

EMERGENCY PREPAREDNESS PLAN 2024

Omni Quality Living

LONG-TERM CARE HOMES – STREAMWAY VILLA

Adopted: July 11, 2022

Revised: October 25, 2024

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

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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 acknowledges 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 ***Streamway Villa*** 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).

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

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 requires immediate action to ensure the safety of 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 Streamway Villa long-term care home to be prepared to care for residents, staff, and visitors for seven to ten days.
- Streamway Villa will comply with all provincial requirements for review and inspection of safety plans and procedures.

3. CONCEPT OF OPERATIONS

Streamway Villa 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 resident 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 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 resident 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 the communicable disease maybe rare, the risk will be high. This vulnerable population will cause 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, 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, laptop computers, and fax machines.
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 under load according.
 - f. Document all testing procedures.
11. Ensure a 7-to-10-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 plan for problems associated with the drill.
 - d. Record a summary/overview of each drill and submit monthly report to home office.

15. All drills 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 (Streamway Villa)* is the designated Command Centre and will serve as the focal point for coordinating operations. If evacuation is necessary, the alternate location will be Legion Branch 133 - 146 Orr Street Cobourg ON. The alternate to this location if Emergency Services delegate will be the Community Centre (CCC), 750 D'Arcy Street, Cobourg, ON K9A 0G1

18. Ensure all staff are trained on 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 safely 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 Streamway Villa 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. 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 alternative facilities will begin.

B. PREPAREDNESS

Upon receipt of an internal or external warning of an emergency, the facility Administrator 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. Administrator 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 up to date list with contacts (Addendum F).
4. Review Emergency Preparedness Plan, including evacuation routes, with staff and residents.
5. Prepare the Nursing Station at Streamway Villa 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, 705-749-5888 After Hours – 705-760-2615 and an alternate source York Pharmacy 500 Division Street, Cobourg, ON 905-372-7171 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 Administrator 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 Nursing Station at Streamway Villa 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. 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, and an alternate source York Super Pharmacy Cobourg 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 RESPONSIBILITIES

The Home Administrator 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 Administrator 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 facility (lower blinds, close 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 on 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 Quality Living policy # AM-5.1-Daily Communications. This policy states *all matters requiring timely attention, consideration and response shall be reported by the Administrator 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 requires 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 in policy# EP-LES-8.1 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. The Administrator 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 the emergency. 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:

- Administrator/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 Administrator or Designate
- The Home specific emergency preparedness plan will be initiated by the Administrator or designate.
- Governing Authorities informed as required
- All families/POA/SDMs are be contacted to inform them of the status of the Home.
- Administrator 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. Administrator/Director of Care – Kylie Morton 705-868-6495
2. ESM/NCM Manager – Garth Derry 905-375-7442
3. Clinical Care Coordinator/RAI– Kerrie Chapple 905-396-3957
4. Omni Quality Living Director Operations (Central) - Aimee Hainle 705-872-8772

5. Omni Quality Living Director Operations (East) – Susan Bell 613-314-5293
6. Omni Quality Living Director Operations (Central) – Doneath Stewart-Forest 705-731-9617
7. Omni Quality Living Director Operations (West) – Patrice Chartier 705-879-8974
8. Omni Quality Living Vice President Operations - Sarah Ferguson-McLaren 613-314-5291
9. Omni Quality Living - Chief Operations Officer - Shawn Riel 705-872-8768

All homes are provided 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.

G. EMERGENCY COLOUR CODES

EMERGENCY COLOUR CODES

| | | | |
|--------------------|--|------------------------------|--------------------------------------|
| CODE GREEN | Evacuation (Precautionary) | CODE GREEN STAT | Evacuation (Crisis) |
| CODE YELLOW | Missing Person | CODE AMBER | Missing Child/Child Abduction |
| CODE ORANGE | Disaster | CODE ORANGE CBRN | CBRN Disaster |
| CODE RED | Fire | | |
| CODE WHITE | Violent/Behavioural Situation | | |
| CODE PURPLE | Hostage Taking | | |
| CODE BROWN | In-facility Hazardous Spill | | |
| CODE SILVER | Person with a Weapon | | |
| CODE BLACK | Bomb Threat/Suspicious Object | | |
| CODE GREY | Infrastructure Loss or Failure | CODE GREY BUTTON-DOWN | External Air Exclusion |
| CODE BLUE | Cardiac Arrest/Medical Emergency - Adult | | |
| CODE PINK | Cardiac Arrest/Medical Emergency - Infant/Child | | |

www.oha.com/healthandsafety | healthandsafety@oha.com



H. HAZARDS AND POSSIBLE EVENTS

Streamway Villa 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

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

I. OUTBREAK AND COMMUNICABLE DISEASE

Home Follows Organization Outbreak Management Plan LOCATED ON SURGE

Streamway Villa's preparedness Fall plan is located on our IPAC board and on the H: Drive

Streamway Villa has established an Outbreak Management Team

Team Members

| | |
|--|--------------------------------------|
| Kylie Morton – Administrator/DOC/IPAC member | Garth Derry – NCM/ESM/IPAC Member |
| Kerrie Chapple – CCC/RAI/RPN/IPAC member | Jennifer Sauve – CCC/RPN/IPAC Member |
| Laurie Kracht – LEC/IPAC Member | Sheri Oakley-Stone – NASM/OM |
| Aneka Nithianandan – IPAC Lead | Linda Norton – JHSC, PSW/IPAC Member |
| | Maintenance – Rocky Cortis |

Policy and Procedures: Omni Quality Living – SURGE located in Policy Professional – Nursing – Infection Control – Outbreak Management. Home office maintains and keeps policies current.

Policy # IPAC-OM-5.8 Outbreak Management

Actions:

Education and On-Going updates – communication with staff via team huddles done daily at 10am, 330pm and nightshift. Documentation tool readily available at nursing station to review each huddle topics.

SURGE education – IPAC Education such as donning and doffing PPE, hand hygiene and environmental cleaning procedures are annual mandatory education.

PHO (IPAC education) – completed by Registered Staff and Nurse Leadership Team

Education completed and reviewed with all staff regarding AGMP and Point of Care Risk Assessment.

All staff are fit tested for N95 masks and are managed by the IPAC Coordinator/Lead. All current.

Front entrance of the home with vestibule is the main entrance/exit and has been identified. All signage and screening protocols are done here. All fire code and safety regulations are followed when locking doors. Cobourg Fire Dept. has approved and agree with our plan.

All resident 4 bed wards have been decanted to 2 residents only. We have 47 beds for occupancy (from 59).

All high touch areas, communal bathrooms and dining areas are cleaned multiple times a day. High touch areas include but not limited to door handles, light switches, keypads, carts, lifts. We utilize our nosocomial cleaner on a daily basis, rotating schedule of resident's rooms, common areas and spaces.

Outbreak Management Guidance Document for Long Term Care Homes in Ontario (see attached in binder) and other IPAC resources on environmental cleaning is available for all staff to review. Refer to PHO's COVID-19 Preparedness and Prevention in Congregate Living Settings Checklist.

