

# AON Health Services Emergency Manual (EM)



## Emergency Manual (EM)


Section	Policy Name	#	Comments
<b>A</b>	<b>General</b>		
	Emergency Manual - Purpose	10	
	Updating the Emergency Manual	12	
	Emergency Plan for Staff with Disabilities	14	
	Emergencies - Staff Orientation and Training	16	
	Emergency Manual Quiz	16A	
	Testing the Emergency Plan	18	
	Emergency Plan Testing Regulations	18A	
	Emergency Plan Testing Schedule	18B	
	Emergency Plan Test Record	18C	
	Responsibilities of Staff During an Emergency	20	
	Communication During an Emergency	24	
	Staff Call-Back Procedure	26	
	Fan-Out List	26A	On-Site Only
	Emergency Management	30	
	Emergency Control Centre	40	
	Emergency Response Leader Identification	44	
	Emergency Postings	55	
	In Case of Fire	55A	
	Hazard Identification and Risk Analysis	70	
	Emergency Plan Hazard Assessment	70A	
	Emergency Plan Community Partners	75	
	Identification of Emergency Plan Partners	75A	
	Community Partner Consultation	75B	
<b>B</b>	<b>Fire Manual</b>		
	Immediate Fire Response	10	
	Responsibilities - Emergency Response Leader	20	
	Responsibilities - Care Department	22	
	Responsibilities - Program Staff	24	
	Responsibilities - Environmental Services	26	
	Responsibilities - Dietary Staff	28	
	Responsibilities - Office Staff	30	
	Responsibilities - Maintenance	32	
	Responsibilities - Administrator	34	
	Responsibilities - Volunteers and Visitors	36	
	Fire Alarm System	40	
	Use of Emergency Fire Equipment	42	
	Fire Extinguishers	44	
	Flex Evac Evacuation Tags	46	
	Fire Drills	50	
	Fire Alert Report	50A	
	Fire Drill Attendance	50B	

## Emergency Manual (EM)

Section	Policy Name	#	Comments
	Annual Observed Fire Drills	55	
	Observed Fire Drill Scenario Form	55A	
	Fire Prevention	60	
	Fire Maintenance and Inspection Program	62	
	Fire Equipment Inspection Plan	62A	
	Fire Watch Procedure	64	
	Fire Watch Log	64A	
	Fire Safety for Special events	68	
	Generator Testing	70	
<b>C</b>	<b>Other Emergencies</b>		
	Community Disasters	10	
	Severe Weather Threats	12	
	Shelter-in-Place	15	
	Shelter-in-Place Checklist	15A	
	Loss of Essential Services	18	
	Loss of Power	20	
	Diesel Fuel Arrangement-Peterborough	20A	
	Diesel Fuel Arrangement-Tweed	20B	
	Emergency Power Management - Centennial Place	20C	
	Loss of Gas Supply	25	
	Loss of Water	30	
	Interruption of Dietary Services	40	
	Epidemics and Pandemics	45	
	Unusual Odours or Gas Fumes/Leaks	50	
	Chemical Spills or Toxic Fumes	52	
	External Air Quality Threat	54	
	Bomb Threat	60	
	Bomb Threat Questions	60A	
	Missing Resident	70	
	Elevator Incidents	73	
	Elevating Devices Incident Reporting Form	73A	
	Medical Emergencies	75	
	Violent Outbursts	78	
<b>D</b>	<b>Evacuation</b>		
	Evacuations - General	10	
	Evacuation Procedures	20	
	Resident Evacuation List	20A	
	Total Evacuation Roles and Responsibilities	22	
	Evacuation Role Terminology	23	
	Evacuation Tags	24	
	Relocation	30	
	Evacuation Resource Plan	30A	

## Emergency Manual (EM)

Section	Policy Name	#	Comments
	Pharmacy Disaster Information	30B	
	Emergency Transportation Arrangement – Peterborough-Havelock	30C	
	Emergency Transportation Arrangement – Tweed	30D	
	Emergency Relocation Arrangement – CP	30E	
	Emergency Relocation Arrangement – MP	30E	
	Reception of Evacuees	32	
	Emergency Reception List	32A	
	Returning to an Evacuated Residence	36	
<b>E</b>	<b>Floor Plans and Equipment Locations</b>		
	Emergency Item Locations	10	
	Emergency Item Location List	10A	
	Fire Extinguisher Types and Locations	20	
	Fire Extinguisher Location List	20A	
	Floor Plans	NA	
<b>F</b>	<b>Emergency Phone Lists</b>		
	Maintaining Contact Lists	10	
	<ol style="list-style-type: none"> <li>1. Staff phone lists</li> <li>2. Family Member/POA Contact Information</li> <li>3. The AON Emergency Phone lists</li> <li>4. Other building-specific third-party contacts</li> </ol>		On-Site Only

		Policy Number:	EM-A-10
		Page 1 of 2	
Policy Section: General		Effective Date: July 2003	
Prepared By: S. Simmons/T. Harrold		Revision Date: July 2025	
Subject:	Emergency Manual - Purpose		

### **Purpose/Regulatory Standards**

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


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

1. Dealing with emergencies, including, without being limited to,,
  - i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
  - ii. fires,
  - iii. community disasters,
  - iv. violent outbursts,
  - v. bomb threats,
  - vi. medical emergencies,
  - vii. chemical spills,
  - viii. situations involving a missing resident, and
  - ix. loss of one or more essential services
  - x. gas leaks,
  - xi. natural disasters and extreme weather events,
  - xii. boil water advisories, and
  - xiii. floods.
2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

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

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

1. Dealing with,
  - i. fires,
  - ii. community disasters,
  - iii. violent outbursts,
  - iv. bomb threats,
  - v. medical emergencies,
  - v.1. epidemics and pandemics,
  - vi. chemical spills,
  - vii. situations involving a missing resident, and
  - viii. loss of one or more essential services.
2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

		Policy Number:	EM-A-10
		Page 2 of 2	
Policy Section: General		Effective Date: July 2003	
Prepared By: S. Simmons/T. Harrold		Revision Date: July 2025	
Subject:	Emergency Manual - Purpose		

### **Policy and Procedure**

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


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

The Emergency Manual will be located:

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

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

<u>Cross References:</u> EM-A-18 (Testing the Emergency Plan); EM-A-12 (Updating the Emergency Manual)	<u>Attachments:</u> None
--	--------------------------

		Policy Number:	EM-A-12
		Page 1 of 1	
Policy Section:     Emergency Manual		Effective Date: July 2003	
Prepared By:           Various		Revision Date: July 2025	
Subject:	Updating the Emergency Manual		

### **Purpose/Regulatory Standards**

**FLTCA 268 (8):** The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information ...

*[Note: RHA Reg. 25 (5) is almost identical]*

### **Policy**

The Emergency Manual will be reviewed, at minimum, on an annual basis, and updated as necessary. The review will include contacting relevant community agencies, partner facilities and resources to ensure that all external arrangements in the Emergency Plan remain current. Emergency contact information will be updated as outlined in policies EM-F-10 (Maintaining Contact Lists) and EM-A-26 (Staff Call-Back Procedure).

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

### **Procedure**

The Administrator will:


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

The Director of Environmental Services will

1. review the Emergency Manual with the Administrator annually, as described in #4 above
2. incorporate recommended changes to the Emergency Manual
3. provide a copy of the Fire Plan (Section B of this manual) to the local fire department for review and approval on, at minimum, every three years.

<b><u>Cross References:</u></b> EM-F-10 (Maintaining Contact Lists); EM-A-18 (Testing the Emergency Plan)	<b><u>Attachments:</u></b> None
---	---------------------------------



		<b>Policy Number:</b>	<b>EM-A-14</b>
		Page 1 of 1	
<b>Policy Section:</b>	<b>General</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b>	<b>T. Harrold</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Emergency Plans for Staff with Disabilities</b>		

### **Purpose/Regulatory Standard**

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

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

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

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

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

### **Policy**


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

### **Procedure**

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

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



		<b>Policy Number:</b> <b>EM-A-16</b>
		Page 1 of 2
<b>Policy Section:</b>	<b>General</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Emergencies - Staff Orientation and Training</b>	

### **Purpose/Regulatory Standard**

**Fire Protection and Prevention Act (FPPA) 2.8.1.2. (1):** Supervisory staff shall be instructed in the fire emergency procedures as described in the fire safety plan before they are given any responsibility for fire safety.

**FPPA 1.4.1:** Supervisory staff means those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the fire safety plan ...

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

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

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

### **Policy**

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

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


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

### **Procedure**

Department Managers will:

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

<sup>1</sup> GHR-C-12 and GHR-C30 in Retirement

		<b>Policy Number:</b> <b>EM-A-16</b>
		Page 2 of 2
<b>Policy Section:</b>	<b>General</b>	<b>Effective Date:</b> July 2003
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date:</b> July 2025
<b>Subject:</b>	<b>Emergencies - Staff Orientation and Training</b>	

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

The Health and Safety Committee will:

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

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

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



## Emergency Manual and Fire Plan Quiz

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

### Acknowledgements:

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


\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

		Policy Number:	EM-A-18
		Page 1 of 3	
Policy Section: General		Effective Date: June 2010	
Prepared By: T. Harrold/S. Simmons		Revision Date: July 2025	
Subject:	Testing the Emergency Plan		

## **Purpose/Regulatory Standards**

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


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

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

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

## **Policy**

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

		Policy Number:	EM-A-18
		Page 2 of 3	
Policy Section: General		Effective Date: June 2010	
Prepared By: T. Harrold/S. Simmons		Revision Date: July 2025	
Subject:	Testing the Emergency Plan		

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

### **Procedure**

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

The Administrator will:


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

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

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

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

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

		Policy Number:	EM-A-18
		Page 3 of 3	
Policy Section: General		Effective Date: June 2010	
Prepared By: T. Harrold/S. Simmons		Revision Date: July 2025	
Subject:	Testing the Emergency Plan		

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



## Emergency Plan Testing Regulations

Emergency Plan Testing	Policy	LTC			Retirement		
		Regulation	Testing Requirement		Regulation	Testing Requirement	
Outbreak/Epidemic/Pandemic	EM-C-45	Reg. 268	Annual	Reg. 268(10)(a)	RHA 25 (3)	Annual	RHA 24 (5) (a)
Fire	EM-B-50	Reg. 268	Annual	Reg. 268(10)(a)	RHA 25 (3)	NA	Fire code
Missing Resident	EM-C-70	Reg. 268	Annual	Reg. 268(10)(a)	RHA 25 (3)	Annual	RHA 24 (5) (a)
Horizontal Evacuations	EM-D-10	Reg. 268	Q 3 yrs	268 (10) (c)	RHA 24 (5)	Q 2 yrs	RHA 24 (5) (b)
Vertical Evacuations	EM-D-10	Reg. 268	Q 3 yrs	Reg. 268(10)(c)	RHA 24 (5)	Q 2 yrs	RHA 24 (5) (b)
Violent Outbursts	EM-C-78	Reg. 268	Annual	Reg. 268(10)(a)	RHA 25 (3)	Annual	RHA 24 (5) (a)
Medical Emergency	EM-C-75	Reg. 268	Annual	Reg. 268(10)(a)	RHA 25 (3)	Annual	RHA 24 (5) (a)
Community Disasters <sup>1</sup>	EM-C-10	Reg. 268	Q 3 yrs	Reg. 268(10)(b)	RHA 25 (3)	NA	NA
Severe Weather <sup>1</sup>	EM-C-12	Considered "Community Disaster"			Considered "Community Disaster"		
External Air Quality Threat <sup>1</sup>	EM-C-54	Considered "Community Disaster"			Considered "Community Disaster"		
Loss of Essential Services <sup>2</sup>	EM-C-20	Reg. 230	Annual	Reg. 230 (7) (a)	RHA 25 (3)	Annual	RHA 24 (5) (a)
Loss of Power <sup>2</sup>	EM-C-20	Considered "Loss of Essential Services"			Considered "Loss of Essential Services"		
Loss of Gas Supply <sup>2</sup>	EM-C- 25	Considered "Loss of Essential Services"			Considered "Loss of Essential Services"		
Loss of Water <sup>2</sup>	EM-C-30	Loss of Essential Services + Boil Water			Considered "Loss of Essential Services"		
Unusual Odours or Gas Leaks	EM-C-50	NA	NA	NA	NA	NA	NA
Chemical Spills or Toxic Fumes	EM-C-52	Reg. 268	Q 3 yrs	Reg.268(10) (b)	RHA 25 (3)	NA	NA
Bomb Threat	EM-C-60	Reg. 268	Q 3 yrs	Reg. 268(10) (b)	RHA 25 (3)	NA	NA
Gas Leaks	EM-C-50	Reg. 268	Annual	Reg. 268(10)(a)	NA	NA	NA
Natural Disaster/Extreme Weather Ev.	EM-C-12	Reg. 268	Annual	Reg. 268(10)(a)	NA	NA	NA
Boil Water Advisory ( <i>see Loss of Water</i> )	EM-C-30	Reg. 268	Annual	Reg. 268(10)(a)	NA	NA	NA
Flood	EM-C-10	Reg. 268	Annual	Reg. 268(10)(a)	NA	NA	NA

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

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





## Emergency Plan Testing Schedule

Location: \_\_\_\_\_

Year: \_\_\_\_\_

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

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

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



## Notes on the Emergency Plan Testing Schedule

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



# Emergency Plan Test Record

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

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


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

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

\* Attempt to summarize the notable or most important items

\_\_\_\_\_  
Signature and Title of Recorder

\_\_\_\_\_  
Documentation Date

		<b>Policy Number:</b> <b>EM-A-20</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>General</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>T. Harrold</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities of Staff During an Emergency</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

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


### **Emergency Response Leader**

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

### **Department Responsibilities**

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

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

		<b>Policy Number:</b> <b>EM-A-24</b>
		Page 1 of 2
<b>Policy Section:</b>	<b>General</b>	<b>Effective Date:</b> July 2003
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date:</b> July 2025
<b>Subject:</b>	<b>Communication During an Emergency</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

#### **Alerting Others to an Emergency Situation**

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

Lines of Notification shall be:


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

#### **Communication with On-duty Staff**

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

#### **Communication with Off-duty Staff**

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

		<b>Policy Number:</b> <b>EM-A-24</b>
		<b>Page 2 of 2</b>
<b>Policy Section:</b> <b>General</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b> <b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Communication During an Emergency</b>	

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

#### Communication with Head Office

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

#### Communication with Residents

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


#### Communication with Families

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

#### Communication with the Media

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

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

		Policy Number:	EM-A-26
		Page 1 of 1	
Policy Section:		Emergency Manual	Effective Date: July 2003
Prepared By:		Michael O'Keeffe	Revision Date: July 2025
Subject:	Staff Call-Back Procedure		

### **Purpose/Regulatory Standards**

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

### **Policy**

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

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

### **Procedure**

The Charge Nurse shall:

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


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

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

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

<b><u>Cross References:</u></b> EM-F-10 (Maintaining Contact Lists)	<b><u>Attachments:</u></b> EM-A-26A (Staff Call-Back List)
---	--



		<b>Policy Number:</b> <b>EM-A-30</b>
		Page 1 of 2
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: December 2017</b>
<b>Prepared By:</b>	<b>M. O'Keeffe</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Emergency Management</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**

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

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

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

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

### **Procedure**


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

The Administrator will:

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

The Emergency Management Team will:

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

	<b>Policy Number: EM-A-30</b>  Page 2 of 2
<b>Policy Section: Emergency Manual</b>	<b>Effective Date: December 2017</b>
<b>Prepared By: M. O'Keeffe</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Emergency Management</b>

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

The Emergency Steering Committee will:


- Call upon company resources as required
- Make relocation decisions as needed (see EM-D-30: Relocation)
- Assist with communication as needed (see Emergency External Communications below)

#### Emergency External Communications

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

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

<b>Cross References:</b> EM-B-20 (Responsibilities - Emergency Response Leader); GA-E-15 (News Media); EM-C-25- (Shelter-in-Place); EM-D-30 (Relocation); EM-A-24 (Communication During an Emergency)	<b>Attachments:</b> None
---	--------------------------

	<b>Policy Number:</b> <b>EM-A-40</b>  Page 1 of 1
<b>Policy Section:</b> <b>Emergency Manual</b>	<b>Effective Date:</b> <b>July 2003</b>
<b>Prepared By:</b> <b>S. Simmons</b>	<b>Revision Date:</b> <b>July 2025</b>
<b>Subject:</b>	<b>Emergency Control Centre</b>

## **Policy**

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


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

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

## **Procedure**

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

<b><u>Cross References:</u></b> EM-A-26 (Staff Call-Back Procedure); EM-B-20 (Responsibilities – Emergency Response Leader)	<b><u>Attachments:</u></b> None
---	---------------------------------

	<b>Policy Number:</b> <b>EM-A-44</b>
	Page 1 of 1
<b>Policy Section:</b> <b>Emergency Manual</b>	<b>Effective Date:</b> <b>July 2003</b>
<b>Prepared By:</b> <b>S. Simmons</b>	<b>Revision Date:</b> <b>July 2025</b>
<b>Subject:</b>	<b>Emergency Response Leader Identification</b>

## **Policy**

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

## **Procedure**

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


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

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

- Retirement: near the main reception desk.
- LTC: a vest is located in the closet at the Front Desk and at each Care Centre

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

<b><u>Cross References:</u></b> EM-B-20 (Responsibilities - Emergency Response Leader)	<b><u>Attachments:</u></b> None
--	---------------------------------

		Policy Number:	EM-A-55
		Page 1 of 2	
Policy Section:		General	Effective Date: May 2012
Prepared By:		T. Harrold	Revision Date: July 2025
Subject:	Resident Emergency Information		

### **Purpose/Regulatory Standards**

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

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

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

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

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

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

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


### **Policy**

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

### **Procedure**

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

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

		Policy Number:	EM-A-55
		Page 2 of 2	
Policy Section:		General	Effective Date: May 2012
Prepared By:		T. Harrold	Revision Date: July 2025
Subject:	Resident Emergency Information		

