

EMERGENCY PREPAREDNESS PLAN

Omni Quality Living – Heritage House

LONG-TERM CARE HOME

Adopted: July 11, 2022 by Omni Quality Living

This plan will be reviewed annually and /or as required by 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 systems 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 home's 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 *Heritage House* on emergency policies and procedures to protect the lives and property of residents, staff, and visitors.

2. SITUATIONS AND ASSUMPTIONS

A. AUTHORITIES

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

B. SITUATION

- The province of Ontario, in which Omni Quality Living homes are located, is vulnerable to both natural and man-made disasters.
- Residents of these facilities require home specific emergency considerations in planning for disasters or emergencies and in ensuring safety.
- Omni Quality Living long-term care homes are responsible for the health and wellness of residents and their staff, including developing emergency response plans that address potential disasters and emergencies.

C. ASSUMPTIONS

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

- The possibility exists that an emergency or disaster may occur at any time.
- In the event an emergency exceeds the homes' capability, external services and resources may be required.
- Local, provincial, and federal departments and agencies may provide assistance necessary to protect lives and property.
- Depending on the scope of the event and the type of assistance needed, local, provincial, and federal departments and agencies may be unable to respond immediately. It is the responsibility of Heritage House long-term care home to be prepared to care for residents, staff, and visitors for seven to ten days.
- Heritage House will comply with all provincial requirements for review and inspection of safety plans and procedures.

3. CONCEPT OF OPERATIONS

Heritage House 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 home should provide shelter-in-place for residents and staff in an emergency where this protection is necessary.

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

A. PRE-EMERGENCY

1. Conduct an evaluation of the home's potential vulnerabilities to potential hazards by completing a hazard identification risk assessment (HIRA) in Addendum A. A risk level of low, medium, or high is assessed for all potential hazards and documented on Risk Assessment Form (Addendum B).
 - a. A disaster is any existing or potential situation posing a threat to 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 communicable diseases may be rare, the risk will be high. This vulnerable population will have a major impact on healthcare services, and the event may pose a threat to Ontario's public health capacity. Although rare, the disease can require a high priority for incident-specific planning e.g., COVID-19.
4. Tracking of similar symptoms of infection will commence with a trend of two or more residents and staff.
5. Memorandums of Understanding related to external evacuation of residents and staff during an emergency signed every two (2) years. This will include consultation with emergency services suppliers in the community, transportation services, health service providers, and partner facilities. List of contact information with these partners and services (See Addendum D). A communication log will be kept by the home (See Addendum E).
6. List of essential services and designated staff/s who will communicate with service supplier during an emergency (See Addendum F) e.g. Include food supplier, pharmacy, staffing agencies, garbage removal, hydro, water, well maintenance, telephone.

7. Determine communication systems to be used in emergencies, e.g., cellular phones, fax machines and walkie talkies.
8. Ensure functioning of the homes emergency warning system / public announcement system. Cowbells on hand if required.
9. Test reliability of Fan Out List emergency telephone roster for contacting personnel and activating emergency procedures. (See Addendum G).
10. Test emergency generators as per schedule.
 - a. Identify power needs based on which equipment and appliances are necessary for the safety and security of residents, staff and visitors.
 - b. Ensure all plugs designated direct contact to generator are cleared marked.
 - c. Develop procedures for testing generators and equipment supported by emergency generators.
 - d. Maintain a 7-to-10-day supply of emergency fuel. Establish a delivery agreement with a supplier.
 - e. Activate and test the generator under load accordingly.
 - f. Document all testing procedures.
11. Ensure a 14-to-21-day supply of food and water for residents and staff. (Have at least one gallon of water per person, per day on hand. Identify a supplier/source of water off-site)
 - a. Arrange for a private contact to supply back-up resources.
 - b. Rotate supplies and check expiration dates regularly.
12. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.
13. Enhance emergency education.
 - a. Practice code drills with all staff per Code Drill Annual schedule provided by home office. (See Addendum H).
 - b. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents, and residents' families.
 - c. Encourage personal preparedness for all staff.
14. Conduct fire drills **at a minimum of once** every month on a day, evening and night shift.