Stewardship of all PPE is managed by RAI/CCC/RPN, IPAC Coordinator/Lead and NCM/ESM. All PPE is safely stored and secure (see location list in binder under supplies, including on site and off site in secure storage unit with the ability to retrieve PPE quickly 24/7. Inventory counts completed and sent to MOH when required. JHSC and all staff are fully made aware of PPE supplies.

LEC and Dept manage family contact (emails and phone numbers) and keeps families aware of current outbreak status when required. Contact list is current and is updated when required by LEC. It is also shared on the H Drive – titled Family Updates.

Vaccination program followed and all consents and information located in the Vaccination Binder for Staff, and electronically through our documentation program Point Click Care for our Residents. Streamway's Vaccination program, including Bivalent Vaccine has been completed by Streamway Villa for the 2024 Fall Seasonal Vaccination Program. HKPR PHU have changed their process on ordering vaccine via order form electronically. All processes are currently in place at Streamway Villa.

All staff continue to wear universal masks as per the MOH guidance, PHO recommendations and OMNI Health Care policy and procedures.

- **Every single individual in a long-term care home has a responsibility in ensuring the ongoing health and safety of all. Screening for Active Symptoms and/or exposure to respiratory viruses is the first line of defense in keeping the virus out of our home.**
- Passive Visitor/ESC/Support Staff Screening Station - Main entrance – vestibule and is equipped with hand hygiene rub, PPE, disinfectant wipes, instructions to complete symptoms screening and PPE are replenished as needed.
- Any employee is required to passively screen for symptoms at home prior to coming in for their shift. They are to report any failed symptom screenings to the charge

nurse or leadership team. IPAC Coordinator/Lead will follow up with employee to determine next steps if required.

- The objective of surveillance for symptoms of respiratory illnesses is to protect vulnerable persons living in long term care by helping the spread of respiratory viruses.

STREAMWAY VILLA'S SURVEILLANCE TESTING PROGRAM

- All employees, students, volunteers, support workers, essential visitors and essential caregivers shall be required to follow guidance by the Minister's Directive and/or Omni Quality Living policies.
- The IPAC Coordinator/Lead will ensure there is a sufficient supply of PPE's and NP swabs for PCR tests for (residents) available in the home and will order through Ontario Health two weeks prior to keep inventory present in the home 24 hours a day.
- The medical directive and consents for Rapid Antigen testing is located in the Vaccination Binder office and is managed and maintained by the IPAC Coordinator/Lead and/or designate.
- Biohazard receptacle containers will be provided to Streamway Villa and must be used to decontaminate and dispose of all specimens, used extraction tubes (with dispensing nozzle closed), used test devices, and other potentially contaminated materials in a biohazard container as infection waste without exception. The biohazard container will be disposed of according to applicable local regulations and Streamway Villa will arrange for Waste Management for pick up.

Actions:

Staff room signage to include only 3 staff in staff room at any time. To provide staff a quiet place for break time during the cooler temperatures and winter, we opened our friendship room to staff for their break times to ensure they had physical distance and space.

Wardroom were decanted to only 2 residents per room.

ESM completes audits using tools such as spray to detect how well staff clean areas, hand hygiene auditors trained on all shifts to increase the number of hand hygiene and donning and doffing audits.

- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, 2024 MOH (October 2024), PHO's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition., PPE use, Conducts Routine Audits to identify educational/training needs, MOH

Inspection Protocols completed, Dedicated/shared equipment audits, Life enrichment/activity PHO IPAC self-assessment checklist for long term care homes, Hand hygiene audits (daily/weekly), PPE audits (daily/weekly), Footcare Audits, Lifts/slings audits, Outbreak audits (daily when in outbreak).

HCW conducting a point of care risk assessment (PCRA) prior to resident interaction to determine PPE use;

Please see attached Streamway Villa floor plan (emergency – fire plan photocopy)

Actions:

- Residents are placed in isolation, and an outbreak checklist is completed by the Registered staff. If resident is sharing a room with another resident, they will also be assessed and monitored. If symptomatic will also be placed on isolation.
- HKPR will be notified of suspect or potential case and home will follow HKPR guidance, home office (Director of Operations and Director of Infection Control) will be made aware and will continue to be updated regularly.
- Employees who are suspect, probably, or confirmed with a respiratory illness will not attend work and will follow up with IPAC lead to discuss return to work plan as directed by the public health unit until cleared to return.
- In the event Streamway feels that staffing is at a critical point, Home office will be contacted immediately. Streamway Villa currently has three (4) agency contracts and staff plans remain current and completed with both unions CUPE and ONA on a quarterly basis or more often if necessary.
- In the event the home is in an outbreak declared by the PHU, Streamway Villa will immediately report through the critical incident reporting system set out in the LTCHA during business hours (online) or after hours (after hours line). The CI shall be updated as frequently as required to reflect case numbers, resident outbreak status and will be required to be finalized when the outbreak is declared over.
- In the event the home has been declared in an outbreak the MOL will also be notified of the confirmation of a COVID 19 outbreak and will complete and submit the Notice of Occupational Disease form. The list of affected staff will be updated and provided as changes occur.
- **COHORTING** – the home has determined with the IPAC Hospital Occupational Health and Infection Control that cohorting at Streamway will consist of the following and approved by the IPAC auditor. (During a Pandemic or severe outbreak)
North Hall – will become the SICK unit and all staff working on the North will remain on the north. Three managers will be reallocated to this unit and will only work within

this unit and each other. A care aid and a housekeeping will be reallocated to the North unit and will not cross over to any other area of the home.

South Hall – will become the WELL unit and all staff working on the South will remain on the south. Three managers will be reallocated to this unit and entire home. A care aid and housekeeping will be reallocated to the South unit and will not cross over to any other area of the home.

All breaks and lunches for staff will be separate. All Resident Dining and Activities will be cancelled. Dietary will utilize the central area to plate and serve all meals on paper and Styrofoam trays and each unit will receive their meals by staff.

Nursing will also be reallocated to one of the units and will not cross over.

Laundry will not distribute personals or laundry to either unit, will complete and have ready on each laundry cart for care aids to distribute on their units. Laundry will consist of well unit first, covid unit last with a deep clean each day to ensure low risk transmission.

The home determines that the home is one unit, utilizing a hybrid type of cohorting as the home's designs and environment is difficult to maintain a typical cohort.

- **Post-Mortem**

In the event there is a death, the Registered staff will pronounce as scope of practice allows with the CNO. The Office of the Chief Coroner the home to complete the 2 step online RDN form within 5 business days.

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? | |
| | | |

J. FIRE SAFETY PLAN

The Fire Safety Plan is located in the main entrance of the building. For access or review, please contact the Administrator.

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 Care 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). Streamway Villa 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
- Administrator 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 whom to report. If the emergency is not fire related staff report to designated Command Centre.

