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## INTRODUCTION

The Ontario Fire Code, Section 2.8, requires the establishment and implementation of a Fire Safety Plan for every building containing a Group A to F occupancy as per subsection 2.8.1 and to every building required by the Ontario Building Code to have a fire alarm system.

The Fire Protection and Prevention Act, 1997, Part VII, Section 28, stated that in the case of an offence for contravention of the fire code, a corporation is liable to a fine of not more than \$100,000.00 and an individual person, a director or officer of a corporation is liable to a fine of not more than \$50,000.00 or imprisonment for a term of not more than one year or both.

The plan is required to be acceptable to the Chief Fire Official.

The implementation of a Fire Safety Plan helps to assure effective utilization of life safety features in a building to protect people from fire. The required Fire Safety Plan should be designed to suit the resources of each individual building or complex of buildings.

The Fire Safety Plan is also used to provide training to the building's supervisory staff who must have received instructions in the fire safety procedures as described in the plan before they are given any responsibility for fire safety. Supervisory staff shall be available on notification of a fire emergency to fulfill their obligation as described in the fire safety plan, although it is not necessary that supervisory staff be in the building on a continual basis.

## **INFORMATION FOR BUILDING OWNERS, PROPERTY MANAGERS AND OTHER PERSONS CONTROLLING PROPERTIES**

## *Fire Safety Plan*

The Fire Code, Ontario Regulation 213/07 as amended is a provincial regulation made under Section 18a of the Fire Marshal's Act. This Code requires the owner to be responsible for carrying out the provisions of the code, and defines "owner" as "any person, firm or corporation controlling the property under consideration." Consequently, the owner may be any one of or a combination of parties, including building management, maintenance staff, and tenant groups. It is advisable that you obtain your own copy of the Fire Code and the Fire Protection and Prevention Act (FPPA). These may be purchased from the Government of Ontario Book Store/Service Ontario Publications at 777 Bay Street, Toronto Ontario M7A 2J3, or toll-free phone: 1-800-668-9938.

**Note: Items identified in the following pages which do not pertain to your building must be deleted from your plan or marked as not applicable (N/A) prior to submission to the fire Department.**

## Section 1 - BUILDING PROFILE

<b>Building Information</b>	
<p>Common Name of Building: Sprucedale Care Centre Address: 96 Kittridge Ave. E. Postal Code: N7G 2A8 Municipality: Strathroy-Caradoc Number of Stories: 1                      Number of Units: 75 Building Area (meters square): 6967.7 Type of Building: Combustible <input type="checkbox"/> Non-combustible <input checked="" type="checkbox"/> Indicate which of the following activities take place in your building: <input type="checkbox"/> Public Assembly                      <input checked="" type="checkbox"/> Institutional (Hospital, Nursing/Group Home) <input type="checkbox"/> Residential                              <input type="checkbox"/> Mercantile/Retail <input type="checkbox"/> Office (includes medical)   <input type="checkbox"/> Industrial. Indicate which of the above is a major part of your building: Group B, Division 2 Describe in your own words the business operations taking place in your building: Long Term Care Home Long Term Care for the senior population and vulnerable population</p>	
<b>Building Facilities</b>	
<p>Do you have a parking garage?                      Do you have an elevator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you have pressurized stairwells?                      Is there interior roof access? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - marked on all units. Do all stairwells exit to the exterior? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: Click or tap here to enter text.</p> <p>Do you have hazardous materials stored on site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list materials: oxygen / helium/alcohol-based sanitizer</p>	
<b>Building Access</b>	
<p><input type="checkbox"/> Lock Box                      <input checked="" type="checkbox"/> Entry Code 7980# <input checked="" type="checkbox"/> Alarm Company - Armstrong Monitoring posted in Entrance</p>	

Fire Safety Plan

<b>Onsite Building Information/Must be indicated on your building diagram.</b>	
<input checked="" type="checkbox"/> Fire Safety Plan Revised Date: 10/18/2023 Location: Posted in Entrance	
<input checked="" type="checkbox"/> WHMIS 2015 Information	Location: Reception
<input type="checkbox"/> Other	Location: Enter location.
<b>Occupants</b>	
Residents/Tenants/Public: 96 Total Number: 96 Daytime approx. number: 96 Evening approx. number: 96	
<b>Staffing Levels</b>	
Supervisory: 11 registered staff per 24 hours plus 8 managers Total Number: 19 Morning shift: 5 -7 days per week plus 5 managers Monday till Friday Afternoon shift: 4 registered staff – 4 managers on call Night shift: 2 registered staff plus 4 managers on call Worker/Support Staff: 35 PSW per 24 hours 7 days a week plus 1 maintenance Monday through Friday – 6 environmental staff plus 7 dietary and 4 activation staff Total Number: 53- 7 days per week – 52 – Monday through Friday Morning shift: 29 Afternoon shift: 18 Night shift: 6	