- a. Document each drill, instruction, or event to include date, content and participants involved.
 - b. Identify and document any problems associated with the drill.
 - c. Develop and implement improvement plans for problems associated with the drill.
 - d. Record a summary/overview of each drill and submit monthly report to home office.
15. All drills are conducted twice each year. It is recommended that at least one of these drills be conducted to exercise **all** aspects of the emergency action plan. Documented drills with critiques and evaluations to be included in that month's home office submission.
16. Develop and maintain Standard Operating Procedures includes the following (as Addendum I) to include:
 - a. Task assignments (by title, not individual names)
 - b. Security procedures
 - c. Personnel call down lists
 - d. Emergency supplies; storage, maintenance, and use
 - e. PPE inventory
17. *Heritage House Centre Activity Room (nearest to the main entrance)* is the designated Command Centre and will serve as the focal point for coordinating operations. If evacuation is necessary, the alternate location will be Calvary United Church in St-Jacobs.
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. At Heritage House it is located at the main nursing station.
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 Heritage House staff will accompany evacuating residents and procedures for staff to care for residents after evacuation.
- i. Identify procedures to keep track of residents once they have been evacuated. Establish procedures to ensure all residents and staff are out of the facility and accounted for. Use a Communication log and Omni Evacuation Record -Resident Placement form.
- j. Determine what items and how much each resident should take.
- k. Establish procedures for responding to family inquiries about residents who have been evacuated.
- l. Determine when to begin pre-positioning of necessary medical supplies and provisions.
- m. Specify an activation time when Memorandums of Understanding for transportation and the notification of alternative facilities will begin.

B. PREPAREDNESS

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

1. Notify staff in charge of emergency operations to initiate the emergency preparedness plan. Use Emergency Notification list [Addendum M] to contact managers in order directed. Advise personnel of efforts designed to guarantee resident and staff safety.
2. If potential disaster is weather related, closely monitor weather conditions and update Director of Operations/ Home Office designate as necessary. Executive Director and/ or designate to monitor weather channel.
3. Inform key agencies of any developing situation and protective actions contemplated. Such as generator rental services, gas delivery service, food delivery service. Keep an up-to-date list with contacts (Addendum F).
4. Review Emergency Preparedness Plan, including evacuation routes, with staff and residents.
5. Each RPN in the building will routinely carry on top of their medication/treatment cart a fully charged walkie talkie turned on and set to channel 1.
6. There are two other walkie talkies charging at each nursing station set to channel one that staff will utilize if there is a code called to take with them when directed to go to another location.
7. Prepare the Centre Activity Room for Command Centre operations and alert staff of impending operations.
8. Contact residents' families. Coordinate dissemination of messages with Director of Operations or Home Office designate.
9. Control all entrances to the home. Account for all residents and staff on shift.
10. Confirm emergency staff availability initiating Fan Out List Roster call.
11. 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.
12. Monitor radio/television/website if able.

13. Have a plan in place to minimize resident medication interruptions by being able to access satellite pharmacy (CareRx Pharmacy) and Walmart St-Jacobs pharmacy source to determine emergency operations in the event of halted deliveries or the need for backup. Consider early medication delivery drop-off.
14. Review staffing patterns of all departments and schedule extended shifts for essential staff. Alert alternate personnel to be on stand-by.

C. RESPONSE

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

1. Notify staff in charge of emergency operations to initiate the emergency preparedness plan. Use Emergency Notification list [Addendum M] to contact managers in order directed. Advise personnel of efforts designed to guarantee resident and staff safety.
2. If potential disaster is weather related, closely monitor weather conditions and update Director of Operations/ Home Office designate as necessary.
3. Inform key agencies of any developing situation and protective actions contemplated. Such as generator rental services, gas delivery service, food delivery service.
4. Review Emergency Preparedness Plan, including evacuation routes, with staff and residents.
5. Prepare the Centre Activity Room 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 Walmart St-Jacobs and Care Rx pharmacy 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 Executive Director or designate is responsible for the overall direction and control of the home's emergency operations, receiving requested assistance from the head of each internal department, the local Emergency Management Agency, local Fire Department, local Police Department, private and volunteer organizations and various local provincial departments and agencies.