Step #3 - Contact management in the following order:

1. Administrator/Director of Care – Kylie Morton 705-868-6495

2. ESM/NCM Manager – Garth Derry 905-375-7442
3. Clinical Care Coordinator/RAI – Kerrie Chapple 905-396-3957
4. Omni Quality Living Director Operations (Central) - Aimee Hainle 705-872-8772
5. Omni Quality Living Director Operations (Central) – Doneath Stewart-Forest 705-731-9617
5. Omni Quality Living Director Operations (East) – Susan Bell 613-314-5293
6. Omni Quality Living Director Operations (West) – Patrice Chartier 705-879-8974
7. Omni Quality Living Vice President Operations - Sarah Ferguson-McLaren 613-314-5291
8. Omni Quality Living - Chief Operations Officer - Shawn Riel 705-872-8768

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 Administrator/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; **do not use elevators.**
- 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

STREAMWAY VILLA EVACUATION PLAN

In the event that it is determined that the best course of action is to evacuate residents off-site the following steps will be taken: (as per specific and detailed policies and procedures located in Emergency Preparedness Plan

- The charge nurse or designate will initiate by announcing CODE ORANGE OR CODE GREEN X 3. (DEPENDING ON THE NEED TO EVACUATE) Charge Nurse to follow HIRA's regarding codes.
- Notify Emergency Services and Northumberland County Warden for declaration of emergency that we will need to activate emergency evacuation and temporary emergency protocols. All numbers are located on the contact list in section 9 of the Emergency Preparedness Manual – Community Disaster Plans.
- Offsite immediate temporary emergency shelter for STREAMWAY VILLA is our transportation services (COACH CANADA) that will accommodate all residents in heated buses until Emergency Services direct Streamway Villa Leadership to evacuate off site. Code Orange or Green would be determined and all personal would be notified (FROM HIRA and CONTACT LIST). All residents would be moved by COACH CANADA with staff to LEGION BRANCH 133 located a few blocks away from Streamway Villa at 133 Orr Street in Cobourg. ON HEALTH atHOME will be notified and directions regarding placements would be determined.
- 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. Life Enrichment Coordinator and/or designates will coordinate this as some families may want to take their loved ones home. Documentation will be completed as per policy and procedure.
- Residents and staff will be evacuated through the safest and closest exit systematically.
- 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.
- Contact the other LTC homes and notify them of impending transfer
- Once Residents have been transferred to the receiving center management personnel will designate an employee to notify the following as necessary re: location and placement of residents.
- All related forms and checklist and evaluations as per Omni Quality Living – Evacuation of Residents policies and protocols. The Administrator or Designate will complete a critical incident report and ensure that all required documentation and communication has been completed.

STREAMWAY VILLA SHELTER-IN -PLACE

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. In case of loss of essential services (Onsite Generator is automatic)
- Residents, visitors, and staff will stay away from the windows.
- Staff will close the curtains and ensure windows and doors are securely shut and locked in the event of a force of nature.
- 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 in the maintenance room.
- Initiate the emergency call out list.
- Communication will be established with Northumberland County and Cobourg Emergency Services (Fire, Police, EMS) as well, if required Northumberland Hills Hospital with direction from our Medical Director.
- 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 Administrator or designate will complete Critical Incident Report as required.

The Administrator or designate will ensure that all required document.

OMNI QUALITY LIVING 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 |
|--|---|---------------------|---------------------|
| <p>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:</p> <ul style="list-style-type: none"> ▪ 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 | <p>Like Home</p> <p>Hospital</p> <p>SNF or Subacute</p> | ALS | _____ |
| <p>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:</p> <ul style="list-style-type: none"> ▪ 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 | <p>Like Home</p> <p>Medical Care</p> <p>Shelter In some circumstances, may be able to evacuate to family/caregiver home</p> | BLS | _____ |
| <p>LEVEL III Description: Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care. Examples:</p> <ul style="list-style-type: none"> ▪ 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 self-administered 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 | <p>Like Facility</p> <p>Home Setting</p> <p>Public Shelter</p> | Car/Van/Bus | _____ |
| <p>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.</p> | | | |

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 <input type="checkbox"/> | | |
| | | Evacuation <input type="checkbox"/> | | |
| 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 | | |
| | | | | |
| | | | | |

L. RECOVERY

Immediately following the deactivation of the emergency, the Home Administrator 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:

$$\text{Likelihood} \times \text{Severity} = \text{Risk}$$

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 single 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 | |

| | |
|--------|---|
| High |  |
| Medium |  |
| Low |  |

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 Administrator: Yes _____ No _____

Name of Administrator: _____ 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



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 <u>not</u> sufficient) |
|--|----------------------------------|-----------------------------|--|---|---|--|
| Antimicrobial resistance and healthcare-associated infections | | | | | | |
| | | | | | | |
| | | | | | | |
| Food and waterborne diseases | | | | | | |
| Gastrointestinal illness/Food poisoning | | | | | | |
| Norovirus | | | | | | |
| Salmonellosis | | | | | | |
| | | | | | | |
| | | | | | | |
| Vectorborne diseases | | | | | | |
| | | | | | | |
| | | | | | | |
| Zoonotic diseases | | | | | | |
| | | | | | | |
| | | | | | | |
| Vaccine-preventable diseases | | | | | | |
| Measles | | | | | | |
| Mumps | | | | | | |
| Varicella (Chickenpox) | | | | | | |
| | | | | | | |

| 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 <u>not</u> sufficient) |
|--|----------------------------------|-----------------------------|--|---|---|--|
| | | | | | | |
| Respiratory diseases | | | | | | |
| Acute respiratory illness | | | | | | |
| Influenza | | | | | | |
| | | | | | | |
| | | | | | | |
| Sexually-transmitted infections (STIs) | | | | | | |
| | | | | | | |
| | | | | | | |
| Blood-borne infections | | | | | | |
| | | | | | | |
| | | | | | | |
| Other/Emerging infectious diseases | | | | | | |
| | | | | | | |
| | | | | | | |

Notes

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

References

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Addendum D-Contact Partners and Services

CONTACT PARTNERS AND SERVICES WITH STREAMWAY VILLA

ON HEALTH @HOME 905-885-6600 OR 1-800-263-3877

COBOURG FIRE DEPT. FIRE CHIEF ELLARD BEAVEN P: 905-372-9789 | Fax: 905-372-0869
FIRE PREVENTION INSPECTOR – JENNIFER COOPER P: 905-372-9789

EMERGENCY SERVICES TOWN OF COBOURG – ADAM BENNETT 905-372-4301 EXT.4408

DIRECTOR OF COMMUNITY SERVICES TOWN OF COBOURG – BRIAN GEERTS 905-372-9971

NORTHUMBERLAND COUNTY EMERGENCY MANAGEMENT – COORDINATOR 905-372-3329 EXT.2327

FIRE ALARM SYSTEMS ACCT#776 1-800-361-6052

TROY FIRE SAFETY AND LIFE LAURA KING – National Accounts Coordinator 519-650-0600 EXT.221 CELL:
519-807-4675

EMERGENCY TRANSPORTATION – CENTURY TRANSPORTATION (COACH CANADA)
905-885-9408
AFTERHOURS 905-376-1310

EMERGENCY SHELTER – LEGION BRANCH 133 (133 ORR STREET COBOURG) 905-372-9112
BURNBRAE GARDENS – ADMINISTRATOR APRIL FAUX 705-653-4100
MAPLEWOOD – ADMINISTRATOR RACHEAL CORKERY 613-475-2442

