens, West Lake Terrace will provide emergency accommodation. Streamway will accommodate 5, Burnbrae will accommodate 5, Westlake will accommodate 2

Addendum L-Physical layout of building/alternate route

Floor/Site plans and area maps are available in the home. For access, please contact Rachel Corkery, Executive Director.

Addendum M- Notification List

Rachel Corkery – Executive Director

Maplewood Emergency Plan Binder is located at the Nurses Station as well as the Executive Director's Office.

In Emergency Executive Director to Notify as Follows

Maplewood Management Team

Jasmine Sherman	Director of Care
Linda O'Hara	Clinical Care Coordinator
Tracy Morewood	Nutritional Care / Environmental Services Manager

Omni Home Office

Notify as per Omni Home Office on Call Schedule

Patrice Chartier	Director of Operations
Jeff Ibbitson	Director of Asset Management
Shawn Riel	Chief Operating Officer

Addendum N- All Hazard Checklists and Resources

All Hazards Preparedness Checklist

	Initials	
		1. Identify and obtain emergency supplies/areas. • Flashlights (and batteries) • Radio (and batteries) • Emergency food and water supplies • Extra blankets • Medications-satellite pharmacy and alternate 50kil away • First aid kit • Sanitation items • PPE for 14-21 days • Personal care items for residents- 72hours • Predesignated isolation rooms
		2. Create and exercise an emergency communication plan.
		3. Develop and exercise a) an evacuation plan and b) a shelter-in-place plan. Know the evacuation route(s). Know alternate routes for evacuation.
		4. Keep all vehicles owned by the home adequately fueled. Do not let the tank go below half-full.
		5. Identify community partners and create networking relationships with close by LTC homes. Develop and maintain Mutual Aid Agreements and/or Letters of Understanding. Identity a close by evacuation center and another at least 50 kilometers away.
		6. Ensure that flexible pipes fittings are installed in home improvements. Flexible fittings will be less likely to break.
		7. Maintain an accurate blueprint of the placement of utility lines and pipes associated with the home. You may need to dig in an emergency.
		8. Develop procedures for emergency hydro shutdown.
		9. Install and maintain a back-up generator/ Generator rental contact information/contact person established. Ensure provider for fuel for generator is current.
		10. Keep hallways clear at all times
		11. Keep 14-21 days of PPE supplies at times and have a process to rotate current stock to avoid expired on hand product.

		12. Ensure spill kit for chemical spills is in the home and staff knows where to access.
		13. Practice code drills twice each year as per pre-set Omni schedule.
		14. Walkie-talkie batteries charged checked at intervals. Test emergency phone/cell phone when conducting applicable drills.
		15. Perform building outdoor “walk around” to identify potential hazard to building e.g. nearby trees, clogged drain off, broken fences, bulbs on outside of building, hydro transformer connected to home, overgrown vegetation in trenches, etc.
		16. Develop Memorandums of understanding with transportation company to be used in potential emergency for residents, staffs, and essential equipment.
		17. Keep one gallon of water per resident on hand in home, rotate stock avoid expiry/ identify resource for water off site.
		18. Communicate device a plan with police how the home can protect itself should security become imminent before they are able to arrive on-site during an emergency.

N-1. Fire Safety

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

Completed Initials

1. Post locations of fire alarms.

2. Post locations of fire extinguishers.

3. Train employees on use of alarm systems and extinguishers. (Refresh annually.)

4. Post directions on how to utilize emergency equipment.

5. Train on, and exercise **RACE** procedures:

R: **RESCUE** – Rescue residents in immediate danger.

A: ALARM – Sound nearest alarm if not already activated.

C: **CONFINE** – Close doors behind you to confine the fire. Crawl low if the exit route is blocked by smoke.

E: **EXTINGUISH** – Utilize fire extinguisher as situation permits or

EVACUATE – Follow evacuation procedures.

During the event:

Completed	Initials	
		R: RESCUE – Rescue residents in immediate danger if it is safe to do so.
		A: ALARM – Sound nearest alarm if not already activated.
		C: CONFINE – Close doors behind you to confine the fire. Crawl low if the exit route is blocked by smoke.
		E: **EXTINGUISH** – Utilize fire extinguisher as situation permits or
		EVACUATE – Follow home specific evacuation procedures- may escalate to community disaster evacuation plan.

N-2. Severe Weather

Includes electrical storms, windstorms, rainstorms, snow storms, etc.

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

	Initials	
		1. Plug critical equipment into surge protectors. Ensure plugs connected to the generator are clearly identifiable and staff are aware of locations.
		2. Evaluate the facility for potential dangers and fix the problems. • Dead trees that could fall during the storm • Potential fire hazards • Rafter/beams secure to building or poles • Roof intact- check for leaks, cracks • Large waste bins on grounds able to be locked to keep waste in. • Portable structures onsite properly secured- tents, swings, vegetable gardens..etc.