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

1. Coordinate the development of emergency preparedness plans and procedures.
2. Coordinate the activation, and oversee the implementation, of emergency preparedness plans and procedures.
3. Direct Command Centre operations.
4. Assign a coordinator for the delivery of residents' medical needs.
5. Assign a coordinator accountable for residents, their records, and needed supplies.
6. Assign responsibility for maintaining the home's safety, including securing necessary equipment and alternative power sources.
7. Coordinate the emergency water and food services acquisition in collaboration with the Nutritional Care Manager. (See Addendum F).

8. Ensure availability of special resident menu requirements and assess needs for additional food stocks.
9. Assign a coordinator to ensure the cleanliness of all residents and provision of residents' supplies for 7 to 10 days.
10. Coordinate the inspection of essential equipment (wet/dry vacuums) and protection of the facility (lower blinds, 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 about emergency operations.
14. Facilitate telecommunications and oversee release of information with the direction of home office.

E. THE COMMUNICATION PLAN

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

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

During regular business hours contact Omni Quality Living at **(705) 748-6631** and notify Home Office of 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:

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

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

Step #1 – Upon a fire alarm signal or an external or internal disaster being initiated the RN will immediately proceed to the annunciator panel located at the front of the building to determine the location (zone) of the fire alarm.

Step #2 – 911 will be called giving specific instructions regarding the location of the fire.

Step #3 – The RN using a walkie talkie will announce the Code 3 x. All staff and management excluding one staff from each home area to monitor emergency exit doors will immediately proceed to that zone, locate the fire origin, if in a resident room call bell light in hallway will be red and begin evacuating residents from the affected area.

Step #5 - Contact management in the following order:

1. Executive Director – Bridgett Wysman-Hoare
2. Maintenance Manager – Sherri Arbuckle
3. Director of Care – Elizabeth Chandapilla
4. Omni Quality Living Director of Operations- Bradley Lukas
5. Omni Quality Living Director of Operations – Justin Hills
6. Omni Quality Living Director of Operations - Susan Bell
7. Omni Quality Living Director of Operations - Patrice Chartier
8. Omni Quality Living Director of Operations - Doneath Stewart-Forrest
9. Omni Quality Living Vice President Operations - Sarah Ferguson-McLaren
10. Omni Quality Living - Chief Operating Officer - Shawn Riel
11. Omni Quality Living – Director of Asset Management – Jeff Ibbitson

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

F. EMERGENCY PAGING CODES

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

Initiating an Emergency Paging Code:

To initiate the plan the designated employee will

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

Terminating an Emergency Paging Code:

To deactivate the plan the designated employee will

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

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		

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Ontario Hospital Association Emergency Codes

H. HAZARDS AND POSSIBLE EVENTS

Heritage House 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

Heritage House 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

Outbreak preparedness binder is located in Executive Director's office.

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

Omni Quality Living RESPONSE CHECKLIST

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

Steps to take when crisis hits:

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

J. FIRE SAFETY PLAN

The Fire Safety Plan is located in the main entrance of the building and the Centre Nursing Station. For access or review, please contact the Executive Director.

K. THE EVACUATION PLAN

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

The decision to evacuate the home is made by:

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

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

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

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

Step #3 - Contact management in the following order:

1. Executive Director – Bridgett Wysman-Hoare
2. Maintenance Manager – Sherri Arbuckle
3. Director of Care – Elizabeth Chandapilla
4. Omni Quality Living Director of Operations – Bradley Lukas
5. Omni Quality Living Director of Operations – Justin Hills
6. Omni Quality Living Director of Operations - Susan Bell
7. Omni Quality Living Director of Operations - Patrice Chartier
8. Omni Quality Living Director of Operations - Doneath Stewart-Forrest
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If full evacuation is necessary: The Charge Nurse coordinates the staff in the evacuation procedure, ensures Medication Administration Records and Resident Clinical Records (if applicable) are removed to safety. Direction will be given by the Executive Director /Director of Care/Operations Director regarding the extent of further notifications to be initiated.

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

FOR ALL EVACUATIONS

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

Heritage House 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 as per specific and detailed policies and procedures located in Emergency Preparedness Plan. An event that causes residents to be placed in another area of the home or at another site off property due and not limited to fire, water leak, construction accident or loss of essential services for extended period.