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

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

## In Case of Fire

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

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


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

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

## Evacuation Instructions

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



		Policy Number:	EM-A-70
		Page 1 of 1	
Policy Section:		General	Effective Date: May 2015
Prepared By:		R. Barlow	Revision Date: July 2025
Subject:	Hazard Identification and Risk Analysis (HIRA)		

### **Purpose/Regulatory Standards**

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

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

### **Policy**

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

### **Procedure**

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

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

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

## Emergency Plan Hazard Assessment

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

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

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

## Emergency Plan Hazard Assessment

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

## Emergency Plan Hazard Assessment

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

Reviewed by:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Emergency Plan Hazard Assessment - Instructions

## Assessment of Risk: Columns C - G

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

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

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

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

Likelihood of Occurrence

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

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

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

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

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

**HIGH = 1 – 6**


Serious or significant hazard – a high priority for immediate controls or elimination

**MEDIUM = 7 – 15**

Moderate hazard – medium priority for controls as soon as possible

**LOW = 16 – 29**

Minor hazard – lower priority for controls after higher priorities

		Policy Number:	EM-A-75
		Page 1 of 2	
Policy Section:		General	Effective Date: September 2015
Prepared By:		T. Harrold	Revision Date: July 2025
Subject:	Emergency Plan Community Partners		

### **Purpose/Regulatory Standards**

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

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

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


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

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

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

### **Policy**

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

		Policy Number:	EM-A-75
		Page 2 of 2	
Policy Section:		General	Effective Date: September 2015
Prepared By:		T. Harrold	Revision Date: July 2025
Subject:	Emergency Plan Community Partners		

## **Procedure**

### **Identification**

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

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

### **Consultation and Updates**

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

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

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

### **Evaluation**

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

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



## Identification of Emergency Plan Community Partners

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

Type of Emergency	Emergency Plan/Policy Ref.	Police	Fire	Hospital/ Ambulance	Transport.	Ontario Health	Social Service Agencies
Epidemic/Pandemic	IPC-H-20	No	No	Yes	No	Yes	No
Fire	EM-B-50	No	Yes	No <sup>1</sup>	No <sup>2</sup>	No	No
Evacuation							
Zone Evacuation	EM-D-20	No	Yes	No <sup>1</sup>	No <sup>2</sup>	No	No
Vertical Evacuation	EM-D-20	No	Yes	No <sup>1</sup>	No <sup>2</sup>	No	No
Relocation	EM-D-30	No	Yes	No <sup>1</sup>	Yes	No	No
3 Yr. Rotation - LTC only							
Community Disasters (Air Quality)	EM-C-54	No	Yes	No <sup>1</sup>	No <sup>2</sup>	No	No
Chemical Spills	EM-C-52	No	Yes	No <sup>1</sup>	No	No	No
Bomb Threats	EM-C-60	Yes	Yes	No <sup>1</sup>	No <sup>2</sup>	No	No
Missing Resident	GA-D-22	Yes	No	No <sup>1</sup>	No	No	No
Medical Emergencies	See list EMC-75	No <sup>3</sup>	No	Yes	No	No	No
Violent Outbursts	GA-A-55/GP-4-3	No <sup>3</sup>	No	No <sup>1</sup>	No	No	No
Loss of Essential Services							
Loss of Power	EM-C-20	No	No	No	No <sup>2</sup>	No	No
Loss of Gas Supply	EM-C-25	No	No	No	No <sup>2</sup>	No	No
Loss of Water	EM-C-30	No	No	No	No <sup>2</sup>	No	No
Gas Leaks	EM-C-50	Maybe	Yes	No	No <sup>2</sup>	No	No
Natural Disaster/Extreme Weather	EM-C-10	No	Maybe	No	No <sup>2</sup>	No	No
Boil Water Advisories	EM-C-30	No	No	No	No <sup>2</sup>	No	No
Floods	EM-C-10	No	No	No	No <sup>2</sup>	No	No

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


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

<sup>3</sup> Police involved if criminal behaviour is suspected

## Community Partner Consultation

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

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

		Policy Number: <b>EM-B-10</b>
		Page 1 of 2
Policy Section:	Fire Manual	Effective Date: July 2003
Prepared By:	S. Simmons	Revision Date: July 2025
Subject:	Immediate Fire Response	

### **Purpose/Regulatory Standards**

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


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

## If you discover Fire or Smoke

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

## If you hear the fire alarm

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

		Policy Number:	EM-B-10
		Page 2 of 2	
Policy Section:		Fire Manual	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Immediate Fire Response		

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

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

**Staff in Areas Not Affected by the Fire Will:**

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


**Evacuations:**

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

**All Clear:**

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

<u>Cross References:</u> EM-A-40 (Emergency Control Centre); EM-B-20 (Responsibilities – Emergency Response Leader); EM-B-50 (Fire Drills); EM-D-10 (Evacuations – General)	<b>R</b> emove persons <b>E</b> nsure doors closed <b>A</b> ctivate alarm <b>C</b> all Fire Department <b>T</b> ry to extinguish fire
---	---

		Policy Number:	EM-B-20
		Page 1 of 3	
Policy Section:		Fire Manual	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Responsibilities – Emergency Response Leader		

### **Purpose/Regulatory Standards**

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

## **Emergency Response Leader**


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

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

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

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


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

		<b>Policy Number:</b> <b>EM-B-20</b>
		Page 2 of 3
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Emergency Response Leader</b>	

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

### **If An Actual Fire Exists**

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


		<b>Policy Number:</b>	<b>EM-B-20</b>
		Page 3 of 3	
<b>Policy Section:</b>		<b>Fire Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>		<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Emergency Response Leader</b>		

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

#### **If A Trouble Alarm Activates**

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

- <u>Cross References:</u> EM-A-20 (Emergency Control Centre); EM-B-50 (Fire Drills); EM-A-26 (Staff Call back Procedure), EM-B-62 (Fire Maintenance and Inspection Program); EM-B-64 (Fire Watch Procedure)	<b>R</b> emove persons <b>E</b> nsure doors closed <b>A</b> ctivate alarm <b>C</b> all Fire Department <b>T</b> ry to extinguish fire
--	---

		Policy Number:	EM-B-22
		Page 1 of 1	
Policy Section:		Emergency Manual	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Responsibilities – Care Department		

### **Purpose/Regulatory Standards**

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

## **In the Event of a Fire**

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

### **If Fire is in Your Area**

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

### **If Fire is not in Your Area**


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

### **Other Emergency**

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

<b><u>Cross References:</u></b> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
---	--



		<b>Policy Number:</b> <b>EM-B-24</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Program Staff</b>	

### **Purpose/Regulatory Standards**

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

## **In the Event of a Fire**

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

### **If Fire is in Your Area**

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


### **If Fire is not in Your Area**

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

### **Other Emergency**

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

<b>Cross References:</b> EM-A-40 (Emergency Control Centre); EM-B-20 (Responsibilities – Emergency Response Leader)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
--	--

	<b>Policy Number: EM-B-26</b>
<b>Policy Section: Emergency Manual</b>	<b>Page 1 of 1</b>
<b>Prepared By: S. Simmons</b>	<b>Effective Date: July 2003</b> <b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Environmental Services</b>

### **Purpose/Regulatory Standards**

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

### **Policy**

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

#### **In the Event of a Fire**

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

#### **If Fire is in Your Area**

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


#### **If Fire is not in Your Area**

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

#### **Other Emergency (See Section C for specific situations)**

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

<b><u>Cross References:</u></b> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) EM-B-46 (Flex Evac Evacuation Tags)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
--	--

	<b>Policy Number: EM-B-28</b>
<b>Policy Section: Emergency Manual</b>	<b>Page 1 of 1</b>
<b>Prepared By: S. Simmons</b>	<b>Effective Date: July 2003</b>
<b>Subject:</b>	<b>Responsibilities – Dietary Staff</b>

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **In the Event of a Fire**

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

### **If Fire is in Your Area**

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


### **• If Fire is not in Your Area**

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

### **• Other Emergency**

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

<b><u>Cross References:</u></b> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) EM-B-44 (Fire Extinguishers)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
---	--

		<b>Policy Number:</b> <b>EM-B-30</b>
		Page 1 of 2
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Office Staff</b>	

### **Purpose/Regulatory Standards**

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

## **In the Event of a Fire**

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

### **If Fire is in Your Area**

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

### **If Fire is not in Your Area**

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


### **Other Emergency**

- Proceed to Emergency Control Centre and await further instructions.


### **Communication**

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

- All necessary emergency services (fire, police, ambulance)
- Administrator and other key personnel
- All off-duty staff, as directed by the Administrator
- Resident families, as directed by the Administrator or the Director of Care
- Emergency Suppliers, as directed by the Administrator
- Any communication with the Press / Local Media is to go through the Administrator
- Keep phone lines clear at all times.

		<b>Policy Number:</b>	<b>EM-B-30</b>
		Page 2 of 2	
<b>Policy Section:</b>		<b>Emergency Manual</b>	
<b>Effective Date:</b>		<b>July 2003</b>	
<b>Prepared By:</b>		<b>S. Simmons</b>	
<b>Revision Date:</b>		<b>July 2025</b>	
<b>Subject:</b>	<b>Responsibilities – Office Staff</b>		

<u>Cross References:</u> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader) GA-E-15 (News Media)	<b>R</b> emove persons <b>E</b> nsure doors closed <b>A</b> ctivate alarm <b>C</b> all Fire Department <b>T</b> ry to extinguish fire
--	---

		<b>Policy Number: EM-B-32</b>
<b>Policy Section: Emergency Manual</b>		<b>Effective Date: July 2003</b>
<b>Prepared By: S. Simmons</b>		<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Maintenance Staff</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **In the Event of a Fire**

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


### **Other Emergency (See Section C for specific situations)**

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

### **Outside Contractors:**

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

<b><u>Cross References:</u></b> EM-A-40 (Emergency Control Centre) EM-B-20 (Responsibilities – Emergency Response Leader)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
---	--

	<b>Policy Number: EM-B-34</b>
<b>Policy Section: Emergency Manual</b>	Page 1 of 1
<b>Prepared By: S. Simmons</b>	<b>Effective Date: July 2003</b> <b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Administrator</b>

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

## In the Event of a Fire

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

### If Fire is in Your Area

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


### If Fire is not in Your Area

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

### Other Emergency

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

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

		<b>Policy Number:</b> <b>EM-B-36</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Responsibilities – Volunteers &amp; Visitors</b>	

#### **If The Fire Alarm Sounds**

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

#### **If You Discover Fire or Smoke**


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

#### **If Evacuation Is Necessary**

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

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



		<b>Policy Number:</b>	<b>EM-B-40</b>
		Page 1 of 1	
<b>Policy Section:</b>		<b>Emergency Manual</b>	
<b>Effective Date:</b>		<b>July 2003</b>	
<b>Prepared By:</b>		<b>S. Simmons</b>	
<b>Revision Date:</b>		<b>July 2025</b>	
<b>Subject:</b>	<b>Fire Alarm System</b>		

## **Policy**

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

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

## **Procedure**

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

The Fire Alarm System consists of:

1. Detectors
2. Pull stations
3. Sprinklers


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

Pull stations must be activated MANUALLY to initiate the alarm.

### **Activating the Alarm**

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

<b><u>Cross References:</u></b> None	<b>R</b> emove persons <b>E</b> nsure doors closed <b>A</b> ctivate alarm <b>C</b> all Fire Department <b>T</b> ry to extinguish fire
--------------------------------------	---

		<b>Policy Number:</b> <b>EM-B-42</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date:</b> July 2003
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date:</b> July 2025
<b>Subject:</b>	<b>Use of Emergency Fire Equipment</b>	

## **Policy**

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

## **Procedure**

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

### **Fire Doors**

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

### **Smoke and Heat Detectors**

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

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

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


### **Annunciator Panel**

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

### **Emergency Shut-off Valves**

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

<b>Cross References:</b> EM-B-30 (Fire Alarms); EM-B-42 (Fire Extinguishers)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
--	--

		Policy Number:	EM-B-44
		Page 1 of 2	
Policy Section:      Emergency Manual		Effective Date: July 2003	
Prepared By:              S. Simmons		Revision Date: July 2025	
Subject:	Fire Extinguishers		

## **Policy**

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

### **When not to fight a fire...**

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

## **Procedure**


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

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

Keep extinguishers in a visible area without obstructions around them.


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

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

		Policy Number: <b>EM-B-44</b>
		Page 2 of 2
Policy Section:	Emergency Manual	Effective Date: July 2003
Prepared By:	S. Simmons	Revision Date: July 2025
Subject:	<b>Fire Extinguishers</b>	

**Carbon Dioxide (CO<sup>2</sup>) Extinguishers** – may be located in the electrical and mechanical rooms (not all homes are equipped with these types of extinguishers) which have a plastic horn at the end of the nozzle. The extinguishers release pressurized CO<sup>2</sup> into the fire to reduce the air/oxygen feeding it. The CO<sup>2</sup> is extremely cold, the extinguisher needs to be held by the plastic horn.

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

		<b>Policy Number:</b> <b>EM-B-46</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Flex-Evac Evacuation Tags</b>	

## **Policy**


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

See EM-D-10: Evacuations - General

## **Procedure**

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

<u>Cross References:</u> EM-D-10: Evacuations - General	<b>R</b> emove persons <b>E</b> nsure doors closed <b>A</b> ctivate alarm <b>C</b> all Fire Department <b>T</b> ry to extinguish fire
---	---

		<b>Policy Number:</b> <b>EM-B-50</b>
		Page 1 of 3
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Fire Drills</b>	

### **Purpose/Regulatory Standards**

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

**FLTCA Reg. 268 (10):** The licensee shall, **(a)** test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; ... [and] ... **(d)** keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

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

### **Fire Protection and Prevention Act**

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

**Subsection 1.4.1:** Supervisory staff means those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the fire safety plan and may include the fire department where the fire department agrees to accept these responsibilities.


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

### **Policy**


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

### **Procedure**

1. The Environmental Services Supervisor (ESS) or the Administrator will coordinate fire drills at least once a month. Audible or live fire drills shall be rotated so that day and evening shifts have the opportunity to practice the procedure.

		<b>Policy Number:</b> <b>EM-B-50</b>
		Page 2 of 3
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Fire Drills</b>	

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

		<b>Policy Number: EM-B-50</b>	
		<b>Page 3 of 3</b>	
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Fire Drills</b>		


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



## ATTENDANCE SHEET FOR FIRE ALERT RESPONSE

**Emergency Response Leader:** \_\_\_\_\_

[illegible]

		<b>Policy Number:</b> <b>EM-B-55</b>
		<b>Page 1 of 1</b>
<b>Policy Section:</b> <b>Emergency Manual</b>	<b>Effective Date:</b> <b>July 2003</b>	
<b>Prepared By:</b> <b>S. Simmons</b>	<b>Revision Date:</b> <b>July 2025</b>	
<b>Subject:</b>	<b>Annual Observed Fire Drills</b>	

### **Fire Protection and Prevention Act**

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

**2.8.3.2 (2.1):** ... in care occupancies, care and treatment occupancies and retirement homes, a fire drill shall be carried out at least once during each 12-month period for an approved scenario representing the lowest staffing level complement in the occupancy in order to confirm that the requirements of Sentence 2.8.2.2.(1) have been met.

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

### **Procedure**

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

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

<b><u>Cross References:</u></b> EM-B-55A (Observed Fire Drill Scenario Form)	<b>Remove persons</b> <b>Ensure doors closed</b> <b>Activate alarm</b> <b>Call Fire Department</b> <b>Try to extinguish fire</b>
--	--

## Vulnerable Occupancy – Fire Drill Scenario Form

### This Section Completed by Owner / Operator

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

### PART (1) PROPERTY INFORMATION

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

### PART (2) CONTACT INFORMATION

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

### PART (3) APPROVED FIRE DRILL SCENARIO

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

#### Step 1 - Develop a Scenario Representing Lowest Staffing Level Complement

<b>A</b>	Select a zone/floor area of fire origin involving residents/patients in resident/patient rooms that poses the greatest evacuation challenge for staff.	Floor # : _____  Zone: _____  Number of residents/patients in the fire compartment that will require evacuation to a point of safety: _____
<b>B</b>	Identify the point of safety to which residents/patients in the zone/floor area of fire origin will be evacuated.	<div style="display: flex; align-items: flex-start;"> <input style="margin-right: 10px;" type="checkbox"/> Outside Building  <input style="margin-right: 10px;" type="checkbox"/> Exit stairwell (min. 30 minutes fire resistance rating)  <input style="margin-right: 10px;" type="checkbox"/> Adjacent Zone (min. 30 minutes fire resistance rating)         </div>

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

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

<b>Step 2 - Determine Time Available for Closing the Door to the Room of Fire Origin</b>
--

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

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

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

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

Step 3 - Determine Time Available to Evacuate Occupants in the Zone/Floor Area of Fire Origin to a Point of Safety AND Closing the Door to the Room of Fire Origin		
<b>A</b>	<p>Identify the type of door to the room of fire origin.</p> <p>*Door rating information may be found on suite door frame and on door near hinges.</p>	<p>Check applicable door type / rating:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Wood panel or Hollow-core wood = 5 min  <input type="checkbox"/> 45 mm solid-core wood = 15 min  <input type="checkbox"/> 20-min. rated door in 20 min labelled frame = 20 min  <input type="checkbox"/> Hollow metal / steel door = 30 min  <input type="checkbox"/> 45 min labelled door in 45 min labelled frame = 45 min         </div> <p style="text-align: right;">Door rating - _____ (min.) <b>(A)</b></p>
<b>B</b>	<p>Determine the minimum water supply duration for automatic sprinklers from the following information:</p> <p><b>No sprinklers = 0 minutes</b></p> <p>Sprinklers designed to NFPA 13D = 20 minutes</p> <p>Sprinklers designed to NFPA 13R = 30 minutes</p> <p>Sprinklers designed to NFPA 13 = 30 minutes</p> <p>Municipal water supply to sprinklers = 60 minutes</p> <p><small>*Sprinkler design information may be found in Sprinkler System Test Reports or other documentation.</small></p>	<p style="text-align: center;">Sprinkler system water supply duration (minutes)</p> <p style="text-align: right;">_____ (min.) <b>(B)</b></p>
<b>C</b>	<p>Calculate the <u>time available</u> to evacuate residents to the point of safety.</p> <p><u>Time available</u> is denoted as <b>(C)</b>.</p> <p><small>(This is time available after the door to the room of fire origin is closed.)</small></p>	<p style="text-align: center;"><b>(A) + (B) = (C) Time available</b></p> <p style="text-align: center;">Time available to evacuate residents to point of safety.</p> <p style="text-align: right;">_____ (min.) <b>(C)</b></p>

List Supervisory Staff duties to be carried out as noted in the Approved Fire Safety Plan
<p>May include calling 911, pulling fire alarm or other duty to ensure resident safety:</p>

## Method of Alarm Activation for Fire Drill Scenario

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

**TIP:**

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

## PART (4) APPROVED FIRE DRILL SCENARIO INFORMATION

Document Prepared by:

Date Prepared by:

Proposed Date for Fire Drill Observation:

Alternative Date:

Date Submitted to Chief Fire Official for APPROVAL:

### Chief Fire Official Approval of Fire Drill Scenario

Print Name	Signature	Date

### This Section Completed by the Fire Service

#### Verification of Fire Drill Scenario Variables

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

#### Time Verification by the Fire Service


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

**TIP**

If the fire drill observations determine that *insufficient* supervisory staff is available to perform the fire safety duties as described in the Fire Safety Plan, appropriate enforcement options provided in OFMEM TG-01-2012 – [Fire Safety Inspections and Enforcement](#) should be utilized to ensure the safety of the occupants.