ENBRIDGE GAS – EMERGENCY LINE - **1-866-763-5427**

LAKEFRONT UTILITIES – POWER OUTAGE, WATER/SEWAGE – 905-372-2193

BELL CANADA – TECHNICAL SUPPORT FOR PHONE -1-866-310-2355

COGECO INTERNET SERVICES – ACCT# 50012077447 TECHNICAL SUPPORT 1-855-440-5602

HAMILTON SMITH (AIR-COOLING/EXCHANGING SYSTEMS) – 613-962-2334 OR 1-800-201-3053

CARE RX PHARMACY (CONTRACTOR) PETERBOROUGH – 705-749-5888

YORK IDA PHARMACY (BACK UP) – 905-372-7171

SYSTCO – 1-885-450-3069 CUSTOMER SERVICE

MEDLINE – REPRESENTATIVE – JASON OWENS – 1-800-268-2848

ECOLAB – CONTRACT NUMBER #502648677 REPRESENTATIVE – DON WARD TERRITORY MANAGER – 1-
800-352-2536 CHRIS MARTIN – 1-800-35-CLEAN

Addendum E-Communication Log



COMMUNICATION LOG TOOL DURING/and PREPARING FOR EMERGENCY

| DATE & TIME | CALLER | WHO WAS CALLED | REASON | OUTCOME |
|-------------|--------|----------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Addendum F-Staff Contact for Essential Supplier Services Contact List

- Streamway Villa's Essential Contact Lists and Contractor Lists are located in the Emergency Preparedness Binder located at the nursing station.

F-1. Emergency water/ food services acquisition

Information and Communication regarding, water shops/depots, Sysco, supermarkets located in the Emergency Plan Manual located at the nursing station.

No gas, no water menus - located in the Emergency Plan Manual located at the nursing station.

Addendum G-Fan Out List

FAN OUT LIST located in the Emergency Plan Manual located at the Nursing Station.

SAMPLE EMERGENCY FAN OUT PROCEDURE:

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

MANAGER RESPONSIBLE: Administrator

| Name | | Title | ETA | Phone # |
|--------------------|--|--|--------|---------|
| Sheri Oakley-Stone | | Skill Development Coordinator (SDC)/Office Manager | 2min | |
| Aneka Nithiananda | | IPAC Lead | 75min | |
| Jennifer Sauve | | Clinical Care Coordinator (CCC) | 5min | |
| Garth Derry | | Environmental Services Manager (ESM)/Nutritional Care Manager (NCM) | 10 min | |
| Kerrie Chapple | | RAI-Coordinator | 20 min | |
| Laurie Kracht | | Life Enrichment Coordinator (LEC) | 15 min | |
| Kylie Morton | | Director of Care (DOC) | 50 min | |
| Kylie Morton | | Administrator | 50 min | |

***All managers will have a preassigned list with staff to contact. The Administrator/Director of Care/ or designate will call managers and then managers will call staff on their list. If a manager is away from the home or has lost telephone services, the Administrator/Director of Care/ or designate will direct another manager to contact staff on the list of the absentee manager**

MANAGER RESPONSIBLE: **RAI-Clinical Care Coordinator**

| NAME | TITLE | ETA | PHONE # |
|------------------|-------|--------|---------|
| Laurie Robillard | RN | 5 min | |
| Susan Kellar | RN | 5 min | |
| Ruth Marshall | RN | 10 min | |
| Emily Phillips | RN | 15 min | |
| Anna Tan-Knox | RPN | 10 min | |
| Sabina Perez | RPN | 20 min | |
| Jeannina Nunez | RN | 20 min | |

Manager will use call in binder as it remains current

Leave of Absence:

| | | | |
|--|-----|--------|--|
| | PSW | 30 min | |
| | RPN | 60 min | |
| | | | |
| | | | |
| | | | |
| | | | |

MANAGER RESPONSIBLE: Skill Development Coordinator /Office Manager

Manager will use call in binder as it remains current

| NAME | TITLE | ETA | PHONE # |
|------|-------|--------|---------|
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 9 min | |
| | PSW | 10 min | |
| | PSW | 10 min | |
| | PSW | 15 min | |
| | PSW | 15 min | |
| | PSW | 15 min | |
| | PSW | 15 min | |
| | PSW | 20 min | |
| | PSW | 25 min | |
| | PSW | 25 min | |

MANAGER RESPONSIBLE: Clinical Care Coordinator
Manager will use call in binder as it remains current

| NAME | TITLE | ETA | PHONE # |
|------|-------|--------|---------|
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 15 min | |
| | PSW | 20 min | |
| | PSW | 15 min | |
| | PSW | 5 min | |
| | PSW | 25 min | |
| | PSW | 30 min | |
| | PSW | 20 min | |

MANAGER RESPONSIBLE: IPAC Lead

| NAME | TITLE | ETA | PHONE # |
|------|-------|--------|---------|
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 5 min | |
| | PSW | 15 min | |
| | PSW | 20 min | |
| | PSW | 15 min | |
| | COOK | 25 min | |
| | DA | 30min | |
| | DA | 5min | |
| | DA | 10min | |
| | DA | 15min | |
| | | | |

Addendum H- Code Drill Practiced

Located in the Emergency Preparedness Binder located at the nursing station

Located in the Fire Drill/Emergency Drill binder in the Administrator'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 | 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 | Monthly |
| Pumps | Check and oil circulating pumps | |
| 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 | Ensure functioning properly; check for leaking batteries, corroded terminals, burned bulbs | Monthly |
| Door Alarms & Call Bells | Check to ensure operating properly Randomly select a few and ensure operating properly | |
| 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 | Monthly (Days, Evening and Nights) |
| 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 |

MONTHLY/WEEKLY INSPECTIONS AND EQUIPMENT MAINTENANCE 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. (Date to be determined – currently fire sprinkler system construction in progress).
19. The Fire Sprinkler System compressor is operational, well maintained and drained of water when required. (Date to be determined – currently fire sprinkler system construction in progress).
20. The Fire Sprinkler System drip legs are drained monthly to ensure the removal of excess moisture. (Date to be determined – currently fire sprinkler system construction in progress).
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 in the kitchen and shall be properly hung and accessible.
26. A minimum 10lb. ABC rated fire extinguisher shall be 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: MCC November 12, 2023 (TROY to complete after Sprinkler Installation)

28. All fire extinguishers are inspected and serviced annually by a professional Fire Safety Company. Date of last inspection: MCC March 13, 2024 (TROY to complete after Sprinkler Installation)
29. The fire alarm system is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: MCC March 13, 2024 (TROY to complete after Sprinkler Installation)
30. The fire pump is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: MCC November 12, 2023 (TROY to completed after Sprinkler Installation)
31. All handrails in corridors and stairwells are unobstructed, secure and in good condition.
32. All flammable liquids are stored in suitable containers in a non-combustible cabinet.
33. The “No Smoking” signs are posted in the appropriate areas and the “Smoke-Free Ontario” regulations are observed by all staff, visitors, and residents.
34. Lint traps on the dryers are cleaned by the laundry staff at the end of each shift or more often if required.
35. All resident electrical equipment is inspected and approved by maintenance prior to being used by the residents or staff.
36. All electrical equipment throughout the home is inspected every 6 months – inspection is documented. Date of last inspection: November 27, 2024
37. 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 2024 HAMILTON SMITH
38. 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 on-site check monthly.
39. Emergency generator tested weekly, and information documented. Date of last inspection: October 24, 2024 (Commissioned), First inspection took place week of November 4th, 2024.