Procedure:

- The charge nurse or designate will initiate by announcing over the walkie talkie CODE ORANGE OR CODE GREEN X 3. (DEPENDING ON THE NEED TO EVACUATE) Charge Nurse to follow HIRA's regarding codes.
- Notify Emergency Services of Woolwich Township and Region of Waterloo following direction of Municipal officials 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 Heritage House is Calvary United Church and our transportation services is New Canadian Medical Transfer services that will accommodate all residents in heated vans until Emergency Services direct Heritage House Leadership to evacuate off site. Code Orange or Green would be determined and all personnel would be notified. All residents would be moved by New Canadian Medical Transfer services that need stretcher transport along with staff. Waterloo Wellington Health at Home 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. Resident Service Coordinator and/or designates will coordinate this as some families may want to take their loved one's home. Documentation will be completed as per policy and procedure.
- Residents and staff will be evacuated through the safest and closest exit systematically. Following evacuation protocol taking charts, name tags and contact information with them.

- Once inside the emergency shelter, the 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 from the emergency shelter agreement and notify them of impending transfers.
- 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 Executive Director or Designate will complete a critical incident report and ensure that all required documentation and communication has been completed.

Shelter-in-place for Heritage House

Procedure:

Should you see or hear about a release of hazardous materials (chemical, biological or radiological) into the environment or extreme weather i.e., tornado, it may be accompanied by a request from municipal officials for residents to "shelter-in-place".

Shelter-in-place is the practice of going or remaining indoors during the sudden release of airborne hazardous materials or extreme weather. The following is a checklist of precautions that you should take:

- Announcement made by RN in charge or as directed by RN.
- Ensure that all residents and staff are directed into the building.
- Close all windows and curtains (to protect from flying broken glass).
- Close all outside and inside doors.
- Seal off cracks around doors and windows using a wide tape such as duct tape and a rolled damp towel.
- Turn off all fans, heating, air conditioning, and any outside vents and/or ventilation systems.
- Do not use a clothes dryer.
- Do not use gas stoves.
- Go to an interior room, if available, (above ground - some chemicals are heavier than air and will enter at an underground location first). Ensure residents have access to oxygen for those that need it.

- No baths or showers should be done at this time.
- Close and/or lock windows and doors into the room.
- Make available a radio and your emergency supplies/survival kit.
- Monitor radio or television broadcasts for updates until advised it is safe to leave or to evacuate.

Shelter-in-place requests are usually provided for short periods (a few hours). Shelter-in-place remains in place until notice is given by officials.

Shelter-in-place may also be used or recommended when there is little time to react to an incident and it would be more dangerous to be outside trying to evacuate than it would be to stay where you are, such as severe storms or tornadoes, civil unrest, or extreme temperatures.

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

HOME NAME: _____

DATE: _____

COMPLETED BY: _____

TIME: _____

Level of Care	Facility Type	Transportation Type	Number of Residents
<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>	<p>ALS</p>	<p>_____</p>
<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>	<p>BLS</p> <p>Wheelchair Van</p> <p>Car/Van/Bus</p>	<p>_____</p>
<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>	<p>Car/Van/Bus</p>	<p>_____</p> <p>_____</p>
<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			
	Executive Director			
	Maintenance			
	Director of Nursing			
	Omni Home Office			
	Ministry of LTC			
	Medical Director			
	Community Liaison			
Evacuation Centre/s used:				
Receiving Personnel				
Transportation used				
Immediate Services Required	Medical	Nursing		Pharmacy
	Dietary	Environmental		
Resident Data				
Attendance Counts	Time	All Accounted for:	Missing	Found
	Time	All Accounted for:	Missing	Found
	Time	All Accounted for:	Missing	Found
Casualties		To Hospital		
Deaths		Coroner		
Receiving Facilities Designated by MOLTC				

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

Executive Director

DATE

L. RECOVERY

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

1. Assess the impact caused to the home, residents, and staff members.
2. Coordinate recovery operations with home office, the local emergency management agency, and other local agencies to restore normal operations, to perform search and rescue, and to re-establish essential services. (See Addendum N-8.)
3. Provide counseling for residents, staff and families as required.
4. Provide provincial authorities, local authorities, and home office a master list of residents and staff displaced, missing, injured or dead.
5. Provide information on sanitary precautions for contaminated water and food to staff, volunteers, residents, and appropriate personnel to home office if required.
6. If necessary, arrange accommodations for residents and staff.
7. Evaluate and update emergency plans within 30 days of the deactivation; complete the Hazard and Risk Assessment form- Addendum B.