- ☒ Complete the “Registry of Vulnerable Occupancies” as required in Directive [2014-001](#) and detailed in [Communiqué 2014-09](#)
- ☒ Directive [2014-002](#) requires a Fire Safety Inspection to be completed. The inspection may be done on a different date than the Fire Drill.

\*\*Ensure the Fire Safety Inspection Checklist is completed and retained in the fire department file.

	<b>Policy Number:</b> <b>EM-B-60</b> Page 1 of 2
<b>Policy Section:</b> <b>Emergency Manual</b>	<b>Effective Date:</b> <b>July 2003</b>
<b>Prepared By:</b> <b>S. Simmons</b>	<b>Revision Date:</b> <b>July 2025</b>
<b>Subject:</b>	<b>Fire Prevention</b>

### **Purpose/Regulatory Standards**

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

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

### **Policy**

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

### **Procedure**

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


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

All employees will:

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

No Staff Member/Volunteer/Contractor shall:

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

		<b>Policy Number: EM-B-60</b>	
<b>Policy Section: Emergency Manual</b>		<b>Effective Date: July 2003</b>	
<b>Prepared By: S. Simmons</b>		<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Fire Prevention</b>		

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


#### Hot Works Procedure

Hot works is any heat producing work that is done by employees or contractors and can include welding and cutting, propane torch use, grinding, braising, etc. When possible, alternate safe methods of work should be used. When Hot Work is required, the employee or contractor will take the following precautions:

- 1) Obtain permission from a designated site supervisor before the Hot Work is planned. This will include AON Maintenance Manager, Director of Environmental Services, or Manager of Environmental Services. If the repair is of an urgent or emergency nature, contact the onsite management (Environmental Services Supervisor, Administrator, Nurse in Charge) of the location of the Hot work and expected duration.
- 2) Remove combustible and flammable material within 35 feet of the immediate work area, or alternatively, cover the area with a flammable resistant surface (such as welding blankets).
- 3) Have an appropriate Fire extinguisher on hand while the work is in progress.
- 4) Ensure that welding and cutting equipment is in good working condition.
- 5) Upon completion of the work, monitor the area for 10 minutes to ensure there is no fire hazard. Establish a fire watch for 60 minutes after the work is complete using the Fire Watch Log sheet (EM-B-64A).
- 6) Inform onsite management or nurse-in-charge when the work is completed.
- 7) Onsite staff will continue to monitor the work area for three (3) hours after the work is completed with 30-minute spot checks.

<u>Cross References:</u> EM-B-64A (Fire Watch Log)	<u>Attachments:</u> None
--	--------------------------



		Policy Number:	EM-B-62
		Page 1 of 2	
Policy Section:		Fire Manual	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Fire Maintenance and Inspection Program		

### **Purpose/Regulatory Standards**

**FLTCA Reg. 268 (4):** The licensee shall ensure that the emergency plans provide for the following:  
... **3.** Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.

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

### **Policy**

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

### **Procedure**


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

### **Fire Alarm Shutdown**

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

### **Inspection and Maintenance Procedures**

To assist in fulfilling inspection obligations, included is a list of the portions of the Fire Code, which require that checks, inspections and/or tests be made of equipment and facilities from time to time. Local Fire Prevention Officers will check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.

		Policy Number:	EM-B-62
		Page 2 of 2	
Policy Section:		Fire Manual	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Fire Maintenance and Inspection Program		

Definitions for key words are as follows:

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

**Record Retention:**

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

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

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



# FIRE EQUIPMENT INSPECTION PLAN

## General Fire Protection Systems/Equipment

### General Responsibility

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

### Weekly

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

### Monthly

Doors in fire separations shall be <b>inspected</b> monthly for proper operation.	ES
---	----

### Yearly

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

## Portable Fire Extinguishers

### General Responsibility

Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service.	ES
A permanent record containing the maintenance date, the examiner's name and a description of any work or hydrostatic <b>testing</b> carried out shall be prepared and maintained for each portable extinguisher.	ES
All extinguishers shall be recharged after use or as indicated by an inspection or	



# FIRE EQUIPMENT INSPECTION PLAN

when performing maintenance. When recharging is performed, the recommendations of the manufacturer shall be followed.	Contractor
---	------------

## Monthly Responsibility

Portable extinguishers shall be <b>inspected</b> monthly.	ES
---	----

## Yearly

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

## 5 Years

Every five years, pressurized water and carbon dioxide fire extinguishers shall be hydrostatically <b>tested</b> .	Contractor
--	------------

## 6 Years

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

## Fire Alarm System

### General

### Responsibility

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

## Daily Responsibility

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

## Monthly



## FIRE EQUIPMENT INSPECTION PLAN

Every month the following <b>tests</b> shall be conducted under battery backup power and if a fault is established, appropriate corrective action shall be taken: a) one manual fire alarm initiating device shall be operated, on a rotating basis, and shall initiate an alarm condition b) function of all signal devices shall be ensured c) the annunciator panel shall be checked to ensure correct annunciation d) intended function of the audible and visual trouble signals shall be ensured e) fire alarm batteries shall be checked to ensure that: i) terminals are clean and lubricated where necessary; ii) terminal clamps are clean and tight; iii) electrolyte level and specific gravity, where applicable, meet manufacturer's specifications	ES
Voice paging capability to one zone shall be <b>tested</b> monthly on a rotational basis.	NA
One emergency telephone shall be <b>tested</b> monthly on a rotational basis for operation and correct indication at control unit.	NA
Loudspeakers shall be <b>tested</b> monthly as an all-call signal to ensure they function as intended.	NA
At least one firefighter's emergency telephone shall be <b>tested</b> monthly on a rotational basis to ensure communication with the control unit. All telephones shall be <b>tested</b> each year.	NA

### Yearly Responsibility

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

### Inter-connected Smoke Alarms (As Required By Code)

#### Weekly

The power supply shall be <b>checked</b> weekly.	ES
--	----

#### Monthly

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

#### Yearly



## FIRE EQUIPMENT INSPECTION PLAN

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

### Smoke Alarms

#### General Responsibility

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

### Standpipe Systems

#### Monthly Responsibility

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

#### Yearly

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

### Sprinkler Systems (Wet)

#### General Responsibility

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

#### Weekly



# FIRE EQUIPMENT INSPECTION PLAN

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

## Monthly Responsibility

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

## Two Months Responsibility

All transmitters and water flow devices shall be <b>tested</b> at two month intervals.	AON
--	-----

## Six Months

Gate-valve supervisory switches and other sprinkler system supervisory devices shall be <b>tested</b> at six month intervals.	Contractor
---	------------

## Yearly

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

## Sprinkler Systems (Dry)

### General Responsibility

Auxiliary drains shall be <b>inspected</b> as required to prevent freezing.	AON
Dry-pipe valve rooms or enclosures in unheated buildings shall be <b>checked</b> as	AON



# FIRE EQUIPMENT INSPECTION PLAN

often as necessary when the outside temperature falls below 0° Celsius to ensure that the system does not freeze.	
---	--

## Weekly Responsibility

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

## Monthly

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

## 2 Months Responsibility

All transmitters and water flow devices shall be <b>tested</b> at two month intervals.	AON
--	-----

## 3 Months

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

## 6 Months

Gate-valve supervisory switches and other sprinkler system supervisory devices shall be <b>tested</b> at six month intervals.	Contractor
---	------------

## Yearly Responsibility

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





## FIRE EQUIPMENT INSPECTION PLAN

Dry pipe valves shall be tripped annually by means of the system test pipe, to ensure that they operate satisfactorily and that the sprinkler alarms are in operating condition. A full flow trip test, with the control valve fully open, shall be conducted at least every three years.	Contractor
---	------------

### **15 Years Responsibility**

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

## Water Supplies for Firefighting (Fire Pumps)

### **Daily Responsibility**

The temperature of pump rooms shall be <b>checked</b> daily during freezing weather.	ES
--	----

### **Weekly**

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

### **Yearly**

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

## Private Fire Hydrants

### **General Responsibility**

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

### **Yearly**

Hydrants shall be <b>inspected</b> annually after each use.	Contractor
Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and <b>inspected</b> for wear, rust or obstructions.	Contractor



## FIRE EQUIPMENT INSPECTION PLAN

The hydrant barrel shall be <b>inspected</b> annually to ensure that no water has accumulated.	Contractor
The drain valve shall be <b>inspected</b> for operation if water is found in the hydrant barrel when main valve is closed.	Contractor
Hydrant waterflow shall be <b>inspected</b> annually and a record shall be kept.	Contractor

### Water Supplies for Firefighting (Water Tanks)

#### Daily Responsibility

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

#### Weekly

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

#### Monthly

Water level in gravity tanks shall be <b>inspected</b> monthly.	NA
---	----

#### Yearly

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

#### 2 Years Responsibility

Water tanks shall be <b>checked</b> every two years for corrosion.	NA
--	----

#### 5 Years

Water tanks shall be <b>inspected</b> every five years and scraped and repainted as required.	NA
---	----

### Smoke Shafts and Venting Equipment

#### General Responsibility

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



# FIRE EQUIPMENT INSPECTION PLAN

## 6 Months

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

## Yearly

A closure in an opening to the outdoors at the top of a smoke shaft, shall be <b>inspected</b> annually to ensure that it will open: a) manually, outside from the building b) on a signal from the smoke/heat actuated device in the smoke shaft, and; c) when a closure in an opening between a floor area and the smoke shaft opens	Contractor
Controls for air-handling systems for venting in the event of a fire, shall be <b>inspected</b> annually to ensure that air is exhausted from each floor area to the outdoors.	Contractor

## 5 Years

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

## Smoke Control Measures

### General Responsibility

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

## Commercial Cooking Equipment

### General Responsibility

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



# FIRE EQUIPMENT INSPECTION PLAN

## Weekly

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

## 6 Months

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

## Emergency Lighting System

### Daily Responsibility

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

## Monthly

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

## Yearly

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

## Elevators (High Buildings)

### General

### Responsibility



## FIRE EQUIPMENT INSPECTION PLAN

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

### **3 Months**

Every three months the elevator door opening devices operated by means of photo-electric cells shall be <b>tested</b> to ensure that the devices become inoperative after the door has been held open for more than 20 seconds with the photo-electric cell covered.	Contractor
The key operated switch located outside an elevator shaft shall be <b>tested</b> to ensure that the actuation of the switch will render the emergency stop button in each car inoperative and bring all cars to the street floor or transfer lobby by cancelling all other calls after the car has stopped at the next floor at which it can make a normal stop.	Contractor
Key operated switches in each elevator car shall be <b>tested</b> to ensure that the actuation of the switch will: <ul style="list-style-type: none"> <li>a) enable the elevators to be operable independently of other elevators</li> <li>b) allow operation of the elevator without interference from floor call buttons</li> <li>c) render door re-opening devices inoperative</li> <li>d) control the opening of power operated doors only by the continuous pressure on the "door open" button to ensure that if the button is released while the door is opening, the doors will automatically close</li> </ul>	Contractor

## Emergency Power Systems

### **General Responsibility**

Emergency power systems shall be <b>inspected, tested</b> and maintained in conformance with CSA C282, "Emergency Electrical Power Supply for Buildings".	AON
To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with manufacturer's instructions.	AON
At least two copies of the instruction manual shall be maintained.	AON

### **Monthly Responsibility**

The emergency electrical power shall be completely <b>tested</b> monthly as follows: <ul style="list-style-type: none"> <li>a) Simulate a failure of the normal power supply.</li> <li>b) Arrange so that: <ul style="list-style-type: none"> <li>i) an engine generator set operates under at least 30% of the rated load for 60 minutes and;</li> <li>ii) all automatic transfer switches are operated under load.</li> </ul> </li> </ul>	AON/Contractor
---	----------------




## FIRE EQUIPMENT INSPECTION PLAN

<p>c) Include an inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls.</p> <p>d) Record all instrument readings associated with the prime mover and generator and a verification that they are normal.</p> <p>e) Log and report as further prescribed in the manual of instruction for operation and maintenance.</p> <p>Check fuel supply for sufficient quantity.</p>	
--	--

### **Annually**

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

		Policy Number:	EM-B-64
		Page 1 of 2	
Policy Section:		Fire Manual	Effective Date: May 2015
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Fire Watch Procedure		

### **Purpose/Regulatory Standards**

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

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

### **Policy**

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

### **Procedure**

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

**Peterborough – 705-745-3284**

**Millbrook – 705-932-9344**


**Tweed – 613-478-2535**

**Havelock – 705-778-3183**

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

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

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

		Policy Number:	EM-B-64
		Page 2 of 2	
Policy Section:		Fire Manual	Effective Date: May 2015
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Fire Watch Procedure		

### Fire Alarm "Trouble Signal"

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

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

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

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





# Fire Watch Log

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

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

**People assigned to fire watch duties shall patrol all areas of the building every hour to check for signs of fire or smoke conditions. All patrols are to be recorded on this log report immediately following each round. Notify supervisor/charge nurse of any concerns. The supervisor will call 911 as needed.**

**Fire Watch Commenced:                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_**

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

Rounds	Start Time	Finished	Signature	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				



Policy Section: - Emergency Manual

Prepared By: S. Simmons

Effective Date: 05/01/2015

Revision Date: 07/15/2025

Policy Number: EM-B-64B

**Subject: Fire Watch Duties**

## Fire Watch Duties

### Definition:

The term “fire watch” is used to describe a dedicated person or persons whose sole responsibility is to look for fire within an established area. Fire watch is required in the event of temporary failure of the fire alarm system or where activities require the interruption of any fire detection, suppression or alarm system component.

**NOTE: All building occupants are to be notified in writing that the fire protection systems in the building are not currently functional and that a Fire Watch has been instituted until repairs have been made. Occupants should take immediate actions to notify other occupants and evacuate the building when notified of a fire emergency.**

1. At least one (1) qualified staff person shall be employed to complete fire watch duties of the unprotected building area whenever the building is occupied. Each person assigned to Fire Watch duties must be provided with the following equipment;
  - a. Suitable means of communication (cell phone, portable radio, etc.) for notifying the Fire Dept.
  - b. A portable air horn or other approved means of sounding an alarm
  - c. Flashlight
  - d. Clipboard and pen
  - e. Copy of fire watch duties
  - f. Copy of the Fire Watch Log Sheet
  - g. Keys to provide entry to all rooms/spaces
  - h. Floor plan(s) of the building under Fire Watch
2. Fire Watch personnel are to be familiar with the building and procedures for alerting the fire Department and all building occupants in the event of a fire.
3. Rounds shall be diligently completed at least once each hour, and recorded immediately upon the conclusion of each round on the Fire Watch Log Sheet. The person completing the rounds will



Policy Section: - Emergency Manual  
Prepared By: S. Simmons  
Effective Date: 05/01/2015  
Revision Date: 07/15/2025


**Policy Number: EM-B-64B**

**Subject: Fire Watch Duties**

record the time each round was completed.

4. Fire watch personnel are to have fire extinguishing equipment readily available and be trained in its use.
5. If fire or smoke conditions are discovered, alert all building occupants by sounding a portable air horn or another device approved by the Chief Fire Official. Attempt to extinguish the fire when it is safe to do so.
6. A telephone must be readily available at all times to call 9-1-1. Always call from a safe area.
7. Coordinate evacuation in fire compartment and close door in fire room. Keep all doors closed to limit smoke migration. Continue to assist those with physical or cognitive limitations during evacuation.
8. Once building evacuation is completed, await emergency response personnel at a safe location and direct them to the fire. NEVER re-enter the building without permission from Fire Department.
9. "Hot Works" such as welding or cutting shall be prohibited in the area where the sprinkler protection is impaired or be limited to areas where approved precautions have been put into place.
10. While the sprinkler and/or fire alarm system(s) are shut down, assigned fire watch personnel shall patrol the area until both the fire alarm system and the sprinkler system has been restored.
11. Exit doors, access to exits and corridors are to be kept closed and checked periodically for proper operation and obstructions while performing Fire Watch duties.

*EM-B-64B (Fire Watch Duties)*

		<b>Policy Number:</b> <b>EM-B-68</b>
		Page 1 of 3
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: October 2023</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Fire Safety for Special Events</b>	

### **Regulatory Standards**

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

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

**NFPA 96**, “Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations”, as specified in the Ontario Fire Code, Division B, Part 2.