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 Administrator 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

| | |
|--|---|
| <p><u>Construction Level Type A</u></p> <p>Inspection, Non-Invasive Activities</p> | <ul style="list-style-type: none"> ▪ 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 care 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 |
| <p><u>Construction Level Type B</u></p> <p>Small scale, short duration activities that create minimal dust. These include, but are not limited to,</p> | <ul style="list-style-type: none"> ▪ 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 care area (two or more rooms) for less than thirty minutes |
| <p><u>Construction Level Type C</u></p> <p>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,</p> | <ul style="list-style-type: none"> ▪ 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 |
| <p><u>Construction Level Type D</u></p> <p>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</p> | <ul style="list-style-type: none"> ▪ 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

| | |
|--|--|
| <p>Group 1</p> <p>Lowest Risk</p> | <ul style="list-style-type: none"> ▪ Office areas ▪ Unoccupied wards ▪ Public areas ▪ Laundry and Soiled Linen cleaning areas ▪ Physical Plan Workshops and housekeeping areas |
| <p>Group 2</p> <p>Medium Risk</p> | <ul style="list-style-type: none"> ▪ 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 |
| <p>Group 3</p> <p>Medium to High Risk</p> | <ul style="list-style-type: none"> ▪ 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 |
| <p>Group 4</p> <p>Highest Risk</p> | <ul style="list-style-type: none"> ▪ 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

CQI Audit Schedule for IPAC

| <i>IPAC</i> | 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 | | | | | | | | | | | | |
| PHO Self Assessment Audit Tool for LTC and RH Latest edition | Weekly in outbreak and Quarterly otherwise | | | | | | | | | | | | |
| Omni - Infection control audit | Monthly | | | | | | | | | | | | |
| Staff Break audit | Weekly in Outbreak | | | | | | | | | | | | |
| Dental Contractor Audit | Each home visit | | | | | | | | | | | | |
| Footcare Contractor Audit | Bi-weekly on home visit | | | | | | | | | | | | |
| Dedicated Equipment-Reprocessing | Weekly to Monthly | | | | | | | | | | | | |
| IPAC Lifts and Sling audit | Monthly | | | | | | | | | | | | |
| IPAC Internal Review | Bi-Annual | | | | | | | | | | | | |
| Infection Tracking Tool – Excel spreadsheet and paper surveillance tool | Daily and Monthly | | | | | | | | | | | | |
| HH posted graphs reports | Monthly | | | | | | | | | | | | |
| PHO Readiness Assessment-September | Annual | | | | | | | | | | | | |
| Focused audit | As needed | | | | | | | | | | | | |

August 2024

| <i>IPAC</i> | 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 | | | | | | | | | | | | |
| PHO Self Assessment Audit tool for LTC and RH-Latest edition | Weekly in outbreak and Quarterly otherwise | | | | | | | | | | | | |
| Omni - Infection control audit | Monthly | | | | | | | | | | | | |
| Staff Break audit | Weekly in Outbreak | | | | | | | | | | | | |
| Dental Contractor Audit | Every home visit | | | | | | | | | | | | |
| Footcare Contractor Audit | Bi-weekly | | | | | | | | | | | | |
| IPAC Lifts and Sling audit | Monthly | | | | | | | | | | | | |
| IPAC Internal Review | Bi-Annual | | | | | | | | | | | | |
| Infection Tracking Tool – Excel spreadsheet and paper surveillance tool | Daily and Monthly | | | | | | | | | | | | |
| HH posted graphs reports | Monthly | | | | | | | | | | | | |
| PHO Readiness Assessment-September | Annual | | | | | | | | | | | | |
| Focused Audit | As needed | | | | | | | | | | | | |

August 2024

Weekly PPE INVENTORY COMPLETED BY DOC/IPAC LEAD or DESIGNATE

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



Click to show instruction text

Regular Expired

| | Type <small> </small> | Description <small> </small> | Inventory On Hand (Eaches) <small> </small> | Consumed in the Past 24 Hours (Eaches) <small> </small> | Forecasted Usage in the Next 24 Hours (Eaches) <small> </small> | Expected Quantity in Next Delivery (Eaches) <small> </small> | Expected Next Delivery Date <small> </small> | Quantity in Backorder (Eaches) <small> </small> | Expected Delivery Date of Backorder <small> </small> |
|------|------------------------|--|--|--|--|---|---|--|---|
| Edit | Booties | Booties – Shoe cover | <input type="text"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| 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 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Submit

Addendum J-Memorandum of Understanding for Transportation



**Memorandum of Understanding Between
Streamway Villa - Omni Quality Living
And
Century Transportation Ltd.**

Century Transportation Ltd. Is committed to assisting Streamway Villa during an emergency affecting the residents of Streamway Villa.

Century Transportation Ltd. agrees to provide bus transportation before , during and/or after an emergency where residents of Streamway Villa need to be evacuated.

Streamway Villa – Omni Quality Living agrees to provide Century Transportation Ltd. with reimbursement for any costs incurred for the bus transportation.

This memorandum of understanding begins on the date signed and is valid for a period of one year. This memorandum of understanding can be cancelled by either party with 90 days written notice.

Name and address of contact at Century Transportation Ltd.:

Courtney Davis, Operations Supervisor
346 Ward Street, Port Hope ON L1A 4A6
905-885-9408 After hours: 905-376-1310
Email: courtney@centurytransportation.ca

Name and address of contact at Streamway Villa - Omni Quality Living:

Kylie Morton, Administrator/Director of Care
19 James St. W. Cobourg, Ontario K9A 2J8
Tel: 905-372-0163 Fax: 905-372-0581
Email: kmorton@omniqualityliving.ca

Streamway Villa

Signature: _____

Date: July 12, 2024

Century Transportation Ltd.

Signature: _____

Date: July 12, 2024

Addendum K-Memorandum of Understandings for Accommodation



12 Maplewood Ave. Box 249 Brighton, Ontario K0K 1H0

Tel: 613-475-2442 | Fax: 613-475-4445

October 21, 2024

RE: Emergency Accommodation

Letter of Understanding between Maplewood and Streamway Villa

The Purpose of this letter of understanding is to ensure that Streamway Villa will be accessible for emergency accommodation if deemed necessary by Maplewood. In the event of an emergency you will receive a phone call from Rachel Corkery or alternate incident commander for the emergency request. Please confirm how many of our residents you would be able to place in your home.

Streamway Villa can place 2 of Maplewood's resident(s) in the event of emergency Shelter requirement.

Maplewood would be responsible for any cost incurred.

The contact numbers to enact this service are:

Streamway Villa 905-372-0163

Maplewood 613-475-2442

The Parties agree to work collaboratively to deliver the intent of this understanding. This letter will be effective until October 31, 2025.