Addendum A-Hazard Identification Risk Assessment Tool

Hazard Identification Risk Assessment Tool

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

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

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 Executive Director: Yes _____ No _____

Name of Executive Director: _____

Signature: _____

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

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

Further action: Yes _____ No _____

NOTES:

Addendum C- HIRA Infectious Diseases



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	probable	significant	Vulnerable resident population	Medium	Yes	Sufficient
			Comorbidities, disease process, End of Life			
Food and waterborne diseases						
Gastrointestinal illness/Food poisoning	Rare	Moderate	Vulnerable resident population,	Low	Yes	
Norovirus	Rare	Moderate	Comorbidities, disease process, End of Life	Low	Yes	
Salmonellosis	Rare	Moderate		Low	Yes	
Vectorborne diseases	Rare	Moderate	Vulnerable resident population,			
			Comorbidities, disease process, End of Life,			
Zoonotic diseases	Rare	Moderate	Vulnerable resident population,		Yes	
			Comorbidities, disease process, End of Life			
Vaccine-preventable diseases			Vulnerable resident population,			
Measles	Rare	Moderate	Comorbidities, disease process, End of Life	Low	Yes	
Mumps	Rare	Moderate		Low	Yes	
Varicella (Chickenpox)	Rare	Moderate		Low	Yes	

Disease Groups/Diseases (examples listed in rows below)	Probability (see definitions)	Impact (see definitions)	Rationale for probability and impact selections (Describe)	Risk assessment (use Table 3 matrix)	Current surveillance sufficient? If no →	Possible, high-level planning implications (Describe, if current routine surveillance is <u>not</u> sufficient)
Respiratory diseases						
Acute respiratory illness	Probable	Moderate	Vulnerable resident population	Low	Yes	
Influenza	Probable	Moderate	Comorbidities, disease process, End of Life	Low	Yes	
Sexually-transmitted infections (STIs)	Rare	Minor	Very low chance of occurring	Low	yes	
Blood-borne infections	Rare	Moderate	Vulnerable resident population	Low	Yes	
			Comorbidities, disease process, End of Life			
Other/Emerging infectious diseases						
COVID-19	Frequent	Significant	High chance of spread throughout home	Low	Yes	
Monkey Pox	Rare		Low chance of occurring			

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-Contract Partners and Services

For access to Addendum D, please contact the Executive Director.

Addendum F-Staff Contact for Essential Supplier Services Contact List

For access to Addendum F, please contact the Executive Director.

F-1. Emergency water/ food services acquisition

Sysco	1-855-222-0671
Canada Bread	1-877-747-0613
Don's Produce	1-519-634-1077
Flanigan's Foodservice	1-519-748-6878
Elmira Meats	1-519-669-5419
Agropur	1-800-268-7777
Culligan Water	1-519-744-2248

Omni has established an Emergency Menu for use as required. These are maintained in a separate file. For access to the Emergency Menu, please request from the Executive Director.

Addendum G-Fan Out List

Each manager has a copy of the Fan Out List and there is also a copy in the emergency preparedness binder. In the event of an emergency disaster at Heritage House the following telephone fan out procedure will go into effect. For full access to the Fan out list contact the Executive Director.

MANAGER RESPONSIBLE: Executive Director

	Title	Phone #
Bridgett Wysman-Hoare	Executive Director	519-664-2921 ext 223
Paula Leland	IPAC Lead/ Administrator of Nursing	
Elizabeth Chandipilla	Director of Care (DOC)	
Sherri Arbuckle	Director of Dietary Services/ ESM	
Teresa Martin	Director of Resident & Family Services	
Jocelyn Goggin	Office Manager/ NASM	
Chris Duiker	Environmental Services Manager (ESM)	
Artessa Krolicki	Social Services Manager	
Jacqueline Snider	RAI Coordinator	
TBD	Resident Services Coordinator	