**CAN/ULC-S109**, “Flame Tests of Flame-Resistant Fabrics and Films”, or **NFPA 701**, “Fire Tests for Flame Propagation of Textiles and Films”

### **Policy**

Fire safety precautions must be adhered to when utilizing exterior equipment for Special Events and Open-Air Burning Events. This includes Food Vehicle/Commercial Cooking Equipment and Tent Requirements. The event organizer is responsible for ensuring all fire safety requirements and documentation are met.

### **Procedure**


#### **Mobile Food Vehicle/trucks and Commercial Cooking Equipment**

Notify the Municipal Fire Department when the vehicle will be parked on location and the times it will be operating. At the time of notification, the Home/Vendor will provide a copy of:

- Vehicle TSSA FS Field Approval.
- Inspection and test report for the ventilation hood and suppression system in conformance with NFPA 96.
- Report of cleaning the ventilation hood system (this must be cleaned as often as may be necessary).
- TSSA Mobile Food Service Equipment annual inspection certificate.
- Reports must identify the vehicle by FDS Label No. or equipment identification plate No. or V.I.N.

The Fire Department will conduct a fire safety inspection of the mobile food vehicle. The vehicle must have:

- the Ontario Gas Utilization Regulation Pressure Test card affixed to gas pipe.

		<b>Policy Number:</b> <b>EM-B-68</b>
		Page 2 of 3
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: October 2023</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Fire Safety for Special Events</b>	

- a "K" Fire Extinguisher serviced in the current year.
- copies of above-mentioned documents must be always with the mobile food vehicle.

### Exterior Tents

Tents and air-supported structures shall be in conformance with the Building Code and having a flame resistance rating certified to CAN/ULC-S109 "Flame Tests of Flame-Resistant Fabrics and Films", or NFPA 701, "Fire Tests for Flame Propagation of Textiles and Films" with the rating displayed on it. Tents not having the rating displayed will be asked to be removed from the premises. Tests must not more be more than 60 m2 in aggregate ground area, not attached to a building, and constructed more than 3 m from other structure.

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

Hay, straw, shavings or similar combustible materials shall not be used within a tent or air-supported structure used for an assembly occupancy. Smoking shall not take place and open flame devices shall not be used in a tent or air-supported structure.

A person shall be employed for fire watch duty (see EM-B-64 (Fire Watch Procedure)), and an approved communications system shall be provided. A person employed for fire watch shall be familiarized with all fire safety features, including the fire safety plan and the condition of exits, and patrol the area to ensure that the means of egress are kept clear and that regulations are enforced. Further, access shall be provided to all tents for the purpose of firefighting.

### Open Air Burning


For AON locations, this would apply to employee supervised campfires using firewood as the combustion source and would be an occasional to rare occurrence. No burning of brush is permitted. Municipalities have different requirements on open air burning as indicated below.

**City of Peterborough** – no open air burning permitted.

**Township of Cavan Monaghan** – open air burning allowed with annual permit. Event organizer is responsible to obtain an open burn permit.

**Municipality of Tweed** - open air burning allowed with permit. Event organizer is responsible to obtain an open burn permit.


**Municipality of Havelock-Belmont-Methuen** - Call HBM Fire Department at 705-778-3183 to confirm current burn conditions or permit requirements.

		<b>Policy Number:</b>	<b>EM-B-68</b>
		Page 3 of 3	
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: October 2023</b>	
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Fire Safety for Special Events</b>		

The general rules to follow:

- Fire must be confined to a CSA approved open burning device not to exceed 18" diameter.
- Campfire to be supervised at all times by an employee when in use until fully extinguished.
- Water source such as a hose and a fire extinguisher to be provided in the area adjacent to the campfire.
- Campfire to be located 50 ft from any structure, hedge, or municipal roadway. Minimize the number of combustibles around the fire area. Chairs are permitted, hay and straw is not.
- Smoke is not to obscure other properties or roadways.
- No open burning during Fire Bans or when level is at High. No burning during conditions of Wildfire Smoke above moderate level. No burning when wind level is above 8 km/hr.
- Ashes and unburned residual material must be extinguished, dampened, and placed in a sealed non combustible (metal) container. Disposal in garbage can occur after 48 hours and when checked by Environmental Service Supervisor.

<u>Cross References:</u> EM-B-64 (Fire Watch Procedure)	<u>Attachments:</u> None
---	--------------------------

		<b>Policy Number:</b>	<b>EM-B-70</b>
		Page 1 of 1	
<b>Policy Section:</b>	<b>Fire Manual</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Generator Testing</b>		

### **Purpose/Regulatory Standards**

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

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

### **Policy**

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

### **Procedure**

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

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


### **Monthly Testing Schedule**

Location	Monthly Schedule
Royal Gardens	1 <sup>st</sup> Tuesday of each Month
Centennial Place	1 <sup>st</sup> Wednesday of each Month
Princess Gardens	3 <sup>rd</sup> Tuesday of each Month
Empress Gardens	3 <sup>rd</sup> Thursday of each Month
Canterbury Gardens	2 <sup>nd</sup> Tuesday of each Month
Moirs Place	2 <sup>nd</sup> Wednesday of each Month
Station Place	2 <sup>nd</sup> Wednesday of each Month

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

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

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

		Policy Number:	EM-C-10
		Page 1 of 1	
Policy Section:      Emergency Manual		Effective Date: October 2019	
Prepared By:                      T. Harrold		Revision Date: July 2025	
Subject:	Community Disasters		

### **Purpose/Regulatory Standards**

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

### **Policy**

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

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

### **Procedure**

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

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

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


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

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

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

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



		Policy Number:	EM-C-12
		Page 1 of 2	
Policy Section:      Emergency Manual		Effective Date: July 2003	
Prepared By:              S. Simmons		Revision Date: July 2025	
Subject:	Severe Weather Threats		

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

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

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

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


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

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


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

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

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

		Policy Number:	EM-C-12
		Page 2 of 2	
Policy Section:      Emergency Manual		Effective Date: July 2003	
Prepared By:              S. Simmons		Revision Date: July 2025	
Subject:	Severe Weather Threats		

<u>Cross References:</u> EM-A-30 (Emergency Management); EM-C-15 (Shelter-In-Place); GA-D- 57 (Heat Related Illness Prevention and Management Plan)	<u>Attachments:</u> None
---	--------------------------

		Policy Number:	EM-C-15
		Page 1 of 2	
Policy Section:      Emergency Manual		Effective Date: December 2017	
Prepared By:              Various		Revision Date: July 2025	
Subject:	Shelter-in-Place		

## **Purpose/Regulatory Standards**

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


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

## **Policy**

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

## **Procedure**

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

		Policy Number:	EM-C-15
		Page 2 of 2	
Policy Section:      Emergency Manual		Effective Date: December 2017	
Prepared By:              Various		Revision Date: July 2025	
Subject:	Shelter-in-Place		

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

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

Air Quality:

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

Severe Weather:

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

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


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

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



## SHELTER-IN-PLACE SUPPLY CHECKLIST

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

		<b>Policy Number:</b>	<b>EM-C-20</b>
		Page 1 of 3	
<b>Policy Section:</b>		<b>Other Emergencies</b>	
<b>Effective Date:</b>		<b>July 2003</b>	
<b>Prepared By:</b>		<b>S. Simmons</b>	
<b>Revision Date:</b>		<b>July 2025</b>	
<b>Subject:</b>	<b>Loss of Power</b>		

## **Purpose/Regulatory Standards**

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

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

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

## **Policy**


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

## **Procedure**

### **Emergency Generator**

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

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

		Policy Number:	EM-C-20
		Page 2 of 3	
Policy Section: Other Emergencies		Effective Date: July 2003	
Prepared By: S. Simmons		Revision Date: July 2025	
Subject:	Loss of Power		

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

### Fuel Supplies


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

### Emergency Lights and Outlets

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

### Electrical System

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

		Policy Number:	EM-C-20
		Page 3 of 3	
Policy Section: Other Emergencies		Effective Date: July 2003	
Prepared By: S. Simmons		Revision Date: July 2025	
Subject:	Loss of Power		

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

### Cold Weather

If the loss of power occurs during cold weather:

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

### Hot Weather

If the loss of power occurs during hot weather:

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

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



**Deeth & White Fuels Ltd./Fitzgerald Fuels**  
860 Water Street, Peterborough, ON, K9H 3N9, 705-745-0521

October 7, 2022

AON Inc.  
PO Box 296  
Peterborough ON  
K9J 6Y8

**GENERATOR FUEL EMERGENCY DELIVERY SERVICE AGREEMENT**

Deeth & White Fuels Ltd./Fitzgerald Fuels agrees to provide emergency delivery of diesel fuel for generators located at the following premises:

- Empress Gardens (40A) – 131 Charlotte Street, Peterborough
- Princess Gardens (11812) – 100 Charlotte Street, Peterborough
- Royal Gardens (13171) – 1160 Clonsilla Avenue, Peterborough
- Canterbury Gardens (13356) – 1414 Sherbrooke Street, Peterborough
- Centennial Place (12372) – 2 Centennial Lane, Millbrook

Delivery requests are to be directed to 705-745-0521. This same contact number will access our main office as well as our after-hours answering service 24 hr/day, 7 days/week.

Cancellation of the agreement by either party must be submitted in writing.

Contract Effective Date: October 7, 2022.

Agreed by:

For AON:

Ray Barlow  
Print Name

[Signature]  
Signature

Oct 7/22  
Date

For Deeth & White/Fitzgerald

MARK WHITE  
Print Name

[Signature]  
Signature

Oct 11/22  
Date

**Annual Confirmation by Deeth & White/Fitzgerald**

2022 MARK WHITE  
Print Name

[Signature]  
Signature

Oct 11/22  
Date

2023 MARK WHITE  
Print Name

[Signature]  
Signature

SEPT 28<sup>th</sup> 2023  
Date

2024 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2025 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2026 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Don Woods Fuels Ltd

20 River Street West, Tweed, ON K0K 3J0 (613) 478-3039

October 27, 2021

AON Inc.

PO Box 296, Peterborough, ON

K9J 6Y8

## GENERATOR FUEL EMERGENCY DELIVERY SERVICE AGREEMENT

Don Woods Fuels Ltd. agrees to provide emergency delivery of diesel fuel for the generator at Moira Place, 415 River Street West, Tweed, Ontario. Conditions are as follows:

- A representative of AON / Moira Place must be present at the time of delivery
- The delivery area must be free of any obstacles / vehicles
- A standard delivery fee is to be paid for each delivery made after regular business hours. This includes weekdays after 5pm, Saturday's, Sunday's, and statutory holidays
- Deliveries will be made within 12 hours of the request being received at Don Woods Fuels

Delivery Requests are to be directed to (613) 478-3039. This same number will access our main office as well as our afterhours answering service 24/7.

Cancellation of the agreement by either party must be submitted in writing.

Contract effective October 27, 2021

Agreed By:

For AON:

Michael O'Keefe  
Print Name

[Signature]  
Signature

27 October 2021  
Date

For Don Woods Fuels Ltd.:

BRIAN WOODS  
Print Name

[Signature]  
Signature

27 October 2021  
Date

Annual Confirmation by Don Woods Fuels:

2021 BRIAN WOODS  
Print Name

[Signature]  
Signature

Nov 2/2021  
Date

2022 John DBush  
Print Name

[Signature]  
Signature

Oct 12/22  
Date

2023 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2024 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2025 \_\_\_\_\_  
Print Name


\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **Emergency Power Management - Centennial Place**

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

		<b>Policy Number:</b>	<b>EM-C-25</b>
		Page 1 of 1	
<b>Policy Section:</b>	<b>Other Emergencies</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Loss of Gas Supply</b>		

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

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

**The emergency contact number for Enbridge Gas is: (866) 763-5427 and they serve Peterborough, Millbrook, Tweed, Almonte and Havelock.**

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

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


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

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

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

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

<u>Cross References:</u> EM-D-10 (Evacuations-General); EM-C-40: Interruption of Dietary Services;	<u>Attachments:</u> None
--	--------------------------

		Policy Number:	EM-C-30
		Page 1 of 2	
Policy Section: Other Emergencies		Effective Date: July 2003	
Prepared By: S. Simmons		Revision Date: July 2025	
Subject:	Loss of Water		

### **Purpose/ Regulatory Standards**

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

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

### **Policy**

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

### **Procedure**

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

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

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


**Tweed – Municipality of Tweed Public Works: (613) 478-2535**

**Havelock – Municipality of Havelock-Belmont-Methuen 24-hour Water Works Emergency Line: (705) 926-0184**

**Almonte – Emergency Public Works Pager: (613) 256-3167**

### **Short Term (1-3 hours)**

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

		<b>Policy Number:</b>	<b>EM-C-30</b>
		Page 2 of 2	
<b>Policy Section:</b>	<b>Other Emergencies</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Loss of Water</b>		


Medium Term (3-12 hours)

1. The Director of Dining Services will arrange for bottled water, milk and fruit juices from suppliers and, as necessary, from other AON locations.
2. Water required for emergency use may be obtained from the water tanks located in the Boiler Room. Water used for this purpose should be coordinated through the Director of Environmental Services or AON's Maintenance Manager. Such water must be allowed to cool before use, as tank temperatures may be above the range that is safe for residents.

Long Term (12+ hours)

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

<u>Cross References:</u> EM-D-10 (Evacuations-General)	<u>Attachments:</u> None
--	--------------------------

		Policy Number:	EM-C-40
		Page 1 of 2	
Policy Section:	Other Emergencies	Effective Date: July 2003	
Prepared By:	S. Simmons/D. Leal	Revision Date: July 2025	
Subject:	Interruption of Dietary Services		

### **Purpose/ Regulatory Standards**

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

### **Policy**


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

### **Procedure**

#### **Loss of kitchen facilities:**

1. The use of alternative facilities in the residence should be explored as a partial solution (i.e. secondary serveries etc.)
2. Food for residents will be acquired/purchased in the ready form from outside sources and served in disposable containers. (LTC Homes see DS-D-45: Disaster Plan Emergency Menu)
  - Juice, milk, and cereals are available in portioned pack containers.
  - Individually wrapped muffins, cookies and cakes would be used in place of breads.
3. The first source of outside food provision in emergencies will be other AON residences. The Director of Dietary Services will utilize these resources to ensure that special diets are maintained
  - Empress Gardens: (705) 876-1314
  - Princess Gardens: (705) 750-1234
  - Royal Gardens: (705) 741-6036
  - Canterbury Gardens: (705) 876-1414
  - Orchard View Gardens (613) 963-5000
  - Centennial Place: (705) 932-4464
  - Moira Place: (613) 478-2060
  - Station Place: (705) 740-1690
  - Port Hope Golf and Country Club: 905-885-6487 or 905-885-4936
  - In the case of extreme emergency, the local Red Cross Chapter may be available for extra food supplies at (705) 745-8222, or Canada wide at (800) 850-5090



		Policy Number:	EM-C-40
		Page 2 of 2	
Policy Section:	Other Emergencies	Effective Date: July 2003	
Prepared By:	S. Simmons/D. Leal	Revision Date: July 2025	
Subject:	Interruption of Dietary Services		

4. The Director of Dining Services will ensure that:

- a one (1) day supply is maintained in each location of paper products and disposable flatware/cups; and
- a three (3) day supply of paper products and disposable flatware/cups is maintained at a central storage site.

#### **Loss of Power**

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

#### **Loss of Gas**


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

#### **Loss of Water**

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

<u>Cross References:</u> LTC Homes: DS-D-45 (Disaster Plan Emergency Menu)	<u>Attachments:</u> None
---	--------------------------



		Policy Number:	EM-C-45
		Page 1 of 2	
Policy Section:	Other Emergencies	Effective Date: May 2022	
Prepared By:	T. Harrold	Revision Date: July 2025	
Subject:	Epidemics and Pandemics		

### **Purpose/Regulatory Standards**

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

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

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

### **Policy**

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


### **Procedure**

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

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

### **Long-Term Care:**


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

		<b>Policy Number:</b> <b>EM-C-45</b>
		Page 2 of 2
<b>Policy Section:</b>	<b>Other Emergencies</b>	<b>Effective Date: May 2022</b>
<b>Prepared By:</b>	<b>T. Harrold</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Epidemics and Pandemics</b>	

Retirement ("The Gardens"):

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

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

		Policy Number:	EM-C-50
		Page 1 of 2	
Policy Section: Other Emergencies		Effective Date: July 2003	
Prepared By: S. Simmons		Revision Date: July 2025	
Subject:	Unusual Odours or Gas Fumes/Leaks		

### **Purpose/Regulatory Standards**

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

#### **Background**

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

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


### **Policy**

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

### **Procedure**

**If an unidentified smell is noticed:**

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

		Policy Number:	EM-C-50
		Page 2 of 2	
Policy Section:		Other Emergencies	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Unusual Odours or Gas Fumes/Leaks		

## Natural Gas Smell

If a smell is believed to be natural gas:

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

**Enbridge Gas: 1-866-763-5427**


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

## Carbon Monoxide (CO)

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

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

<u>Cross References:</u> EM-C-52 (Chemical Spills or Toxic Fumes) EM-C-54 (External Air Quality Threat)	<u>Attachments:</u> None
---	--------------------------

		<b>Policy Number:</b> <b>EM-C-52</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Other Emergencies</b>	<b>Effective Date:</b> July 2003
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date:</b> July 2025
<b>Subject:</b>	<b>Chemical Spills or Toxic Fumes</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**


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

### **Procedure**

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

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

<b><u>Cross References:</u></b> EM-C-50 (Unusual Odours or Gas Fumes)	<b><u>Attachments:</u></b> None
---	---------------------------------

		Policy Number: <b>EM-C-54</b>
		Page 1 of 1
Policy Section:	Other Emergencies	Effective Date: July 2003
Prepared By:	S. Simmons	Revision Date: July 2025
Subject:	External Air Quality Threat	

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

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


The RN Supervisor / Charge Nurse shall:

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

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

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

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

		<b>Policy Number:</b> <b>EM-C-60</b>
		Page 1 of 3
<b>Policy Section:</b> <b>Other Emergencies</b>	<b>Effective Date:</b> July 2003	
<b>Prepared By:</b> S. Simmons/M. O’Keeffe	<b>Revision Date:</b> July 2025	
<b>Subject:</b>	<b>Bomb Threat</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**

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


### **Procedure**

If a bomb threat is in writing:

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

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

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

	<b>Policy Number: EM-C-60</b>  Page 2 of 3
<b>Policy Section: Other Emergencies</b>	<b>Effective Date: July 2003</b>
<b>Prepared By: S. Simmons/M. O’Keeffe</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Bomb Threat</b>

The Administrator or Emergency Response Leader will:

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

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

#### Preparing for the Search

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


#### General Instructions (Re: Search Procedure)

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

#### Decision to Leave

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



		<b>Policy Number:                      EM-C-60</b>
		<b>Page 3 of 3</b>
<b>Policy Section:        Other Emergencies</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:        S. Simmons/M. O’Keeffe</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Bomb Threat</b>	

After the threat is resolved:

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

For LTC Homes, the Administrator will document the incident and report it to MLTC.