Signature Rachel Corkery Rachel Corkery Date: October 21, 2024

Signature  Kylie Morton Date: October 25, 2024

January 22, 2024

Letter of Understanding

Between –Streamway Villa & Burnbrae Gardens

The purpose of this letter of understanding is to ensure that Streamway Villa in Cobourg will be accessible for emergency accommodations if deemed necessary by Burnbrae Gardens. In the event of an emergency you will receive a phone call from April Faux or alternate incident commander for the emergency request. Please confirm how many of our residents you would be able to place in your home.

Streamway Villa can accommodate 3 of Burnbrae Gardens residents in the event of emergency shelter.

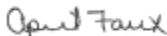
Burnbrae Gardens will be responsible for any cost incurred.

The contact numbers to enact this service are:

Streamway Villa – 905-372-0163

Burnbrae Gardens – 705-653-4100

The parties agree to work collaboratively to deliver the intent of this understanding. This letter will be in effect until January 22, 2025

Signature April Faux: 

Administrator, Burnbrae Gardens

Date January 22, 2024

Signature Kylie Morton: 

Administrator, Streamway Villa

Date: January 22, 2024



**Memorandum of Understanding Between
Streamway Villa - Omni Health Care
And
Royal Canadian Legion Branch 133**

Royal Canadian Legion Branch 133 is committed to assisting Streamway Villa during an emergency affecting the residents of Streamway Villa directed by emergency services.

Royal Canadian Legion Branch 133 agrees to house any Long Term Care resident that is displaced due to an emergency where residents of Streamway Villa need to be evacuated. This will be a short-term contract until a more suitable facility is found.

This memorandum of understanding begins on the date signed and is valid indefinitely. This memorandum of understanding can be cancelled by either party with 90 days written notice.

Name and address of contact at Royal Canadian Legion Branch 133:

Rod Ingersoll, President
135B Orr Street, Cobourg ON K9A 2S1
Tel: 905-372-2231 Cell: 416-618-6266
Email: rod@ingersollpetroleum.ca

Name and address of contact at Streamway Villa - Omni Quality Living:

Kylie Morton, Administrator/Director of Care
19 James St. W. Cobourg, Ontario K9A 2J8
Tel: 905-372-0163 Fax: 905-372-0581
Email: kmorton@omniway.ca

Streamway Villa

Royal Canadian Legion Branch 133

Signature: _____

Signature: Roderick Ingersoll

Date: March 20, 2024

Date: April 10, 2024

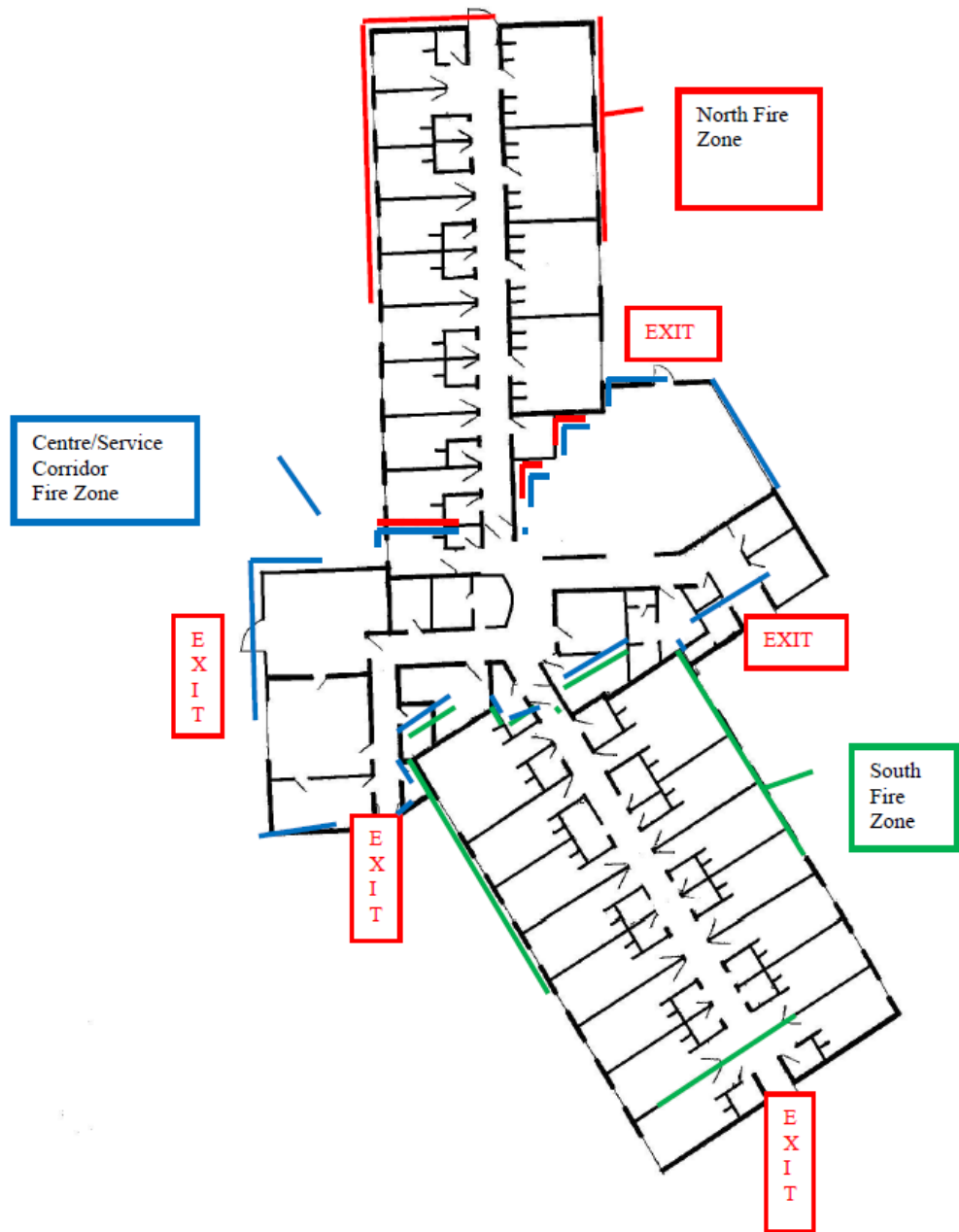
Addendum L-Physical layout of building/alternate route