During the event:

Completed	Initials	
		1. Relocate to inner areas of building as possible.
		2. Check restrooms or vacant rooms for visitors or stranded residents.
		3. Keep away from glass windows, doors, skylights and appliances.
		4. Refrain from using telephones and taking showers.
		5. Turn off and unplug computers, televisions, and other non-critical appliances.
		6. Listen to battery-operated radio for information.

N.3 - Earthquake

Steps to be completed ahead of time:

Completed	Initials	
		1. Evaluate the facility for potential dangers and fix the problems. Examples: • Remove potential fire hazards • Secure furniture or equipment/appliances to the wall (may fall and cause injuries) • Store large and/or heavy items low to the ground • Repair any deep cracks in walls, ceilings or foundation of building • Bolt and strap the water heater to the wall and ground • Affix pictures and/or mirrors securely • Brace overhead light fixtures
		2. Train and exercise on "Drop, Cover and Hold".

During the event:

Completed	Initials	
		1. Drop, Cover and Hold
		2. Inspect the facility for safety. Evacuate if building is not safe using **RACE** system. **R: RESCUE** – Rescue residents in immediate danger. **A: ALARM** – Sound nearest alarm if not already activated. **C: CONFINE** – Close doors behind you to confine the fire. Crawl low if the exit route is blocked by smoke. **E: EXTINGUISH** – Utilize fire extinguisher as situation permits or **EVACUATE** – Follow evacuation procedures.
		3. Put out small fires quickly. If not handled by one extinguisher, or it is larger than a wastepaper basket, evacuate the building.
		4. Check on residents, staff and visitors. Check restrooms or vacant rooms for visitors or stranded residents.
		5. Take care of injured or trapped persons. Provide medical treatment as appropriate. Call 9-1-1 only for life-threatening emergencies.
		6. Turn off gas only if you smell gas or think it may be leaking. (Natural gas line cannot be turned on again except by the gas company.)
		7. Be prepared for after-shocks and re-evaluate building safety after additional seismic activities.

N.4- Flood

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

Completed	Initials	
		1. Evaluate the facility for flood hazard(s). Know your flood risk and elevation above flood stage.
		2. Install check valves in building sewer traps to prevent flood water from backing up into building drains.
		3. Source a service provider to supply sandbags if required to ward off floodwaters if home located in flood zone.

During the event:

		1. When warned of potential flooding, fill clean bottles, pans, pots, clean bathtubs, large pans, buckets, etc., with fresh water and store in case water services are interrupted (contaminated). Contact prearranged water supplier to alert them of the potential to activate their services.
		2. Have designated contractor fill and use sandbags to ward off floodwaters. They are trained to use proper sandbagging techniques.
		3. Evacuate according to home specific emergency preparedness plan, local emergency management orders and/or recommendations.
		4. Turn off electricity if the building is flooded if safe to do so.

After the event: **DO NOT ENTER THE HOME UNTIL INFORMED BY THE ADMINSTRATOR THAT THE RECOVERY IS COMPLETE**

*(*Clean may not be possible if flood contained grey or black water, your public health unit/ provincial advisors will liaise with IPAC Practitioner or designate*. *The IPAC Practitioner or designate will direct the home*)

Completed	Initials	
		1. Clean. • Wear N95 mask and gloves/PPE as directed by IPAC Lead or designate. • Clean everything that got wet. • Do not risk contamination, this can result in loss of life to resident and staff "**If in doubt, throw it out**." • Use recommended product from contracted vendor. (A solution of one part household bleach and four parts water will kill surface mildew and, if used as part of a regular maintenance program, will prevent mildew from returning.)
		2. Dispose of all foods and canned goods that came in contact with flood waters.
		3. Boil drinking water before using. Wells should be pumped out and the water tested for purity before drinking. If in doubt, call your local public health authority, then follow all boil water advisories interventions as directed by your IPAC Practitioner or designate.
		4. Be cautious around electrical lines, outlets and appliances. Do not assume that the power is off.
		5. Do not dispose of hazardous chemicals and materials (those marked "danger, caution, poison, warning, flammable, toxic, keep out of reach of children and hazardous") in the trash, down the drain or into standing water as they can contaminate groundwater and sewer lines. Give all these items to your Maintenance manager/ Environmental Services manager or designate. The Maintenance manager/ Environmental Services manager or designate will arrange for these items to be disposed of at the hazardous materials waste site.
		6. Watch for animals. Small animals like rats and snakes that have been flooded out of their homes may seek shelter in yours. Alert your Maintenance manager/ Environmental Services manager or designate if noted. DO NOT TOUCH or poke with stick.
		7. Look before you step. After a flood, the ground and floors are covered with debris including broken bottles, mud and nails. Floors and stairs that have been covered with mud can be very slippery. Ensure your footwear is secure.

N-5. Volcanic Eruption

Most of the local hazards associated with volcanic eruption are "secondary" in nature such as ashfall and mud flows.

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

Completed	Initials	
		1. Evaluate the facility for volcanic hazard(s). (Is your facility near a volcano or in the path of potential mud flows?)
		2. Obtain masks for all residents and staff.
		3. Evaluate individuals for additional breathing protection needs.