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



Date:	
Time:	
Completed By:	
Signature:	

BOMB THREAT QUESTIONS and DOCUMENTATION:

Duration of Call: \_\_\_\_\_

Exact Wording of Threat \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QUESTIONS TO ASK:


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

IDENTIFYING CHARACTERISTICS:

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

Other Observations:

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

		<b>Policy Number: EM-C-70</b>
		Page 1 of 1
<b>Policy Section:</b> Other Emergencies	<b>Effective Date:</b> August 2011	
<b>Prepared By:</b> S. Simmons	<b>Revision Date:</b> July 2025	
<b>Subject:</b>	<b>Missing Resident</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**


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

### **Procedure**

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

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

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

		<b>Policy Number:</b> <b>EM-C-73</b>
		Page 1 of 2
<b>Policy Section:</b>	<b>Other Emergencies</b>	<b>Effective Date:</b> July 2003
<b>Prepared By:</b>	<b>R. Nixon/S. Simmons</b>	<b>Revision Date:</b> July 2025
<b>Subject:</b>	<b>Elevator Incidents</b>	

### **Purpose/Regulatory Standards**

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

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

### **Policy**

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

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


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

### **Procedure**

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

The Nurse in Charge or the ESS will:

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

		<b>Policy Number:</b> <b>EM-C-73</b>
		Page 2 of 2
<b>Policy Section:</b>	<b>Other Emergencies</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>R. Nixon/S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Elevator Incidents</b>	

4. Call the Elevator Technician to report the incident and **get an ETA (estimated time of arrival) for the technician to be onsite** to release the trapped persons from the elevator.
5. Assign a staff member to regularly communicate with the trapped person(s) and provide them with updates about the progress of the efforts to get them out of the elevator, and find out how they are doing (either by phone, or by calling out through the elevator door).
6. If the elevator technician is going to be **longer than 30 minutes to respond**, or if emergent medical care is required for one of the entrapped individuals, call the local fire department to come and release the doors and remove the trapped occupants.
  - In addition, contact AON Maintenance/On-Call staff at 705-742-5445 or the Director of Environmental Services for further direction
7. Put signage on each floor that the elevator is out of service to inform residents/staff that the unit is out of service.
8. Report and document the breakdown/entrapment immediately on a Building Incident Report (see GP-1-8 in Retirement and GA-E-45 {Critical Incident Reporting} LTC).

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

**Elevator Breakdown** (no entrapment):

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

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

<u>Cross References:</u> GA-E-35 (Building Incident Reports); GP-1-8 (Building Incident Reports); GA-E-45 (Critical Incident Reporting)	<u>Attachments:</u> EM-C-73A (Elevating Devices Incident Reporting Form)
---	--



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

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

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

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



## INSTRUCTIONS TO THE ELEVATING DEVICE INCIDENT REPORTING FORM

The following instructions are provided for information only. For complete regulatory reporting requirements, refer to the *Technical Standards & Safety Act, 2000* and Ontario Regulation 209/01 (Elevating Devices) and Director's Guideline ED-230/09 available at

<http://www.tssa.org/regulated/elevating/elevatingSafety.asp?loc3=adob>

Reporting forms can be obtained at <http://www.tssa.org/report.asp>

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

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


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

### FAQ's:

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

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

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

		<b>Policy Number:</b>	<b>EM-C-75</b>
		Page 1 of 1	
<b>Policy Section:</b>		<b>Other Emergencies</b>	
<b>Effective Date:</b>		<b>March 2012</b>	
<b>Prepared By:</b>		<b>T. Harrold</b>	
<b>Revision Date:</b>		<b>July 2025</b>	
<b>Subject:</b>	<b>Medical Emergencies</b>		

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

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

- **LTC:**


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

- **Retirement:**

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

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



	<b>Policy Number: EM-C-78</b>  Page 1 of 1
<b>Policy Section: Other Emergencies</b>	<b>Effective Date: October 2014</b>
<b>Prepared By: T. Harrold</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Violent Outbursts</b>

### **Purpose/Regulatory Standards**

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

### **Policy**

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

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

### **Procedure**

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


#### **Long-Term Care:**

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

#### **Retirement (“The Gardens”):**

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

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

		<b>Policy Number:</b> <b>EM-D-10</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Evacuations</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Evacuations - General</b>	

### **Purpose/Regulatory Standards**

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

### **Circumstances That May Necessitate Evacuation:**

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

### **Types of Evacuation**


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

### **Decision to Evacuate**

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

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

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

		Policy Number:	EM-D-20
		Page 1 of 3	
Policy Section:		Evacuations	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Evacuation Procedures		

### **Purpose/Regulatory Standards**

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

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

### **Policy**

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


### **Procedure**

#### ***ORDER OF EVACUATION OF RESIDENTS***

- 1. Residents in immediate danger*
- 2. Ambulatory Residents*
- 3. Wheelchair Residents*
- 4. All non-ambulatory Residents*
- 5. Resistive Residents – do not struggle or delay with resistive residents*

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

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

		Policy Number:	EM-D-20
		Page 2 of 3	
Policy Section:		Evacuations	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Evacuation Procedures		


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

**(B) EXTERNAL/TOTAL:**

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

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

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

		Policy Number:	EM-D-20
		Page 3 of 3	
Policy Section:		Evacuations	Effective Date: July 2003
Prepared By:		S. Simmons	Revision Date: July 2025
Subject:	Evacuation Procedures		

#### Priorities for Evacuations

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

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

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

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

LTC Homes: PointClickCare

Retirement Homes: Resident Management System  
eMAR within PointClickCare

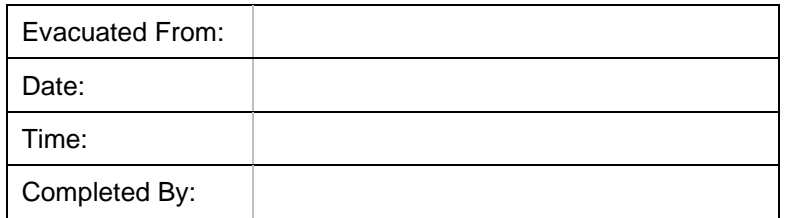
#### Parking Lot Procedures


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

#### Relocation

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

<u>Cross References:</u> EM-B-10 (Immediate Fire Response); EM-D-23 (Evacuation Role Terminology); EM-B-46 (Flex-Evac Evacuation Tags); EM-D-24 (Tagging Residents)	<u>Attachments:</u> EM-D-20A (Resident Evacuation List)
---	---

[illegible]

		<b>Policy Number:</b> <b>EM-D-22</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Evacuations</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Total Evacuation Roles and Responsibilities</b>	

### **Purpose/Regulatory Standards**

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

### **Policy**

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

### **Procedure**

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

The RN Supervisor/Charge Nurse will:

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

Maintenance Staff will:

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

The Administrative Assistant/Office Staff will:


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

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

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

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

<b><u>Cross References:</u></b> EM-A-40 (Emergency Control Centre), EM-A-26 (Staff Call Back Procedure)	<b><u>Attachments:</u></b> None
---	---------------------------------

		<b>Policy Number:</b>	<b>EM-D-23</b>
		Page 1 of 1	
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Evacuation Role Terminology</b>		

## **Policy**

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

## **Procedure**

### **GREETER**

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

### **PHONES**

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

### **RUNNER**

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

### **TAGGER**

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

### **TRACKER**

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

### **GUARD**


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

### **TRIAGE**

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

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



		Policy Number:	EM-D-24
		Page 1 of 1	
Policy Section:		Evacuations	
Effective Date:		July 2003	
Prepared By:		A. Coulter/S. Simmons	
Revision Date:		July 2025	
Subject:	Resident Evacuation Tags		

### **Purpose/Regulatory Standards**

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

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


### **Policy**

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

### **Procedure**

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

<u>Cross References:</u> EM-D-20 (Evacuation Procedures); EM-D-22 (Total Evacuation Roles and Responsibilities)	<u>Attachments:</u> None
---	--------------------------

	<b>Policy Number:</b> <b>EM-D-30</b>  Page 1 of 2
<b>Policy Section:</b> <b>Evacuation</b>	<b>Effective Date:</b> <b>July 2003</b>
<b>Prepared By:</b> <b>S. Simmons/R. Barlow</b>	<b>Revision Date:</b> <b>July 2025</b>
<b>Subject:</b>	<b>Relocation</b>

### **Purpose/Regulatory Standards**

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

Note: RHRA **Reg 25 (2)** is identical.

### **Policy**

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

### **Procedure**

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

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


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

### **Residents and Staff**

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

### **Medications**

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

	<b>Policy Number:</b> <b>EM-D-30</b>
	Page 2 of 2
<b>Policy Section:</b> <b>Evacuation</b>	<b>Effective Date:</b> <b>July 2003</b>
<b>Prepared By:</b> <b>S. Simmons/R. Barlow</b>	<b>Revision Date:</b> <b>July 2025</b>
<b>Subject:</b>	<b>Relocation</b>

### Transportation

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

1. GARDENS BUSES: (705) 749-4888 (Princess-based) and (705) 761-6627 (Canterbury-based)
2. SUMMIT TERRACE VAN (705) 775-1802
3. LIFTLOCK BUS LINES AT (705) 741-8543 (Rob Bennett directly), or (705) 745-1666 or (705) 743-2111 (Liftlock office)
4. Switzer-CARTY Transportation – (613) 473-4624 (Tweed/Belleville). See *EM-D-30D (Emergency Transportation Arrangement – Tweed)*.
5. MEDICAL TRANSPORT VEHICLES AT 911
6. PETERBOROUGH CITY BUS LINES AT (705) 745-0525 or (705) 745-5801
7. BOLDRICK BUS SERVICE – (613) 478-3322 (Tweed), *not accessible*
8. FIRST STUDENT CANADA (Almonte): (613) 745-6473

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

- CAPITAL TAXI SERVICE AT (705) 742-4242 (Peterborough)
- CALL A CAB TAXI SERVICE AT (705) 745-2424 (Peterborough)
- 9'S Taxi AT (613) 921-9999 (Tweed)

### Short Term Relocation Sites

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

### Security of the Vacated Building

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

<b>Cross References:</b> EM-D-10 (Evacuations - General); EM-A-24 (Communication During an Emergency); EM-A-26 (Staff Call-Back Procedure)	<b>Attachments:</b> EM-D-30A (Evacuation Resource Plan); EM-D-30B (Pharmacy Disaster Information); EM-D-30C (Emergency Transportation Arrangement – Peterborough-Havelock); EM-D-30D (Emergency Transportation Arrangement – Tweed); EM-D-30E (Emergency Relocation Arrangement – CP); EM-D-30F (Emergency Relocation Arrangement – MP)
--	---



## Evacuation Resource Plan

1. Purpose: Identification of key resources/Community Partners in the event of Relocation
2. Interpretation: Level 1 resources would be utilized first in the event of relocation, then Level 2 as needed. Level 3 is “worst case” and should not be needed
3. Note: Loss of power should not result in relocation due to generators in all locations, including back-up supply arrangements

	Level 1	Level 2	Level 3
<b>Transportation</b>	Utilize two Gardens buses and Summit Terrace van for residents (1st) and supplies (2nd); maintenance/AON Builders trucks for supplies as needed ( <i>Authority: AON CEO</i> )	Liftlock Bus lines – Peterborough - Havelock Switzer-CARTY Transportation - Tweed	Management vehicles and taxis as needed ( <i>Authority: Administrator</i> ); City buses as needed (Peterborough only); Boldrick Bus Service (Tweed)
<b>Relocation Site(s)</b>	Canterbury Gardens (Royal Gardens for Canterbury Gardens); ( <i>Authority: AON CEO</i> )	Royal Gardens (Canterbury Gardens for Royal Gardens); ( <i>Authority: AON CEO</i> )	All AON locations, including Summit Terrace/apartments ( <i>Authority AON CEO</i> )
<b>Medications</b>	Transport med-carts from home building to relocation site ( <i>Authority: DOC, by policy</i> )	Pharmacy delivers replacement medications within 4 hours	Utilize local back-up pharmacy with main pharmacy coordination
<b>Food Supplies</b>	Utilize food from relocation site	Transport food from Home (base) and other locations as needed ( <i>Authority: VP or Director of Dining Services</i> )	Normal Food Suppliers; grocery stores
<b>Medical and Other Supplies</b>	Utilize supplies from relocation site	Transport supplies from Home (base) and other locations as needed ( <i>Authority: VP or Director of Environmental Services</i> )	Purchase from regular supplier or local stores
<b>Information Technology</b>	Utilize computer resources in relocation site (via internet)	Relocate computers from Home (base) or other sites as needed ( <i>Authority: VP or Director of Environmental Services</i> )	

Date: 18-Jul-2025

Community/Home Name: Station Place

Address: 628 Old Norwood Road

City: Havelock

Province: Ontario

Postal Code: K0L 1Z0

CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home



---

Name: Ray Barlow

---

Title: Vice President, AON Inc.

---

Community/Home: **Station Place**

---

Date: July 18, 2025

---



---

Name: Alpinder Grewal

---

Title: Vice President of Operations

---

CareRx

---

Date: 18-Jul-2025

---



info@carerx.ca  
www.carerx.ca

Date: 15-Jul-2024  
Community/Home Name: Canterbury Gardens  
Address: 1414 Sherbrooke St  
City: Peterborough  
Province: ON  
Postal Code: K9J 0B1


CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

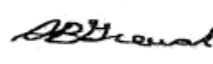
In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home

  
Name: Ray Barton  
Title: Vice President  
Community/Home: Canterbury Gardens  
Date: July 15/2024

  
Name: Alpinder Grewal  
Title: Vice President of Operations  
CareRx  
Date: 15-Jul-2024



info@carerx.ca  
www.carerx.ca

Date: 15-Jul-2024  
Community/Home Name: Empress Gardens  
Address: 131 Charlotte St  
City: Peterborough  
Province: ON  
Postal Code: K9J 2T6

CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home

Name: 	Name: 
Title: <i>Vice Pres. client</i>	Title: Vice President of Operations
Community/Home: Empress Gardens	CareRx
Date: <i>July 15/2024</i>	Date: 15-Jul-2024



info@carerx.ca  
www.carerx.ca

Date: 15-Jul-2024  
Community/Home Name: Princess Gardens  
Address: 100 Charlotte St  
City: Peterborough  
Province: ON  
Postal Code: K9J 7L4

CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home

Name: 	
Title: Vice Pres. client	Title: Vice President of Operations
Community/Home: Princess Gardens	CareRx
Date: July 15/2024	Date: 15-Jul-2024





info@carerx.ca  
www.carerx.ca

Date: 15-Jul-2024  
Community/Home Name: Royal Gardens  
Address: 1160 Clonsilla Ave  
City: Peterborough  
Province: ON  
Postal Code: K9J 8P8


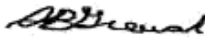
CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home

Name: 	Name: 
Title: <i>Vice President</i>	Title: Vice President of Operations
Community/Home: <b>Royal Gardens</b>	CareRx
Date: <i>July 15/2024</i>	Date: 15-Jul-2024



info@carerx.ca  
www.carerx.ca

Date: 15-Jul-2024  
Community/Home Name: Centennial Place  
Address: 2 Centennial Lane  
City: Millbrook  
Province: ON  
Postal Code: L0A 1G0

CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home

Name: 	Name: 
Title: Vice President	Title: Vice President of Operations
Community/Home: Centennial Place	CareRx
Date: July 15/2024	Date: 15-Jul-2024



info@carerx.ca  
www.carerx.ca

Date: 15-Jul-2024  
Community/Home Name: Moira Place  
Address: 415 River St West  
City: Tweed  
Province: ON  
Postal Code: K0K 3J0


CareRx is committed to providing support and pharmacy services to the residents of the above-named Retirement Community or Long-Term Care Home.