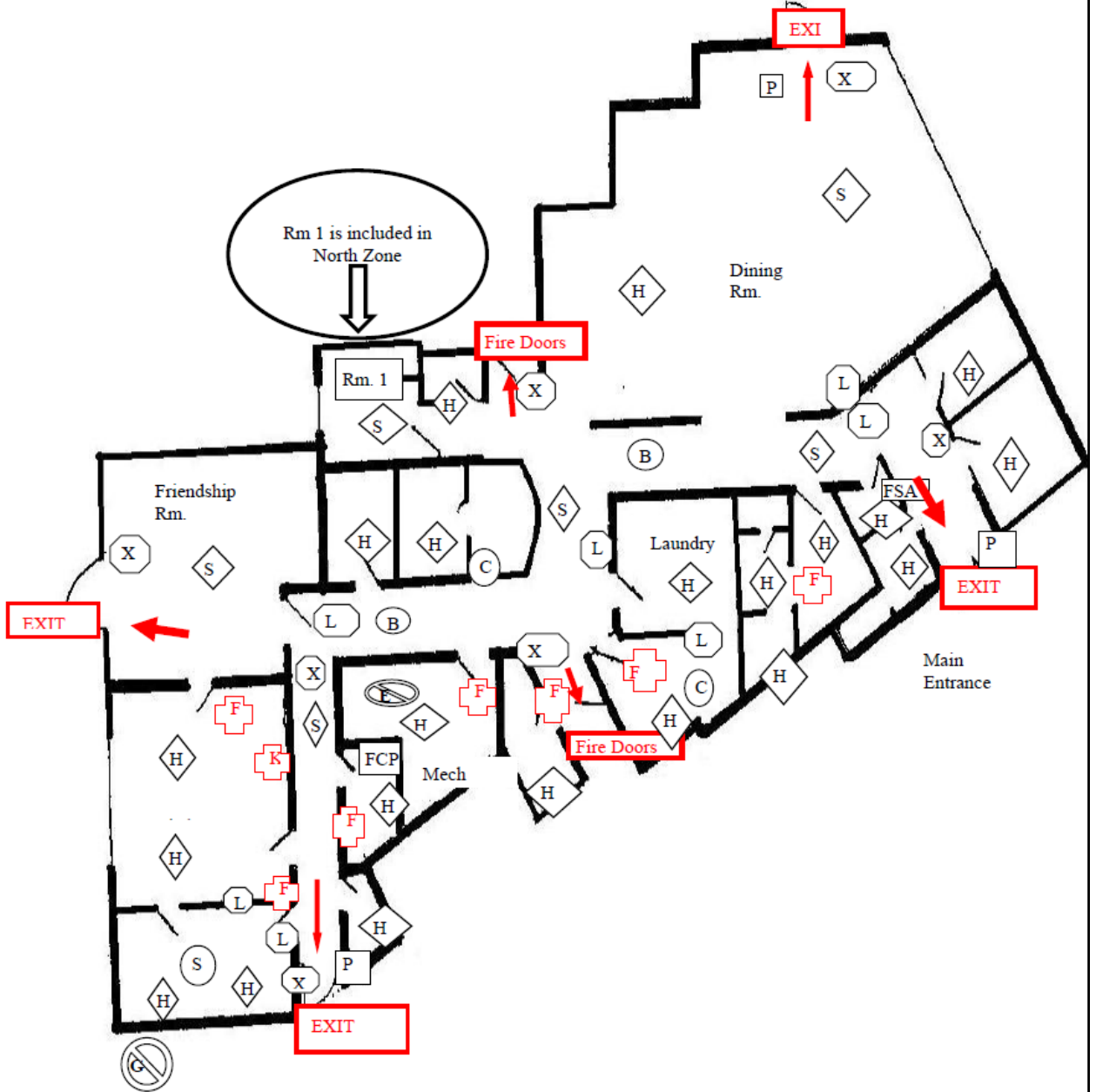
SITE PLAN
19 James Street West



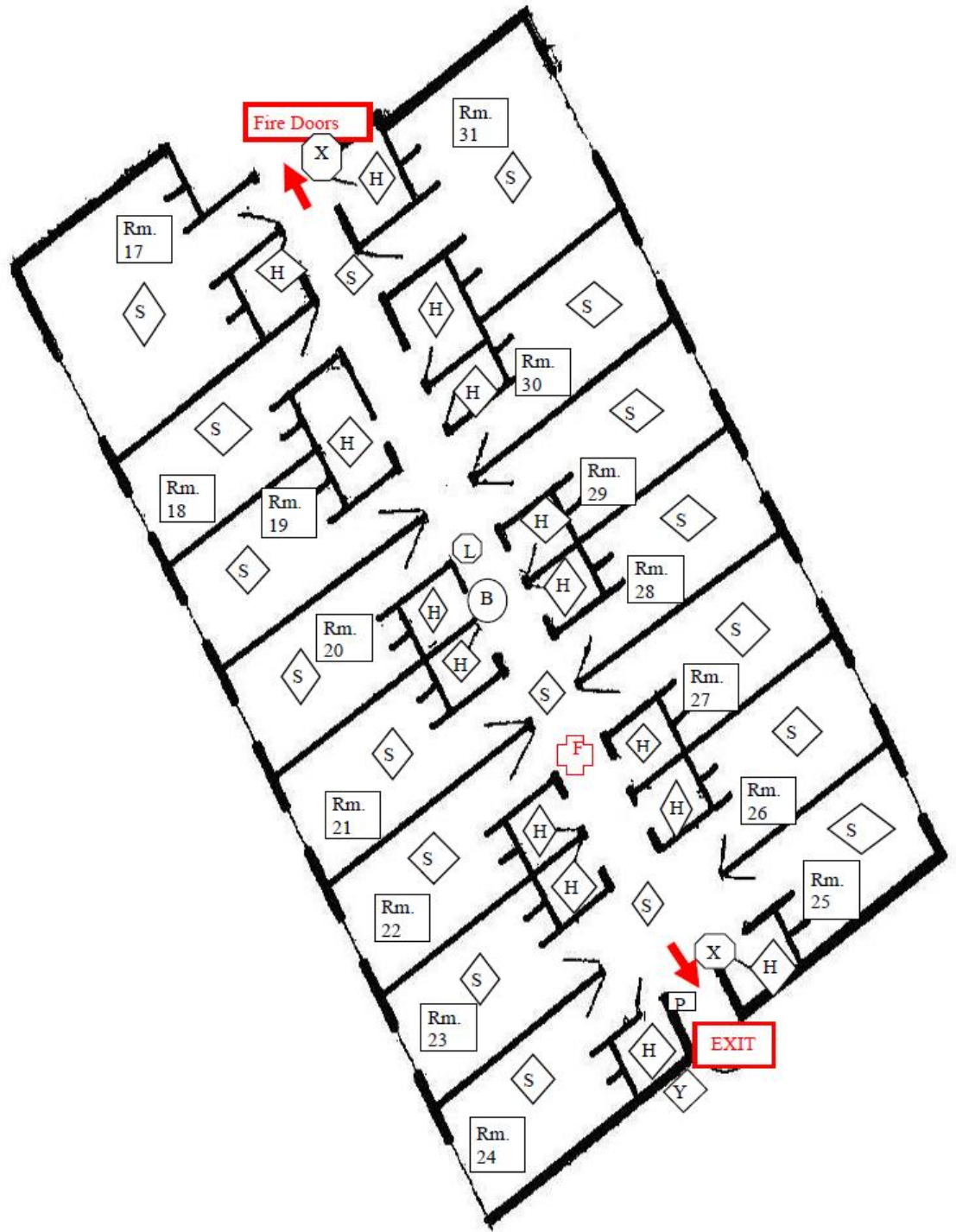
FLOOR PLAN



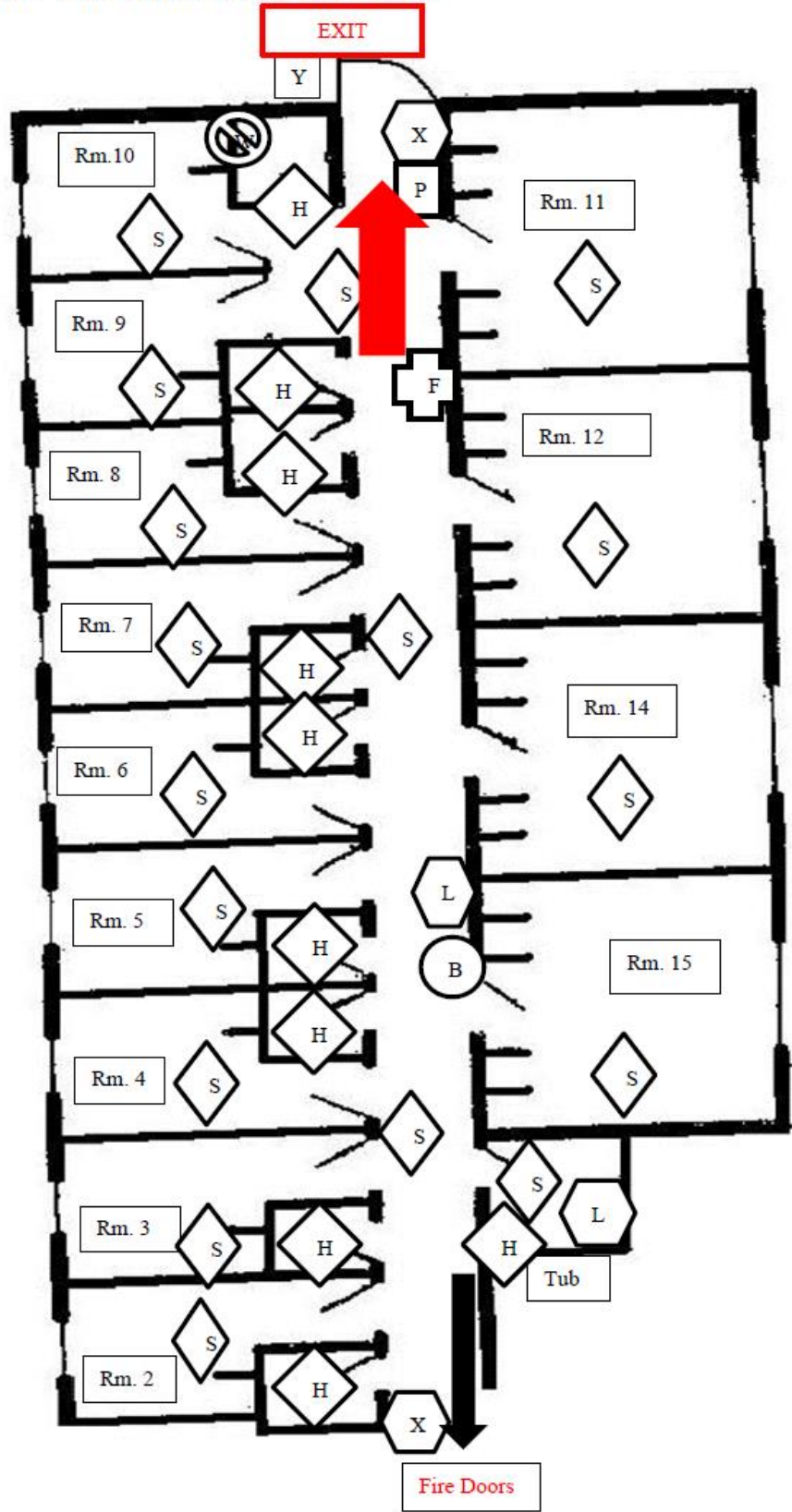
Centre/Service Corridor Fire Zone – Detailed Floor Plan



South Fire Zone – Detailed Floor



NORTH ZONE - DETAILED FLOOR PLAN



Addendum M- Notification List

Remember you **DO NOT** to put the telephone numbers of staff/managers for the list to be posted online only designations, but your on-site copy needs to have numbers listed.

Addendum N- All Hazard Checklists and Resources

All Hazards Preparedness Checklist

| Completed | Initials | |
|-----------|----------|--|
| | | 1. Identify and obtain emergency supplies/areas. <ul style="list-style-type: none"> ▪ 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 7-10 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. Identify a close by evacuation center and another at least 50kilometers 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 a seven (7) to ten (10) day 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:

| <u>Completed</u> | <u>Initials</u> | |
|------------------|-----------------|---|
| | | 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):

| Completed | 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. <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ 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 <u>only</u> 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. <ul style="list-style-type: none"> ▪ 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 # _____ (power company) 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:

| <u>Completed</u> | <u>Initials</u> | |
|------------------|-----------------|---|
| | | 1. Call # _____ (water company) to report outage. |
| | | 2. Notify maintenance staff. |
| | | 3. Evacuate the building if necessary. |
| | | 4. Shut off valve at primary control point. |

N-7 Gas Line Break

During the event:

| <u>Completed</u> | <u>Initials</u> | |
|------------------|-----------------|---|
| | | 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 # _____ (gas company) to report break. |
| | | 5. Notify maintenance staff. |
| | | 6. Open windows and doors. |