***All managers will have a preassigned list with staff to contact. The Executive Director /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 Executive Director /Director of Care/ or designate will direct another manager to contact staff on the list of the absentee manager**

SAMPLE EMERGENCY FAN OUT PROCEDURE:

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

MANAGER RESPONSIBLE: Executive Director

Name		Title	ETA	Phone #
		IPAC Lead	5 min	
		Clinical Care Coordinator (CCC)	5 min	
		Maintenance Manager	10 min	
		RAI-Coordinator	5 min	
		Life Enrichment Coordinator (LEC)	5 min	
		Director of Care (DOC)	15 min	
		Executive Director	40 min	
		Office Manager/Environmental Services Manager (ESM)	20 min	
		Nutritional Care Manager (NCM)	10 min	

***All managers will have a preassigned list with staff to contact. The Executive Director /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 Executive Director /Director of Care/ or designate will direct another manager to contact staff on the list of the absentee manager**

MANAGER RESPONSIBLE: Director of Care

NAME	TITLE	ETA	PHONE #
	RN	3 min	
	RN	10 min	
	RN	10 min	
	RN	10 min	
	RPN	10 min	
	RPN	20 min	
	RPN	60 min	

Leave of Absence:

	PSW	30 min	
	RPN	60 min	

MANAGER RESPONSIBLE: Skill Development Coordinator

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: Office Manager

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	
	PSW	5 min	
	PSW	25 min	
	PSW	30 min	
	PSW	20 min	
	PSW	10 min	
	PSW	20 min	

Addendum H- Code Drill Practiced

Education Binder Located in Executive Director's Office. To review the binder please contact the Executive Director.

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	Twice monthly
Boiler Room	Check valves and switches	Monthly
Lighting – interior, exterior, exits	Check for burned out bulbs; replace as necessary	Monthly
Clothes Dryers	Check belts, lint traps; Clean back of dryers; ensure functioning properly, oil motor and grease bearings	Monthly
Washing Machines	Ensure proper function and operability, check belts	Monthly
Heating units in rooms/halls	Ensure proper settings and operability; make sure a minimum of 6" around unit is clear of obstruction	Monthly
Automatic Door Closures	Ensure proper function	Monthly

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

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

Equipment/Item	Inspect and Test
Control Unit	Indicators, audibility, trouble signals, power supply, ground fault, alarm signal, automatic transfer from alert to alarm, switch operations, when silenced automatic reinstate 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	Smoke detector sensitivity, status change including time delay recorded, duct smoke detector pressure differential confirmed, time delay of water flow recorded, sprinkler

Detectors, Manual Pull Stations and Microswitches (supervisory)	supervisory switches cause trouble signal, upper and lower pressure settings of supervisory devices recorded, low temperature settings recorded, identification of ancillary devices and actual operational test of ancillary devices.
Fire Hoses	Inspected and re-racked Pressure tested every five years
Portable Fire Extinguishers	Inspected Pressure tested every six years
Emergency Lighting	Inspected and tested
Standpipe System:	
Control Valves	Water supply valves open Valves in proper position Components listed for use Control valves locked, sealed, or supervised
Alarms	Alarm valves operate Electrical alarms tested Monitoring station notified
Piping	Monitoring station notified Exposed pipe in good condition Properly supported Valves tested for operation
Flow Test	Valves tested for operation Static pressure and flow pressure Nozzle bore used Location of riser
Fire Bells	Tested correctly Audible levels confirmed Initiate as designed with all activating devices
Wet and Dry Sprinkler	Air pressure and water levels. Control valves in proper position and monitored. Valves and meter chamber accessible. All sprinkler in good condition. Sprinklers are less than fifty years old. Spare sprinkler heads and wrench are accessible. Sprinkler heads are correctly orientated and of proper type/temperature. Piping checked for stoppage and proper pitch. Trip test performed. Clapper reset confirmed. Automatic air devices operating properly. Air relief in good condition. Drum drips are heated and capped.