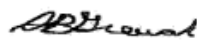
In the event of a major disaster, CareRx will arrange for:

- Provision of necessary medication orders and basic medical supplies upon discovery of an emergency at the home (including after hours)
- Provision of copies of the resident medication administration records which will be delivered to the temporary location if needed
- Medications and supplies can be loaded onto a medication cart if needed
- Timely delivery is provided directly to the temporary evacuation site (ongoing as needed)
- Continuation of other routinely provided pharmacy services as applicable

The above-named Retirement Community or Long-Term Care Home agrees to provide CareRx with a list of contact information during the disaster including:

- Name and address of relocation site
- Key contact person during evacuation/relocation
- Notification of any changes in temporary location including if a resident has been re-located or moved out of the Retirement Community or Long-Term Care Home

Name:   
Title: Vice Pres. clmt  
Community/Home: Moira Place  
Date: July 15/2024

  
Name: Alpinder Grewal  
Title: Vice President of Operations  
CareRx  
Date: 15-Jul-2024



## Disaster Plan Contact List

A copy of this form is to be maintained in the home's disaster manual

Item	Information			
Name of Evacuated Home:				
Name of Relocation Site:				
Relocation Site Address:				
Key Contact Person:	Name: _____ Phone #: _____ Email: _____			
CareRx Pharmacy Contact Information				
Dispensary Location	Address	Telephone Numbers	Fax Numbers	After Hours Emergency On-Call Pharmacist
Burlington	1320 Heine Court Burlington, Ontario, L7L 6L9	(905) 631-9027 (800) 677-4053	(905) 631-9217 (800) 564-9548	(905) 320-3878 (866) 631-5653
Cambridge	1165 Franklin Blvd, Unit L Cambridge, Ontario, N1R 8E1	(519) 624-9966 (866) 579-8203	(519) 624-4212 (866) 579-4489	(519) 996-5914
London	112 Newbold Court London, Ontario, N6E 1Z7	(519) 668-7246 (866) 773-1354	(519) 668-1066 (866) 773-1355	(216) 927-4756 (855) 518-4406
Ottawa	169 Colonnade Rd. South Ottawa, Ontario, K2E 7J4	(613) 747-2067 (866) 747-2067	(613) 747-7420 (877) 747-7426	(613) 866-2068 (866) 494-3008
Sudbury	555 Barrydowne Road, Unit 205 Sudbury, Ontario, P3A 3T4	(705) 525-0356	(866) 463-1771	(705) 690-7942
Thunder Bay	977 Alloy Drive Unit #9 Thunder Bay, Ontario, P7B 5Z8	(807) 345-5022 (833) 380-4501	(807) 345-5113 (866) 936-1755	(833) 962-0194
Windsor	3215 Jefferson Blvd, Unit 304 Windsor, Ontario, N8T 2W7	(519) 945-5080 (888) 316-2754	(519) 945-4116 (888) 316-2755	(519) 566-5080

**Switzer-Carty Bus Lines**

278 Lawrence Street West, RR#1, Madoc, Ontario K0K 2K0 (613) 473-4624

April 1, 2025

AON Inc.  
PO Box 296  
Peterborough, Ontario  
K9J 6Y8

## EMERGENCY TRANSPORTATION AGREEMENT

Switzer-Carty (formerly Roxborough) Bus Lines agrees to provide transportation, via bus services, to Moira Place LTCH, 415 River Street West, Tweed, Ontario in the event of a relocation due to an emergency.

Transportation requests can be made by calling (613) 473-4624, then pressing "1" for the after-hours emergency pager. This contact number is accessible 24 hours a day, 7 days / week. Other emergency numbers are:

- Dan Reid cell # 613-967-7379
- Alternate: Jeremy Solmes cell # 613-922-2024

Cancellation of the agreement by either party must be submitted in writing.

Contract effective date: April 1, 2025

Agreed By:

**For Moira Place LTCH (a Division of AON Inc.):**

Tera Pollock  
Print Name

TR  
Signature

July 24/25  
Date

**For Switzer-Carty Bus Lines:**

Barb Hill  
Print Name

Barb Hill  
Signature

July 24/25  
Date

**Annual Confirmation by Switzer-Carty:**

2025 Barb Hill  
Print Name

Barb Hill  
Signature

July 24/25  
Date

2026 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2027 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2028 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2029 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Roxborough Bus Lines**

278 Lawrence Street West, RR#1, Madoc, Ontario K0K 2K0 (613) 473-4624

October 21, 2021

AON Inc.  
PO Box 296  
Peterborough, Ontario  
K9J 6Y8

## EMERGENCY TRANSPORTATION AGREEMENT

Roxborough Bus Lines agrees to provide transportation, via bus services, to Moira Place LTCH, 415 River Street West, Tweed, Ontario in the event of a relocation due to an emergency.

Transportation requests can be made by calling (613) 473-4624, then pressing "1" for the after-hours emergency pager. This contact number is accessible 24 hours a day, 7 days / week. Other emergency numbers are:

- Dan Reid cell # 613-967-7379
- Alternate: Jeremy Solmes cell # 613-922-2024

Cancellation of the agreement by either party must be submitted in writing.

Contract effective date: October 21, 2021

Agreed By:

**For AON:**

Michael O'Keefe  
Print Name

[Signature]  
Signature

21 October 2021  
Date

**For Roxborough Bus Lines:**

Barb Hill  
Print Name

[Signature]  
Signature

21 October 2021  
Date

**Annual Confirmation by Roxborough Bus Lines:**

2021 Barb Hill  
Print Name

[Signature]  
Signature

October 21, 2021  
Date

2022 Barb Hill  
Print Name

[Signature]  
Signature

September 8, 2022  
Date

2023 Dan Reid  
Print Name

[Signature]  
Signature

Nov. 23/23  
Date

2024 Dan Reid  
Print Name

[Signature]  
Signature

Aug 1/24  
Date

2025 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

November 23, 2021

Debbie Look  
Centennial Place Long Term Care Facility  
2 Centennial Lane  
Millbrook, ON  
LOA 1G0

Dear Debbie,

I am writing this letter regarding our reciprocal agreement to use each other's sites in the event of an emergency. I hope this letter will now be sufficient notice until such time as changes are needed (from either Centennial Place or Millbrook South Cavan PS).

1. We have listed Centennial Place as a possible off site emergency location in the event of a situation requiring us to remove staff and students from our building. We will follow the Covid protocols that are in place for your facility.
2. We also agree that you could use our building in the event that you need to evacuate residents and staff from your site. Due to Covid 19 restrictions, access will only be through the front doors and to our gym.

During the course of the school day, you could simply call us to let us know of your need ----705-932-2789.

During out of school hours, you would be getting the assistance of the local Emergency Services. They have a key to the key box outside the front of the school and would be able to provide you access to the building.

3. You are also welcome to contact me after hours:  
Jeff White  
Cell – 705 760-3285

Should you have any questions, please do not hesitate to call.

Sincerely,

Jeff White  
Principal



**TWEED HUNGERFORD  
AGRICULTURAL SOCIETY  
BOX 112  
TWEED, ON.  
KOK 3JO**

July 12, 2024


Mr. Michael O'Keeffe  
Administrator  
Moir Place

Please accept this letter as our commitment to you. We would be pleased to allow you access to The Agricultural Hall at the Fairgrounds, as a temporary evacuation site, for your emergency plan. We will also provide you with a key to the facility, giving you 24 hour access.

Sincerely,

A handwritten signature in blue ink, appearing to read "Wayne Spicer", is written over a faint, light blue circular watermark that contains the text "AGRICULTURAL SOCIETY".

Wayne Spicer  
President  
Tweed Hungerford  
Agricultural Society

		<b>Policy Number:</b> <b>EM-D-32</b>
		<b>Page 1 of 1</b>
<b>Policy Section:</b> <b>Emergency Manual</b>	<b>Effective Date: July 2003</b>	
<b>Prepared By:</b> <b>S. Simmons</b>	<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Reception of Evacuees</b>	

## **Policy**

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

## **Procedure**

### Initial Call for Help

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

The Charge Nurse at the receiving site shall:

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

Care Staff: Provide beverage and light snack to evacuated residents, ensuring allergies are taken into account.

### Dietary Staff

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


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

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

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

<u>Cross References</u> : None	<u>Attachments</u> : EM-D-32A (Emergency Reception List)
--------------------------------	--

[illegible]

		<b>Policy Number:</b> <b>EM-D-36</b>
		<b>Page 1 of 1</b>
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Returning to an Evacuated Residence</b>	


## **Policy**

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

## **Procedure**

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

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

		<b>Policy Number:</b> <b>EM-E-10</b>
		Page 1 of 1
<b>Policy Section:</b>	<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>	<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Emergency Item Locations</b>	

## **Policy**

The emergency item location list will be established that is location-specific. It shall be reviewed with Managers, RN Supervisors and Charge Nurses.

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

## **Procedure**

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

### **FIRE**

Fire Alarms/Pull Stations  
Main Fire Panel and Annunciator  
Fire Panel Annunciators  
Fire Safety Zones  
Fire Exits  
Stairwells

### **MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES**

Emergency Generator Transfer Switch  
Emergency Generator  
Main Water Shut-Off Valve  
Sprinkler Valve  
Magnetic Lock Reset  
Main Gas Shut-Off Valve  
Electrical Panel

### **EMERGENCY SUPPLIES AND STORAGE**

Emergency Nursing Supplies  
Oxygen Storage

<b><u>Cross References:</u></b> EM-E-20 (Fire Extinguisher Locations)	<b><u>Attachments:</u></b> EM-E-10A (Emergency Item Location List)
---	--

# EMERGENCY ITEM LOCATIONS: **Canterbury Gardens**

## Lower Level

### EMERGENCY EQUIPMENT

Main Fire panel and Generator Controls are located in Electrical room (south end of hall).

Note: Canterbury has a 2 stage fire alarm

Generator located outside of building towards Glenforest St – gas/diesel fuelled

Pull stations: north exit, staff door, outside exit, South exit

### EMERGENCY EXITS AND SAFETY ZONES

Fire exits located at North and South end of Hall and Also Center exit to covered parking.

All Stairwells usually mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Sprinkler Room and Main Water Control (south end of hall)

Main Electrical Controls (south end of hall)

### EMERGENCY SUPPLIES AND STORAGE

**\*\* Spa\*\***

Emergency shut off located in Spa Room

Emergency Telephone located in Spa Room

First Aid Kit

Spine Board, Reach Pole with Life hook, Two buoyant throwing aids

## 1<sup>ST</sup> Floor

### EMERGENCY EQUIPMENT

Annuciator Panel at Front Entrance

Emergency Phone at Front Reception

Magnetic Door Lock Release Control

Pull stations at NE, NW, SE, SW, exits

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones: Fireside Lounge, West Hall, East Hall

Fire exits are located at Fireside lounge, Loading dock, NE Corner, SE corner, dining room, Front Entrance

Stairwells usually mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Main Gas shut off located outside of loading dock. Secondary gas shut off in kitchen and laundry

Electrical closets: East hall by Gazebo exit, West Hall by Care Center, Kitchen

Sprinkler valves in Center Corridor

### EMERGENCY SUPPLIES AND STORAGE

Emergency Eye wash stations in kitchen and laundry

# EMERGENCY ITEM LOCATIONS: **Canterbury Gardens**

## 2<sup>nd</sup> Floor

### EMERGENCY EQUIPMENT

Pull stations at NE, NW, SE, SW, exits

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones: West Hall, East Hall

Fire exits are located at Garden Home link, NE Corner, SE corner, NW corner, SW corner

Stairwells usually mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical closets: East hall by 208, West Hall by Resident Laundry

Sprinkler valves in Center Corridor

### EMERGENCY SUPPLIES AND STORAGE:

None

## 3<sup>rd</sup> Floor

### EMERGENCY EQUIPMENT

Pull stations at NE, NW, SE, SW, exits, Center Corridor fire doors

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones: West Hall, East Hall

Fire exits are located at, NE Corner, SE corner, NW corner, SW corner

Stairwells usually maglocked r

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical closets: East hall by Care Center, West Hall by Resident Laundry

Sprinkler valves in Center Corridor

Mechanical penthouse and roof access located in center corridor past dining room

### EMERGENCY SUPPLIES AND STORAGE

Employee First aid Kit

# EMERGENCY ITEM LOCATIONS: **Canterbury Gardens**

## Garden Homes

### EMERGENCY EQUIPMENT

Pull stations at NE, NW, SE, SW, exits

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones: West Block, East Block, Main Building

Fire exits are located at, NE Corner, SE corner, NW corner, SW corner, Link to Main Building

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical closets: North end of hall in East and West Blocks

### EMERGENCY SUPPLIES AND STORAGE:

None



# EMERGENCY ITEM LOCATIONS: **Princess Gardens**

## 1<sup>ST</sup> Floor

### EMERGENCY EQUIPMENT

Emergency phone jack is at reception area.  
Fire Hose is located on South wall of lobby  
Annunciator Panel is located on South wall of main lobby  
Smoke evacuation fan switch for Atrium is located in the Annunciator panel

### EMERGENCY EXITS AND SAFETY ZONES

Front doors off main lobby  
Mall door on West wall of main lobby

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

None

### EMERGENCY SUPPLIES AND STORAGE

None

## 2<sup>nd</sup> floor

### EMERGENCY EQUIPMENT

Fire hose cabinets are located in the Fireside Lounge south wall.  
Fire hose cabinets in hallways are W hall, NW hall, NE wall entering atrium, NE hall, SE hall has 2  
Pull Stations are located at top of stairs, in Fireside Lounge X 2 (NE corner, SE corner)

### EMERGENCY EXITS AND SAFETY ZONES

Located at each corner of second floor hallways and west wall of the Fireside Lounge  
There are 2 exit doors in the back hallway of the kitchen.  
There are stairs on the South area of the Fireside Lounge that lead to the main lobby exits

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Gas shut off valve is located in the kitchen behind the main cooking line (red handle)

### EMERGENCY SUPPLIES AND STORAGE:

Supply of water and paper is located in the kitchen.  
Supply of medical items in Traditional Care medication room

# EMERGENCY ITEM LOCATIONS: **Princess Gardens**

## 3<sup>rd</sup> Floor

### EMERGENCY EQUIPMENT

Fire hose cabinets are located in the dining room and also

W hall NW hall, NE hall, E hall

The first aid station is located in the Care Centre

The mag lock shut off is in the Care Centre

### EMERGENCY EXITS AND SAFETY ZONES

Emergency exits are located on each corner of the four hallways and on the West wall of the dining room.

Pull Stations are located on the W wall of dining room and NW corner x 2, NE corner, SE corner

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

None

### EMERGENCY SUPPLIES AND STORAGE

None

## 4<sup>th</sup> Floor

### EMERGENCY EQUIPMENT

The boiler room is located in the SW corner of 4th floor.

Main laundry is located beside the boiler room.

Natural Gas shut offs in boiler room are located by the 2<sup>nd</sup> door to the boiler room. In Laundry, there are only individual gas shut offs that are located behind each dryer.

There are 4 water shut offs for laundry (Clearly indicated Hot & Cold) all are located up at ceiling level.

### EMERGENCY EXITS AND SAFETY ZONES

Exits are located in the corners of all four hallways and in there is a second one in the NW hallway.

Pull Stations are located outside of boiler room, NW corner x 2, NE corner, SE corner

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

None

### EMERGENCY SUPPLIES AND STORAGE:

None

## Parking Garage

- The electrical room is located on the lower level near to the main entrance.
- The fire alarm panel is located in the electrical room.
- The sprinkler room is located on the lower level near to the main entrance.

# EMERGENCY ITEM LOCATIONS: **Royal Gardens**

The Fire Alarm is a 2 stage Fire Alarm. Stage 1 is an intermittent beep that runs for 5 minutes. Stage 2 is a continuous beep that begins after 5 minutes.

## 1<sup>st</sup> Floor

### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Main Entrance (First Floor Reception)  
Pull Stations are located at Front main door and SE and SW Stairwell (Pull station in staff hall beside stairwell to basement only – north side of building behind main elevators – not mag locked)  
Rooms 101 to 112 have pull stations beside the patio door exit in the suites  
Annunciator Panel is located in Main Entrance Vestibule

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones at front entrance, main corridors and Atrium  
Fire Exits are located at Main Entrance, SW exit, dining room patio, SE stairwell, loading dock  
Stairwell to basement, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor located in SW corner – usually mag-locked  
Stairwell to 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor and roof located in SE corner (includes fire exit noted above) usually mag-locked  
Stairwell to basement only – north side of building behind main elevators - not mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator Second Stage Switch is in Main Vestibule  
Gas Shut-off Valves are located in the main kitchen and main laundry

### EMERGENCY SUPPLIES AND STORAGE

Emergency Dining Service paper Supplies located in Atrium storage area  
Emergency Nursing Supplies located in 1<sup>st</sup> floor/Independent Retirement Care station  
Eye wash stations (continuous flow) located in main kitchen and main laundry

## 2<sup>nd</sup> floor

### EMERGENCY EQUIPMENT

Pull Stations are located at SE stairwell, SW stairwell, and back exit to Garden Homes

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located in resident corridors & lounges and on west outside patio  
Fire Exits are located at SE stairwell, SW stairwell, East rear entrance  
Stairwell to basement, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor and roof located in SW corner – usually mag-locked  
Stairwell to 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor located in SE corner (includes fire exit noted above) usually mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Gas Shut-off Valve is located in the SE resident laundry room (not in use at this time – hooked up but capped)

### EMERGENCY SUPPLIES AND STORAGE:

Care Department emergency supplies located in storage room across from room 208  
Eyewash station (continuous flow) located in Resident Laundry Room across from 209

# EMERGENCY ITEM LOCATIONS: **Royal Gardens**

## 3<sup>rd</sup> Floor

### EMERGENCY EQUIPMENT

Emergency Phone is located at main care station off North resident lounge

Pull Stations are located at SE corner exit – both sides of locked door and also beside SE emergency stairwell, South entrance to EC by 338/339 – both sides of door, SW corner lounge by stairwell

Magnetic Lock Reset is located in Enriched Care station (off main elevator north lounge area)

Fire Annunciator Panel is located in Resident Care Centre (enriched care only)

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is in resident corridors and at 3<sup>rd</sup> floor east outside deck

Fire Exits are located at 3<sup>rd</sup> floor east outside deck, SE corner stairwell, SW corner stairwell

Stairwell to basement, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor and roof located in SW corner – usually mag-locked

Stairwell to 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor located in SE corner (includes fire exit noted above) - usually mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Gas Shut-off Valve is located in the resident SE laundry room (not in use at this time – hooked up but capped)

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in EC care station

Emergency eyewash station (continuous flow) **in care station area (doctor's office)** in Enriched Care

## Roof/Boiler Room

### EMERGENCY EQUIPMENT

Pull station at top of stairs to roof

Back up emergency lighting (battery) in generator room

### EMERGENCY EXITS AND SAFETY ZONES

Evacuation exit on the roof through SW stairwell

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator and transfer switch is located in Boiler room

### EMERGENCY SUPPLIES AND STORAGE

Fuel Storage tank for generator located on roof, outside roof exit door

# EMERGENCY ITEM LOCATIONS: **Royal Gardens**

## Basement

### EMERGENCY EQUIPMENT

Pull Stations are located at SW stairwell and Stairwell to 1<sup>st</sup> Service Corridor

Main Fire Panel is in Electrical Panel/Vault room (Through doors to storage area).