| | | 7. Re-enter building only at the discretion of utility officials. |

N-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

Repopulation Checklist for Homes

| | |
|---|--|
| <ul style="list-style-type: none"> - Sanitation systems functional; toilets, showers, grey and black water systems all functional. | |
|---|--|

| MLTC-Licensing & Certification Repopulation Checklist | |
|--|------------------------------|
| Dietary Services | Initial when Complete |
| <ul style="list-style-type: none"> - Refrigerators, ovens/stoves, dishwashers, all functional. <i>*In the case of damage to kitchens and/or equipment, approval from home office and MLTC may be requested for contract services during repairs.</i> <i>**Depending on equipment failure, temporary permit may be required.</i> | |
| <ul style="list-style-type: none"> - All emergency food and/or water supplies used during the evacuation process are replaced. | |
| Physicians and Nursing Staff | |
| <ul style="list-style-type: none"> - Staffing ratios will meet licensing requirement upon re-opening. | |
| <ul style="list-style-type: none"> - Patient equipment and supplies that may have been transferred during the evacuation are restored/replaced. | |
| Pharmaceutical Services | |
| <ul style="list-style-type: none"> - 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 | |
| <ul style="list-style-type: none"> - Nurse Call systems fully functional. | |
| <ul style="list-style-type: none"> - All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc.). | |
| <ul style="list-style-type: none"> - All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed. | |
| <ul style="list-style-type: none"> - Replace or clean linens, drapes, and upholstery, if needed. | |

Adapted from CAHF Disaster Preparedness Program

Repopulation Checklist for Homes

| | |
|---|--|
| <ul style="list-style-type: none">- 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.). | |
| <ul style="list-style-type: none">- 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 sustainability 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. | |
| <ul style="list-style-type: none">- Vandalism and/or looting damage, if applicable, is repaired and alleviated. | |