MONTHLY/WEEKLY INSPECTIONS AND EQUIPMENT 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.
19. The Fire Sprinkler System compressor is operational, well maintained and drained of water when required.
20. The Fire Sprinkler System drip legs are drained monthly to ensure the removal of excess moisture.
21. All fire extinguishers are inspected monthly to ensure adequate pressure. The inspection is to be recorded on the contracted fire safety company inspection tag provided.
22. All fire hose cabinets and fire hoses are inspected monthly to ensure the hoses are racked properly and have not been damaged or disturbed. The inspection is to be recorded on the contracted fire safety company inspection tag provided.
23. The kitchen suppression system over the range and cooking surfaces is inspected monthly to ensure adequate pressure. The inspection is to be recorded on the contracted fire safety company inspection tag provided.
24. A minimum 10lb. BC rated fire extinguisher shall be located in the kitchen in an easily accessible location by an exit.
25. A fire blanket shall be located in the kitchen and shall be properly hung and accessible.
26. A minimum 10lb. ABC rated fire extinguisher shall be located in all areas with a high potential for fire. At a minimum: in the boiler and/or furnace room, electrical room, laundry room, elevator room, mechanical room, and maintenance area.
27. All fire hoses and nozzles are inspected and tested annually by a professional Fire Safety Company. Date of last inspection: Georgian Bay Fire services June 10, 2025
28. All fire extinguishers are inspected and serviced annually by a professional Fire Safety Company. Date of last inspection: Georgian Bay Fire services June 10, 2025

29. The fire sprinkler system is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: Georgian Bay Fire services April 30, 2025
30. The fire alarm system is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: Georgian Bay Fire services March 25, 2025
31. The fire pump is inspected and tested annually by a professional Fire Safety Company. Date of last inspection: Georgian Bay Fire services March 25, 2025
32. All handrails in corridors and stairwells are unobstructed, secure and in good condition.
33. Doors that access stairwells are to be kept closed at all times.
34. The space beneath the stairwell(s) shall not be used for storage.
35. All flammable liquids are stored in suitable containers in a non-combustible cabinet.
36. All exterior sprinkler system Siamese connections are clear and unobstructed. The protective caps will turn freely and easily.
37. The “No Smoking” signs are posted in the appropriate areas and the “Smoke-Free Ontario” regulations are observed by all staff, visitors, and residents.
38. Lint traps on the dryers are cleaned by the laundry staff at the end of each shift or more often if required.
39. All resident electrical equipment is inspected and approved by maintenance prior to being used by the residents or staff.
40. All electrical equipment throughout the home is inspected every 6 months – inspection is documented. Date of last inspection: Completely annually by Nate- maintenance 1x weekly.
41. All heating equipment is professionally inspected twice annually to ensure it is safe and well maintained. The inspection is documented, and a list of the items inspected shall be provided by the contractor to ensure compliance to the applicable Ministry of Labour regulations. Date of last inspection: Cronin-Verheul July 30, 2025 and FSK Electric December 2, 2025.
42. Where applicable: inspect the water reservoir monthly and fill as required to ensure an adequate supply of water is available in the event of a fire. Water softener system if on-site check monthly.

43. Emergency generator tested weekly, and information documented. Date of last inspection: June 16, 2025.

The Home in Times of Construction

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

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

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

Identifying Risk During the Construction Phase

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

CSA Guideline Z317.13-07 May 2008)

Type of Activity for Identifying Risk During Construction

<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)

Weekly PPE INVENTORY COMPLETED BY DOC/IPAC LEAD or DESIGNATE

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

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	Description	Inventory On Hand (Eaches)	Consumed in the Past 24 Hours (Eaches)	Forecasted Usage in the Next 24 Hours (Eaches)	Expected Quantity in Next Delivery (Eaches)	Expected Next Delivery Date	Quantity in Backorder (Eaches)	Expected Delivery Date of Backorder
Edit	Booties	Booties – Shoe cover	<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

Heritage House has two memorandums of understanding for transportation in their on-site emergency binder.

- New Canadian Medical Transfer

- Transportation for residents that would have to go by stretcher New Canadian Medical Transfer

Addendum K-Memorandum of Understanding for Accommodation

Heritage House has a signed memorandum of understanding for accommodation with Calvary United Church located at [48 Hawkesville Road, St. Jacobs ON N0B 2N0](#) · < 1 km
[\(519\) 664-2311](#)

Heritage House has 72 long term beds, current Accommodation MOU in place ensure all residents will be placed during an emergency. Other places of consideration include sister Omni Homes (Wildwood – St. Mary's and Park Lane Terrace - Paris). Family members would also be contacted to see if they could manage the care of their loved ones at home.