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located in main hallways

Fire Exits are located at SW stairwell and North side of building, behind main elevators

Stairwell to basement, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floor located in SW corner – usually mag-locked

Stairwell to basement only from 1<sup>st</sup> floor – north side of building behind main elevators – never mag-locked

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Main Water Shut-off Valve is located in Sprinkler room (Off first floor Service Corridor North)

Sprinkler shut off Valves are located in the Sprinkler room – **north west corner through “staff only” door**

Main Gas Shut-off Valve is located on the main gas metre outside of loading dock area, north wall in front **of manager's parking**

Main Electrical Panel is located in the Electrical/Vault room (Through doors to storage area)

### EMERGENCY SUPPLIES AND STORAGE

Fuel Storage tanks located in the fuel storage room, north side of building across from staff change rooms.

## Garden Homes

### EMERGENCY EQUIPMENT

Pull station inside main building at second floor SE entrance (initiated when emergency response required for garden homes)

Each Garden home is equipped with a smoke detector and carbon monoxide detector – smoke detectors are linked to the call bell system but not to the fire panel

Sprinklers located outside of each garden home kitchen.

### EMERGENCY EXITS AND SAFETY ZONES

Suites 1 to 4 and 6 to 9 are equipped with single exit doors from living room. Suites 5 and 10 on each block are equipped with 2 exits, including a patio door.

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Each suite has individual water and gas shut off, located in the furnace room.

Breaker panels for each specific suite are located in each garden home furnace room.

Breaker panels for exterior lighting are located at the north end of each block of garden homes.

NOTE: Shed at top of hill, east end of driveway contains propane tanks for BBQ and shut off for outside garden irrigation system.

# EMERGENCY ITEM LOCATIONS:

## **Centennial Place**

### Administration/Lobby/Service Corridor– 1<sup>ST</sup> Floor

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Front Entrance (First Floor Reception)  
Megaphone is located at Reception at the Front Entrance (First Floor Reception)  
Fire Extinguishers are located at Front Desk; Generator Room; Boiler Room; Loading Bay; Kitchen (x2);  
Laundry Room; Service Corridor (x3); Electrical Room; Lobby/Elevator Room;  
Pull Stations are located at Heritage and Trail Entrances; Service Corridor entrances; Staff entrance door;  
Loading Dock (x2); and at Front Entrance Doors  
Main Fire Panel is located in Main Electrical Room (Off first Floor Service Corridor North)  
Magnetic Lock Reset is located in Main Electrical Room (Off first Floor Service Corridor North)  
Fire Annunciator Panels are located at each Resident Care Centre (Both Floors)  
Main Fire Alarm Annunciator Panel is located in Front Entrance (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones are located at Trail & Heritage Resident Room Corridors.  
Fire Exits are located at Heritage and Trail Entrances; Main Entrance; and Service Corridor (North)  
Stairwells are located North Central, East and West end of the building.  
Stairwell #3 Trail Home East End & Harvest Home East End  
Stairwell #2 (Central) Heritage, North of Dining Room & Millpond, North of Dining Room  
Stairwell #1 Heritage Home West End & Millpond Home West End

#### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator Transfer Switch is in Main Electrical Room (Off first floor Service Corridor North)  
Main Water Shut-off Valve is located in the Mechanical Room (Off first floor Service Corridor North)  
Sprinkler Valve is located in the Mechanical Room (Off first floor Service Corridor North)  
Main Gas Shut-off Valves are located at the Gas meter area (Exterior of building, North Side past Loading Dock)  
Main Electrical Panel is located in the Electrical Room (Off first floor Service Corridor North)  
Emergency Generator is located in Generator Room (Off first floor Service Corridor North)

#### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)  
Emergency Dietary Supplies located in Dry Storage (Main kitchen) (Off first floor Service Corridor North)  
Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor North)

# EMERGENCY ITEM LOCATIONS:

## **Centennial Place**

### Trail House – 1<sup>st</sup> Floor East

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Front Entrance (First Floor Reception)

Megaphone is located at Reception at the Front Entrance (First Floor Reception)

Fire Extinguishers are located at Stairwell # 3 (East) and Across from Rooms #128 & #155

Pull Stations are located at: Emergency Stairwell # 3 (East); across from Soiled Utility (by Fire Doors North of Dining Room); across from Room #155 (by North Fire doors); across from Room #128 (by South Fire doors); and By Fire Doors by Care Center South.

Main Fire Panel is located in Main Electrical Room (Off first floor Service Corridor North)

Magnetic Lock Reset is located in Main Electrical Room (Off first floor Service Corridor North)

Fire Annunciator Panel is located at each Care Centre (Both Floors)

Main Fire Alarm Annunciator Panel is located in Front Entrance (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room

Fire Exits are located at Stairwell, #3 (East); North West Corridor; South West Corridor; Main Entrance

Stairwell #3 Trail Home East End & Harvest Home East End

Stairwell #2 (Central) Heritage Home, north of dining room & Millpond Home, north of dining room

Stairwell #1 Heritage Home West End & Millpond Home West End

### Heritage House – 1<sup>st</sup> Floor West

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Front Entrance (First Floor Reception)

Megaphone is located at Reception at the Front Entrance (First Floor Reception)

Fire Extinguishers are located at Stairwell #1 and Across from room #100 & room #127.

Pull Stations are located at: Emergency Stairwell # 1 (West); across from Soiled Utility (by Fire Doors North of Dining Room); by Stairwell 2 (Central) Exit); across from Room #127 (by North Fire doors); across from Room #100 (by South Fire doors); and By Fire Doors by Care Center South.

Main Fire Panel is located in Main Electrical Room (Off first floor Service Corridor North)

Magnetic Lock Reset is located in Main Electrical Room (Off first floor Service Corridor North)

Fire Annunciator Panel is located at each Care Centre (Both Floors)

Main Fire Alarm Annunciator Panel is located in Front Entrance (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room,

Fire Exits are located at Stairwell, #2 (North), Stairwell #1 (West), Main Entrance, North East Corridor, South East Corridor.

Stairwell #3 Trail Home East End & Harvest Home East End

Stairwell #2 (Central) Heritage Home, north of dining room & Millpond Home, north of dining room

Stairwell #1 Heritage Home West End & Millpond Home West End

# EMERGENCY ITEM LOCATIONS:

## **Centennial Place**

### Lobby/Service Corridor– 2<sup>nd</sup> Floor

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Front Entrance (First Floor Reception)  
Megaphone is located at Reception at the Front Entrance (First Floor Reception)  
Fire Extinguisher is located in Service Corridor; by Roof Attic Entrance (x2)  
Pull Stations are located at Millpond & Harvest Entrances, and at Service Corridor entrances  
Main Fire Panel is located in Main Electrical Room (Off first Floor Service Corridor North)  
Magnetic Lock Reset is located in Main Electrical Room (Off first Floor Service Corridor North)  
Fire Annunciator Panels are located at each Resident Care Centre (Both Floors)  
Main Fire Alarm Annunciator Panel is located in Front Entrance (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones are located at Millpond & Harvest Resident Room Corridors.  
Fire Exits are located at Millpond & Harvest Entrances; Main Entrance; and Service Corridor (North)  
Stairwells are located North Central, East and West end of the building.  
Stairwell #3 Trail Home East End & Harvest Home East End  
Stairwell #2 (Central) Heritage, North of Dining Room & Millpond, North of Dining Room  
Stairwell #1 Heritage Home West End & Millpond Home West End

#### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator Transfer Switch is in Main Electrical Room (Off first floor Service Corridor North)  
Main Water Shut-off Valve is located in the Mechanical Room (Off first floor Service Corridor North)  
Sprinkler Valve is located in the Mechanical Room (Off first floor Service Corridor North)  
Main Gas Shut-off Valves are located at the Gas meter area (Exterior of building, North Side past Loading Dock)  
Main Electrical Panel is located in the Electrical Room (Off first floor Service Corridor North)  
Emergency Generator is located in Generator Room (Off first floor Service Corridor North)  
Roof Access is located in the Electrical Room (In the Service Corridor South)



# EMERGENCY ITEM LOCATIONS:

## **Centennial Place**

### Harvest House – 2<sup>nd</sup> Floor East

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Front Entrance (First Floor Reception)

Megaphone is located at Reception at the Front Entrance (First Floor Reception)

Fire Extinguishers are located at Stairwell # 3 (East) and Across from Rooms #228 & #255

Pull Stations are located at: Emergency Stairwell # 3 (East); across from Soiled Utility (by Fire Doors North of Dining Room); across from Room #255 (by North Fire doors); across from Room #228 (by South Fire doors); and By Fire Doors by Care Center South.

Main Fire Panel is located in Main Electrical Room (Off first floor Service Corridor North)

Magnetic Lock Reset is located in Main Electrical Room (Off first floor Service Corridor North)

Fire Annunciator Panel is located at each Care Centre (Both Floors)

Main Fire Alarm Annunciator Panel is located in Front Entrance (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room

Fire Exits are located at Stairwell, #3 (East); North West Corridor; South West Corridor

Stairwell #3 Trail Home East End & Harvest Home East End

Stairwell #2 (Central) Heritage Home, north of dining room & Millpond Home, north of dining room

Stairwell #1 Heritage Home West End & Millpond Home West End

### Millpond House – 2<sup>nd</sup> Floor West

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Front Entrance (First Floor Reception)

Megaphone is located at Reception at the Front Entrance (First Floor Reception)

Fire Extinguishers are located at Stairwell #1 and Across from room #200 & room #227.

Pull Stations are located at: Emergency Stairwell # 1 (West); across from Soiled Utility (by Fire Doors North of Dining Room); by Stairwell 2 (Central) Exit); across from Room #227 (by North Fire doors) ; across from Room #200 (by South Fire doors); and By Fire Doors by Care Center South.

Main Fire Panel is located in Main Electrical Room (Off first floor Service Corridor North)

Magnetic Lock Reset is located in Main Electrical Room (Off first floor Service Corridor North)

Fire Annunciator Panel is located at each Care Centre (Both Floors)

Main Fire Alarm Annunciator Panel is located in Front Entrance (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room,

Fire Exits are located at Stairwell, #2 (North), Stairwell #1 (West), North East Corridor, South East Corridor.

Stairwell #3 Trail Home East End & Harvest Home East End

Stairwell #2 (Central) Heritage Home, north of dining room & Millpond Home, north of dining room

Stairwell #1 Heritage Home West End & Millpond Home West End

# EMERGENCY ITEM LOCATIONS: **Empress Gardens**

## EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Central Entrance (First Floor Reception)  
Pull Stations are located at each fire exit door  
Main Fire Panel is located in Main Electrical Room in the basement  
Magnetic Lock Reset is located in the closet across from the DOC office on the main floor  
Main Fire Alarm Annunciator Panel is located in Main Lobby (Front Entrance Vestibule)

## EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones: Fireside Lounges (1<sup>st</sup> and 2<sup>nd</sup> floors) and in the Chapel and Library (3<sup>rd</sup> floor)  
Fire Exits are located at Stairwells:

1. East
2. Centre by elevators
3. West
4. By Back Elevators
5. South
6. West inside #3 (ground floor to 2<sup>nd</sup> floor)
7. Loading dock

## MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator Transfer Switch is in Main Electrical Room (Basement)  
Main Water Shut-off Valve is located in the Sprinkler Room (Basement)  
Sprinkler Valve is located in the Sprinkler Room (Basement)  
Main Gas Shut-off Valve is located in the Sprinkler Room (Basement)  
Main Electrical Panel is located in the Main Electrical Room (Basement)  
Emergency Generator is located outside, beside the Loading Dock

## EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in the 5<sup>th</sup> floor store-room  
Emergency Dietary Supplies located in Dry Storage (Main kitchen, 2<sup>nd</sup> floor)  
Emergency Laundry Supplies located in Laundry Room (Basement)

# EMERGENCY ITEM LOCATIONS:

## **Moira Place**

### Administration Offices – 1ST Floor

#### EMERGENCY EQUIPMENT

Emergency Phone is located at Reception at the Central Entrance (First Floor Reception)

Fire Extinguisher is in Fireside Lounge

Pull Stations are located at Heritage and Trillium Entrances, and at Front Exit Doors

Main Fire Panel is located in Main Electrical Room (Off first Floor Service Corridor West)

Magnetic Lock Reset is located in the Front Entrance Vestibule

Fire Annunciator Panels are located at each Resident Care Centre (Both Floors)

Main Fire Alarm Annunciator Panel is located in Main Lobby (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones are located at Trillium & Heritage Resident Room Corridors.

Fire Exits are located at /Heritage and Trillium Entrances /Main Entrance and /Service Corridor (West)

(Stairwell #3 Trillium Home & Hawthorn Home - North End)

(Stairwell #2 (Central) Heritage & Mulberry Home - West of Dining Room)

(Stairwell #1 Heritage Home & Mulberry Home - South End)

Stairwells are located West Central, North and South end of the building.

#### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator Transfer Switch is in Main Electrical Room (Off 1st floor Service Corridor West)

Main Water Shut-off Valve is located in the Mechanical Room (Off first floor Service Corridor West)

Sprinkler Valve is located in the Mechanical Room (Off first floor Service Corridor West)

Main Gas Shut-off Valve is located outside of Main Electrical Room (Off first floor Service Corridor West)

Main Electrical Panel is located in the Electrical Room (Off first floor Service Corridor West)

Emergency Generator is outside main electrical room (Off first floor Service Corridor West)

#### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage (Main kitchen (Off first floor Service Corridor West)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor West)

### Trillium House – 1st Floor North

#### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell # 3 (North) and Across from Rooms #128 & #155

Pull Stations are located at: Emergency Stairwell # 3 (North); Across from Soiled Utility by Fire Doors;

Central Corridor West of Dining Room; By Room #155; Across from Room #128; By Fire doors (East);

By Care Center (East).

Fire Annunciator Panel is located at Resident Care Centre

# EMERGENCY ITEM LOCATIONS:

## **Moira Place**

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room)

Fire Exits are located at: Stairwell, #3 (North); South West Corridor; South East Corridor; Main Entrance (Stairwell #3 Trillium Home & Hawthorn Home - North End)

(Stairwell #2 (Central) Heritage Home & Mulberry Home, - West of dining Room)

(Stairwell #1 Heritage Home & Mulberry Home - South End)

Stairwells are located West Central, North and South end of the building.

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage (Main Kitchen (Off first floor Service Corridor West)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor West)

Oxygen Storage –Clean Utility Rooms (Mulberry & Trillium Homes)

## Heritage House – 1<sup>st</sup> Floor South

### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell #1 and Across from Rooms #100 & #127

Pull Stations are located: across from Soiled Utility Rm; Across from Rooms #127; By Room #100;

Two at West Central Emergency Exit; Emergency Exit South Stairwell #1; Emergency Exit North (Care Center); Fire Doors by (Care Center)

Fire Annunciator Panel is located at Resident Care Centre

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room,

Fire Exits are located at: Stairwell, #2 (West); Stairwell #1 (South); Main Entrance; North West Corridor; North East Corridor.

(Stairwell #3 Trillium Home & Hawthorn Home - North End)

(Stairwell #2 (Central) Heritage Home & Mulberry Home, - West of dining Room)

(Stairwell #1 Heritage Home & Mulberry Home - South End)

Stairwells are located West Central, North and South end of the building.

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage (Main Kitchen, (Off first floor Service Corridor West)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor West)

# EMERGENCY ITEM LOCATIONS:

## **Moira Place**

### Hawthorn House – 2<sup>nd</sup> Floor North

#### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell #3 (North) and Across from Rooms #228 & #225  
Pull Stations are located at: Across from Soiled Utility Room; Across from Room #228; By Room #255; By Care Center East; Fire Doors East Corridor; North Emergency Stairwell Exit #3;  
Fire Doors Central West of Dining Room.  
Fire Annunciator Panel is located at Resident Care Centre

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at Dining Room  
Fire Exits are located at: Emergency Stairwell #3 (North); South West Corridor;  
South East Corridor.  
(Stairwell #3 Trillium Home & Hawthorn Home - North End)  
(Stairwell #2 (Central) Heritage Home & Mulberry Home, - West of dining Room)  
(Stairwell #1 Heritage Home & Mulberry Home - South End)  
Stairwells are located West Central, North and South end of the building.

#### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

#### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)  
Emergency Dietary Supplies located in Dry Storage (Main Kitchen (Off first floor Service Corridor West)  
Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor West)  
Oxygen Storage –Clean Utility Rooms (Mulberry & Trillium Homes)

# EMERGENCY ITEM LOCATIONS:

## **Moira Place**

### Mulberry House – 2<sup>nd</sup> Floor South

#### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell #1 (South) and Across from Rooms #200 & #227  
Pull Stations are located at: Stairwell #1; By Soiled Utility Rm; Across from Room #227;  
By Room #200; North Entrance by Care Center Fire Doors; South Emergency Stairwell #1;  
Two at West Central Emergency Stairwell West of Dining Room.  
Fire Annunciator Panel is located at Resident Care Centre

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zone is located at the Dining Room,  
Fire Exits are located at: Emergency Stairwell #1 (South), /North West Corridor; North East  
Corridor; Emergency Exit #2 West of Dining Room  
Stairwell #3 Trillium Home & Hawthorn Home - North End)  
(Stairwell #2 (Central) Heritage Home & Mulberry Home, - West of dining Room)  
(Stairwell #1 Heritage Home & Mulberry Home - South End)  
Stairwells are located West Central, North and South end of the building.

#### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

#### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)  
Emergency Dietary Supplies located in Dry Storage (Main Kitchen (Off first floor Service Corridor North)  
Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor North)

# EMERGENCY ITEM LOCATIONS:

## **Station Place**

### Administration Offices – 1ST Floor

#### EMERGENCY EQUIPMENT

Fire Extinguisher is in Fireside Lounge

Pull Stations are located at Heritage and Trent Entrances, Main Offices South Corridor and at Front Exit Doors

Main Fire Panel is located in Main Electrical Room (Off first Floor Service Corridor North / East)

Magnetic Lock Reset is located in the Front Entrance Vestibule

Fire Annunciator Panels are located at each Resident Care Centre (Both Floors)

Main Fire Alarm Annunciator Panel is located in Main Lobby (Front Entrance Vestibule)

#### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones begin at the fire doors / entrances to Trent & Heritage home areas to the front entrance.

Fire Exits are located at Main Entrance / Office Corridor Hallway

Stairwell #1 Trent RHA {Resident Home Area} & Kawartha RHA – West

Stairwell #2 Central Trent & Kawartha RHA – North of Dining Rooms

Stairwell #3 Heritage RHA & Algonquin RHA – East

Stairwells are located East, West and North ends of the building, with West #1, North #2 & East #3

#### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Emergency Generator Transfer Switch is in Main Electrical Room (Off first floor Service Corridor North)

Main Water Shut-off Valve is located in the Mechanical Room (Off first floor Service Corridor North)

Sprinkler Valve is located in the Mechanical Room (Off first floor Service Corridor North)

Main Gas Shut-off Valve is located outside of Main Electrical Room (Off first floor Service Corridor North)

Main Electrical Panel is located in the Electrical Room (Off first floor Service Corridor North).

Subpanels are located in the IT room beside the elevators

Emergency Generator is outside secondary electrical room (Off first floor Service Corridor North by Environmental Services Supervisor Office)

#### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage in Main Kitchen (Off first floor Service Corridor North)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor North)

### Trent RHA – 1st Floor West

#### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell # 1 and Across from Rooms #104 & #129 & outside Room #117

# EMERGENCY ITEM LOCATIONS:

## **Station Place**

Pull Stations are located at: Emergency Stairwell # 1; the entrance to the RHA on both sides of Fire doors; both sides of the Fire Doors leading into resident bedrooms; and both sides of Fire Doors by Soiled Utility Room.

Fire Annunciator Panel is located at Resident Care Centre

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones begin at Fire Doors by Soiled Utility Room, to the Dining Room and over to the Trent RHA entrance fire doors.

Fire Zones begin at Fire Doors entering into resident bedrooms to Fire Doors between the Den and Courtyard entrance

Fire Exits are located at: Stairwell, #1 Main Entrance to RHA

Stairwell #1 Trent RHA {Resident Home Area} & Kawartha RHA – West

Stairwell #2 Central Trent & Kawartha RHA – North of Dining Rooms

Stairwell #3 Heritage RHA & Algonquin RHA – East

Stairwells are located East, West and North ends of the building, with West #1, North #2 & East #3

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical Room by Trent Dining Room

Electrical subpanel located in Trent Servery

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage in Main Kitchen (Off first floor Service Corridor North)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor North)

Oxygen Storage –Clean Utility Rooms (Kawartha & Trent)

## Heritage RHA – 1<sup>st</sup> Floor East

### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell # 3 and Across from Rooms #169 & #144 & outside Room #157

Pull Stations are located at: Emergency Stairwell # 3; the entrance to the RHA on both sides of Fire doors; both sides of the Fire Doors leading into resident bedrooms; and both sides of Fire Doors by Soiled Utility Room.

Fire Annunciator Panel is located at Resident Care Centre

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones begin at Fire Doors by Soiled Utility Room, to the Dining Room and over to the Heritage RHA entrance fire doors.

Fire Zones begin at Fire Doors entering into resident bedrooms to Fire Doors between the Den and Courtyard entrance

Fire Exits are located at: Stairwell, #3 Main Entrance to RHA

Stairwell #1 Trent RHA {Resident Home Area} & Kawartha RHA – West

Stairwell #2 Central Trent & Kawartha RHA – North of Dining Rooms

Stairwell #3 Heritage RHA & Algonquin RHA – East

Stairwells are located East, West and North ends of the building, with West #1, North #2 & East #3



# EMERGENCY ITEM LOCATIONS:

## **Station Place**

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical Room by Heritage Dining Room

Electrical subpanel located in Heritage Served

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage (Main Kitchen, (Off first floor Service Corridor West)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor West)

## Kawartha RHA – 2<sup>nd</sup> Floor West

### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell # 1 and Across from Rooms #204 & #229 & outside Room #217

Pull Stations are located at: Emergency Stairwell # 1; the entrance to the RHA on both sides of Fire doors; both sides of the Fire Doors leading into resident bedrooms; and both sides of Fire Doors by Soiled Utility Room.

Fire Annunciator Panel is located at Resident Care Centre

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones begin at Fire Doors by Soiled Utility Room, to the Dining Room and over to the Kawartha RHA entrance fire doors.

Fire Zones begin at Fire Doors entering into resident bedrooms to Fire Doors between the Den and Balcony entrance

Fire Exits are located at: Stairwell, #1 Main Entrance to RHA

Stairwell #1 Trent RHA {Resident Home Area} & Kawartha RHA – West

Stairwell #2 Central Trent & Kawartha RHA – North of Dining Rooms

Stairwell #3 Heritage RHA & Algonquin RHA – East

Stairwells are located East, West and North ends of the building, with West #1, North #2 & East #3

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical Room by Kawartha Dining Room

Electrical subpanel located in Kawartha Served

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage in Main Kitchen (Off first floor Service Corridor North)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor North)

Oxygen Storage –Clean Utility Rooms (Kawartha & Trent)

## Algonquin RHA – 2<sup>nd</sup> Floor East

### EMERGENCY EQUIPMENT

Fire Extinguishers are located at Stairwell # 3 and Across from Rooms #269 & #244 & outside Room #257

# EMERGENCY ITEM LOCATIONS:

## **Station Place**

Pull Stations are located at: Emergency Stairwell # 3; the entrance to the RHA on both sides of Fire doors; both sides of the Fire Doors leading into resident bedrooms; and both sides of Fire Doors by Soiled Utility Room.

Fire Annunciator Panel is located at Resident Care Centre

### EMERGENCY EXITS AND SAFETY ZONES

Fire Safety Zones begin at Fire Doors by Soiled Utility Room, to the Dining Room and over to the Algonquin RHA entrance fire doors.

Fire Zones begin at Fire Doors entering into resident bedrooms to Fire Doors between the Den and Balcony entrance

Fire Exits are located at: Stairwell, #3 Main Entrance to RHA

Stairwell #1 Trent RHA {Resident Home Area} & Kawartha RHA – West

Stairwell #2 Central Trent & Kawartha RHA – North of Dining Rooms

Stairwell #3 Heritage RHA & Algonquin RHA – East

Stairwells are located East, West and North ends of the building, with West #1, North #2 & East #3

### MECHANICAL, ELECTRICAL AND SHUT-OFF VALVES

Electrical Room by Algonquin Dining Room


Electrical subpanel located in Algonquin Servedy

### EMERGENCY SUPPLIES AND STORAGE

Emergency Nursing Supplies located in each Home Area Treatment Room (Med Room)

Emergency Dietary Supplies located in Dry Storage (Main Kitchen, (Off first floor Service Corridor North)

Emergency Laundry Supplies located in Laundry Clean Room (Off first floor Service Corridor North)

<div></div>		<b>Policy Number:</b>	<b>EM-E-20</b>
		Page 1 of 1	
<b>Policy Section:</b>		<b>Emergency Manual</b>	<b>Effective Date: July 2003</b>
<b>Prepared By:</b>		<b>S. Simmons</b>	<b>Revision Date: July 2025</b>
<b>Subject:</b>	<b>Fire Extinguisher Locations</b>		

## **Policy**

A listing of fire extinguisher locations and types shall be established that is location-specific. It shall be reviewed with the Managers, RN Supervisors and Charge Nurses.

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

## **Procedure**

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

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

<u>Cross References:</u> EM-E-10 (Emergency Item Locations); EM-B-44 (Fire Extinguishers)	<u>Attachments:</u> EM-E-20A (Fire Extinguisher Locations & Types)
---	--

# Fire Extinguisher Locations & Types

## Canterbury Gardens

### Lower Level

- By NE Exit Door
- By Elevator
- Outside Movie/Craft Room
- Hall between Fitness and Pool area
- By SE exit door
- Sprinkler Room
- Electrical Room (5 lb BC)
- Elevator Machine Room

### 2<sup>nd</sup> Floor

- in baking room
- in resident laundry
- by NW exit
- by NE exit
- by SW exit
- by SE exit
- by Garden Home link
- by Center Fire Separation doors (Rm 201)

### 1<sup>st</sup> Floor

- Fireside lounge, by SW exit door
- Cloak Room, Reception
- Servery (Pub/Multipurpose)
- by NW exit
- by SE exit
- by SW exit
- by Gazebo entrance
- by Center Fire Separation doors (Rm 101)
- by Atrium Fire separation doors ( to outside patio)
- by tea room/Pub entrance
- main laundry
- Main kitchen (back)
- Main Kitchen (front) (K)
- by fire doors outside care center
- Elevator Machine Room

### 3<sup>rd</sup> Floor

- mechanical room
- servery
- in resident laundry
- in service elevator by elevator
- by NW exit
- by NE exit
- inside lift storage room
- by SW exit
- by SE exit
- one on each side of center Fire separation doors

### Garden Homes

- by NW exit
- by NE exit
- by SW exit
- by SE exit

*All are 5 lb ABC extinguishers except as noted*

# Fire Extinguisher Locations & Types

## Centennial Place

### Millpond (2<sup>nd</sup>)

5 lb ABC	Across From Room 200
5 lb ABC	Beside West Stairs
5 lb ABC	Across From Room 227

### Harvest (2<sup>nd</sup>)

5 lb ABC	Across From Room 228
5 lb ABC	Beside East Stairs
5 lb ABC	Across From Room 255

### General (2<sup>nd</sup> Lobby/Service)

10lb ABC	Roof Attic Entrance (x 2)
5 lb ABC	Service Corridor (outside servery)

### Heritage (1<sup>st</sup>)

5 lb ABC	Across From Room 100
5 lb ABC	Beside West Stairs
5 lb ABC	Across From Room 127

### Trail (1<sup>st</sup>)

5 lb ABC	Across From Room 128
5 lb ABC	Beside East Stairs
5 lb ABC	Across From Room 155

### General (1<sup>st</sup> Lobby/Service)

5 lb ABC	Front Desk
5 lb ABC	Generator Room
5 lb ABC	Boiler Room (Corridor)
5 lb ABC	Loading Bay
5 lb ABC	Kitchen (North)
5 lb ABC	Laundry Room
5 lb ABC	Service Corridor (outside servery x2, outside kitchen)
5 lb ABC	Electrical Room
5 lb ABC	Lobby - Across From Elevator
5 lb ABC	Elevator Machine Room
20 lb K	Kitchen

# Fire Extinguisher Locations & Types

## Empress Gardens

### 6<sup>th</sup> Floor

ABC	East
ABC	West
ABC	Elevator Machine Room (roof)

### 5<sup>th</sup> Floor

ABC	East
ABC	West

### 4<sup>th</sup> Floor

ABC	East
ABC	West

### 3<sup>rd</sup> Floor

ABC	East
ABC	Laundry Room
ABC	South (330)
ABC	South (334)
ABC	West

### 2<sup>nd</sup> Floor

ABC	East
ABC	West
ABC	South (230)
ABC	Lounge
ABC	South (235)
ABC	Boiler Room
ABC	Across from Dietary office
ABC	Kitchen - east wall
K	Kitchen – west wall

### 1<sup>st</sup> Floor

ABC	Lobby – Desk
ABC	Charlotte St. entrance
ABC	Loading Dock Hall
ABC	Loading Dock
ABC	Cart Room
ABC	Elevator Machine Room

### Basement

ABC	Basement Hall - south
ABC	Outside Women's Washroom
ABC	Staff Room
ABC	Laundry Room
ABC	Telephone Room
ABC	Across from Elevator
ABC	Activity Room Storage
ABC	Electrical Room

# Fire Extinguisher Locations & Types

## Moira Place

### Mulberry (2<sup>nd</sup>)

5 lb ABC	Across From Room 200
5 lb ABC	Beside the South Stairs
5 lb ABC	Across From Room 227
5 lb ABC	Inside Servery

### Hawthorn (2<sup>nd</sup>)

5 lb ABC	Across From Room 228
5 lb ABC	Beside the North Stairs
5 lb ABC	Across From Room 255
5 lb ABC	Inside Servery

### Heritage (1<sup>st</sup>)

5 lb ABC	Across From Room 100
5 lb ABC	Beside the South Stairs
5 lb ABC	Across From Room 127
5 lb ABC	Inside Servery

### Trillium (1<sup>st</sup>)

5 lb ABC	Across From Room 128
5 lb ABC	Beside the North Stairs
5 lb ABC	Across From Room 155
5 lb ABC	Inside Servery

### General (1<sup>st</sup>)

5 lb ABC	Fireside Lounge
5 lb ABC	Elevator Machine Room
5 lb ABC	Kitchen (X2)
10 lb ABC	Mechanical Room
10 lb ABC	Electrical Room
10 lb ABC	Maintenance Room

### General (2<sup>nd</sup>)

5 lb ABC	By Staff Lounge
----------	-----------------

# Fire Extinguisher Locations & Types

## Princess Gardens

### 4<sup>th</sup> Floor

20 lb ABC Main Laundry  
Boiler Room  
Elevator Room  
Emergency Generator Room  
5 lb ABC Hall Near Room 463  
Hall Near Room 442  
Hall Near Room 447  
Hall Near Room 426  
Hall Near Room 417  
Hall Near Room 400

### 3<sup>rd</sup> Floor

10lb BC Electrical Room  
20 lb ABC Outside Men's Washroom  
Janitor Room Hallway  
5lb ABC Outside Staff Room  
Outside Housekeeping Office  
Resident Storage Hall  
Dining Room  
Hall Near Room 300  
Hall Near Room 319  
Hall Near Room 326  
Hall Near Room 342  
Hall Near Room 355

### 2<sup>nd</sup> Floor

10lb ABC Garbage Room  
5lb ABC Kitchen Elevator  
20lb K Kitchen  
7lb ABC Hall Near Room 208  
5lb ABC Utility Hall (Behind Kitchen)  
Loading Dock Hallway  
Princess Lounge  
Beside Tuck Shop  
Fireside Lounge  
Café  
Outside Care Office  
Outside Massage Room  
Hall Near Room 214  
Hall Near Room 200

### 1<sup>st</sup> Floor

5lb ABC Lobby  
Back Hall by Boardroom  
Southeast Fire Exit  
Gardens Bus (X2)

### Parking Garage

10lb ABC Elevator Machine Room (by stairs)  
10lb BC Electrical Room  
5lb ABC Elevator Machine Room (by ramp)



# Fire Extinguisher Locations & Types

## Royal Gardens

### 3<sup>rd</sup> Floor

5 lb ABC	Hall Near Room 318
5 lb ABC	Hall Near Room 340
5 lb ABC	Kitchen Served
10 lb ABC	Top of Boiler Room Stairs

### 2<sup>nd</sup> Floor

5 lb ABC	Hall Near Room 212
5 lb ABC	Hall Near Room 229
5 lb ABC	Housekeeping service Area behind elevators

### Ground Floor

5 lb ABC	Hall Near Room 109
5 lb ABC	Hall Near Tea Room/Resident Kitchen
20 lb K	Main Kitchen
7 lb ABC	Behind Front Desk
5 lb ABC	In Hallway by Main Laundry
10 lb ABC	By the Loading Dock Door
10 lb ABC	By Hairdresser/ Elevator Machine Room
5 lb ABC	In Elevator Machine Room

### Basement

5 lb ABC	Staff hall by main elevators
10 lb ABC	Fire exit door past physio room
10 lb BC	In the Fire Panel Room
10 lb ABC	In the Staff Room
5 lb ABC	In Elevator Machine Room

# Fire Extinguisher Locations & Types

## Station Place

### Kawartha (2<sup>nd</sup>)

3A 10BC	Across From Rooms 204/229 & Outside 217
3A 10BC	Beside the West Stairs
3A 10BC	Across From Room
3A 10BC	Outside Servery

### Algonquin (2<sup>nd</sup>)

3A 10BC	Across From Room 269/244 & Outside 257
3A 10BC	Beside the East Stairs
3A 10BC	Across From Room
3A 10BC	Outside Servery

### Heritage (1<sup>st</sup>)

3A 10BC	Across From Room 169/144 & Outside 157
3A 10BC	Beside the East Stairs
3A 10BC	Across From Room
3A 10BC	Outside Servery

### Trent (1<sup>st</sup>)


3A 10BC	Across From Room 104/129 & Outside 117
3A 10BC	Beside the West Stairs
3A 10BC	Across From Room
3A 10BC	Outside Servery

### General (1<sup>st</sup>)

3A 10BC	Fireside Lounge
3A 10BC	Elevator Machine Room
3A 10BC / "K"	Kitchen (X2)
3A 10BC	Mechanical Room
3A 10BC	Electrical Room
3A 10BC	Maintenance Room

### General (2<sup>nd</sup>)

3A 10BC	By Staff Lounge
---------	-----------------

		<b>Policy Number:</b>	<b>EM-F-10</b>
		Page 1 of 1	
<b>Policy Section: Emergency Phone Numbers</b>		<b>Effective Date: July 2003</b>	
<b>Prepared By: T. Harrold</b>		<b>Revision Date: July 2025</b>	
<b>Subject:</b>	<b>Maintaining Contact Lists</b>		

### **Purpose/Regulatory Standards**

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

### **Policy**

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

1. Staff phone lists
2. The AON Emergency Phone lists
3. Other building-specific third-party contacts

### **Procedure**

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

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

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

\*Note\* family contact information is available online through PointClickCare, which can be accessed through computers, mobile phones and tablets.

<b><u>Cross References:</u></b> EM-A-24 (Communication During an Emergency); EM-A-26A (Emergency Communication Fan-Out List)	<b><u>Attachments:</u></b> Phone lists as described above
--	---