During and after the event:

		1. Monitor local radio and TV for current information.
		2. Follow safety directions from emergency responders.
		3. Stay indoors with windows and doors shut. Turn off HVAC systems. Close any airflow dampers or other vents.
		4. Use a mask or damp cloth over the face to help breathing.
		5. Wear long-sleeved shirts and long pants if outside.
		6. Clear roofs of ashfall if it is safe to do so. Ashfall is very heavy and can cause buildings to collapse. Exercise great caution when working on a roof.
		7. Avoid driving in heavy ashfall. Driving will stir up more ash that can clog engines and stall vehicles. (If you must drive, keep speeds below 35 mph.)

N-6. Power Outage

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

Completed	Initials	
		1. List names and numbers of maintenance personnel for day and evening notification.
		2. Evaluate back-up generator needs. Consider power needs for critical safety and medical equipment, refrigeration, temperature control, etc.
		3. Arrange for private contract to serve as an added back-up source.

During the event:

		1. Call # 1-800-434-1235 (Hydro One) to report outage.
		2. Notify maintenance staff.
		3. Evacuate the building if danger of fire.
		4. Keep refrigerated food and medicine storage units closed to retard spoilage.
		5. Turn off power at main control point if short is suspected.

N-6. Water Main Break

During the event:

Completed	Initials	
		1. Call # 613-475-1162 M-F and Afterhours 613-967-8707 (Municipality of Brighton) to report outage.
		2. Notify maintenance staff.
		3. Evacuate the building if necessary.
		4. Shut off valve at primary control point.

N.6 -Gas Line Break

During the event:

Completed	Initials	
		1. Call 9-1-1.
		2. Evacuate the building immediately. Follow home specific evacuation procedures.
		3. Shut off main valve if safe to so.
		4. Call # 1-888-774-3111 (Union Gas) to report break.
		5. Notify maintenance staff.
		6. Open windows and doors.
		7. Re-enter building only at the discretion of utility officials.

8. Repopulation Checklist

Repopulation Checklist for Homes

This checklist is intended to help homes prepare their buildings for inspection for repopulation in the recovery process after an evacuation. Repopulation actions will only begin after the fire department, police, PHU, associated local, provincial bodies and any other LTC governing bodies have release restrictions for access to the Home.

Recovery Repopulation Checklist	
Structural – Structural Engineer/Director of Environmental Services	**Initial when Complete**
- Verify there is no structural damage; do a visual inspection of the building. Liaise with OMNI Director of Building Operations to sign off on inspection.	
Fire/Life Safety – FLS Officer/Fire Marshall	
- Fire alarm system/Nurse call system functional.	
- Fire sprinkler systems checked with flow test.	
- Ingress/Egress to property; all driveways, paths, and exits must be completely clear.	
Building – Compliance Officer	
- Communications; landlines and internet fully functional. Liaise with Director of Information & Technology at home office to confirm functionality.	
- Domestic water service restored.	
- Electrical; primary service functional.	
- Backup generator: filters clean, lines flushed.	
- Natural Gas/Propane services restored.	
- All pilot lights checked.	
- Medical gas systems functional.	
- HVAC Systems functional; filters replaced; systems cleaned of smoke damage.	

Adapted from *CAHF Disaster Preparedness Program*

- Sanitation systems functional; toilets, showers, grey and black water systems all functional.	

MLTC-Licensing & Certification Repopulation Checklist	
Dietary Services	**Initial when Complete**
- Refrigerators, ovens/stoves, dishwashers, all functional. **In the case of damage to kitchens and/or equipment, approval from home office and MLTC may be requested for contract services during repairs.* ***Depending on equipment failure, temporary permit may be required.*	
- All emergency food and/or water supplies used during the evacuation process are replaced.	
Physicians and Nursing Staff	
- Staffing ratios will meet licensing requirement upon re-opening.	
- Patient equipment and supplies that may have been transferred during the evacuation are restored/replaced.	
Pharmaceutical Services	
- Pharmaceuticals are available and vendor supply restored. The facility's ability to provide essential services should be sustainable for the long term.	
Physical Plant and Maintenance	
- Nurse Call systems fully functional.	
- All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc.).	
- All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	
- Replace or clean linens, drapes, and upholstery, if needed.	

Repopulation Checklist for Homes

- All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested, calibrated, and/or repaired/replaced/quarantined, as needed (e.g., food, medications, computerized diagnostics, etc.).	
- Essential functions and supplies/supply chains (pharmacy, supplies, laundry, staffing, etc.) are returned to operational status. The home's ability to provide essential services should be sustainable for the long term. To ensure sustainably of services liaise with home office Director of Operations, Director of Building Operations, Operations Manager - Nutrition and Food Services, Director of Clinical Services and IPAC, Vice President of Operations and Chief Operations Officer.	
- Vandalism and/or looting damage, if applicable, is repaired and alleviated.	