Additional Long Term Care Home / Retirement Home Mutual Agreements:

Barnswallow Place Community – 10 Beds
(120 Barnswallow Dr. Elmira, ON N3B 2Y9, 519-669-5777 <10 km

Addendum L-Physical layout of building/alternate route

Addendum L is available in the Home. For access please refer to onsite EPP or request from the Executive Director.

Addendum M- Notification List

Bridgett Wysman-Hoare	Executive Director
Elizabeth Chandapilla	Director of Care (DOC)
Paula Leland	IPAC Lead
Jacqueline Snider	RAI Coordinator (RAI-C)
Sherri Arbuckle	Nutritional Care Manager (NCM)
Teresa Martin	Life Enrichment Coordinator (LEC)
Sherri Arbuckle	Maintenance Manager
Artessa Krolicki	Social Services Manager
Jocelyn Goggin	Business Services Manager/ Nursing Administrative Services Manager (NASM)
TBD	Resident Services Coordinator

Omni Home Office

Notify as per Omni Home Office on Call Schedule

Bradley Lukas	Director of Operations
Jeff Ibbitson	Director of Asset Management
Shawn Riel	Chief Operating Officer

**See Emergency Binder for complete Home Office Emergency Contact list.

Addendum N- All Hazard Checklists and Resources

All Hazards Preparedness Checklist

	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 14-21 days ▪ Personal care items for residents- 72hours ▪ Predesignated isolation rooms if required
		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 50 kilometers away.
		6. Ensure that flexible pipes fittings are installed in home improvements. Flexible fittings will be less likely to break.
		7. Maintain an accurate blueprint of the placement of utility lines and pipes associated with the home. You may need to dig in an emergency.
		8. Develop procedures for emergency hydro shutdown.
		9. Install and maintain a back-up generator/ Generator rental contact information/contact person established. Ensure provider for fuel for generator is current.
		10. Keep hallways clear at all times
		11. Keep 14-21 days of PPE supplies at times and have a process to rotate current stock to avoid expired on hand product.
		12. Ensure spill kit for chemical spills is in the home and staff knows where to access.
		13. Practice code drills twice each year as per pre-set Omni schedule.
		14. Walkie-talkie batteries charged checked at intervals. Test emergency phone/cell phone when conducting applicable drills.

		15. Perform building outdoor “walk around” to identify potential hazard to building e.g. nearby trees, clogged drain off, broken fences, bulbs on outside of building, hydro transformer connected to home, overgrown vegetation in trenches, etc.
		16. Develop Memorandums of understanding with transportation company to be used in potential emergency for residents, staffs, and essential equipment.
		17. Keep one gallon of water per resident on hand in home, rotate stock avoid expiry/ identify resource for water off site.
		18. Communicate device a plan with police how the home can protect itself should security become imminent before they are able to arrive on-site during an emergency.

N-1. Fire Safety

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

Completed Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Post locations of fire alarms. |
| _____ | _____ | 2. Post locations of fire extinguishers. |
| _____ | _____ | 3. Train employees on use of alarm systems and extinguishers. (Refresh annually.) |
| _____ | _____ | 4. Post directions on how to utilize emergency equipment. |
| _____ | _____ | 5. Train on, and exercise RACE procedures: |
| | | R: RESCUE – Rescue residents in immediate danger. |
| | | A: ALARM – Sound nearest alarm if not already activated. |
| | | C: CONFINE – Close doors behind you to confine the fire. Crawl low if the exit route is blocked by smoke. |
| | | E: EXTINGUISH – Utilize fire extinguisher as situation permits or |
| | | EVACUATE – Follow evacuation procedures. |

During the event:

<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):

	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)*

<u>Completed</u>	<u>Initials</u>	
		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 # <u>1-226-896-2200</u> (Enova Power Outage and Emergency Line) 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 519-669-6043 Monday-Friday 8:30-4:30 to report (Infrastructure Services). <u>After Hours – call 519-575-4400 (Region of Waterloo)</u>
		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 Enbridge 1-866-763-5427 if you smell natural gas.
		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.	