Section 2 - EMERGENCY LISTINGS / 24 HOURS A DAY

<b>Ownership</b>	
Building Owner: Sprucedale LTC LP and RMI INC.MANAGEMENT – RYKKA GROUP	
Phone:	
Bus: 1-416-479-4345	Cell: Enter number.

<b>Keyholders</b>	
(Enter keyholder information in the order of priority for contacting)/Person's Position	
1.	
Name: Executive Director - Corrie Van Heeswyk	
Phone:	
Bus: 519-245-2808 ext. 7127	Cell: 519-854-9422
2.	
Name: Director of Environmental Services / Safety – Bev Ripley	
Phone:	
Bus: 519-245-2808 ext. 7114	Cell: 519-852-5488
3.	
Name: Maintenance Personnel – Lolli Szampias	
Phone:	
Bus: 519-245-2808 ext. 7112	Cell: 226-782-1849

Other contact numbers :

FIRE- POLICE-AMBULANCE 9-1-1  
Strathroy Fire – 519-245-1990  
Non-Emergency Dispatch 519-245-1300  
Strathroy Police – 519-245-5611  
Strathroy OPP – 519-245-2323  
Ministry of Long Term Care – 1-800-664-8988  
Ministry of Environment- 1-800-268-6060

Director of Care – 226-919-4943  
Dr. Marcou – 519-245-3890  
Hospital – 519-245-1550  
Langs Bus Lines - 5192452350  
Fire Monitoring – 1-800-561-5433

### Section 3 – ALARMS & EVACUATION SYSTEMS

<b>Alarm Systems</b> (If no fire alarm is present in the building, leave this blank and go to the Fire Protection Devices section below). If a fire alarm is present, it must be indicated on the building diagram.	
<input checked="" type="checkbox"/> Main Fire Alarm Control Panel	Location: Lower Level in Basement Mechanical Room
<input checked="" type="checkbox"/> Remote Annunciator	Location: Upper Level in the Main Entrance
<b>Type of Alarm (check the appropriate box below)</b>	
<input type="checkbox"/> Single Stage	<input checked="" type="checkbox"/> Two Stage
<input type="checkbox"/> Interconnected Smoke Alarms	<input checked="" type="checkbox"/> Monitored.
<input type="checkbox"/> Security/Intrusion	<input type="checkbox"/> Partial System
<input checked="" type="checkbox"/> Sprinkler System used as Fire Alarm	
<b>Fire Protection Devices (check any that are present in your building)</b>	
<input type="checkbox"/> Smoke Alarms (Battery or hardwire in units)	
<input checked="" type="checkbox"/> Emergency Lighting (Battery powered)	
<input checked="" type="checkbox"/> Smoke Detectors (Alarm system)	
<input checked="" type="checkbox"/> Carbon Monoxide Detectors	
<input checked="" type="checkbox"/> Heat Detectors	
<input checked="" type="checkbox"/> Fire Extinguishers	
<input type="checkbox"/> Evacuation Communication System (PA)	
<input type="checkbox"/> Firefighters Voice Communication (Phones)	
<input checked="" type="checkbox"/> Kitchen Hood Suppression System	
<input type="checkbox"/> Other	
<b>Evacuation Information / Must be indicated on your building diagram.</b>	
<input checked="" type="checkbox"/> Areas of Refuge	Interior Location: Two zones from alarm indication
<input type="checkbox"/> Meeting Place	Location: Lower end of parking lot – adjacent to Head Street (Location tenants assemble after leaving building during evacuation)
<input checked="" type="checkbox"/> Re-entry Procedures: Upon notification of the Fire Department	

## FIRE PROTECTION

<b>Water Supply</b>						
Is there a fire hydrant within 90 meters of your building's front door? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
<b>Sprinkler System</b>						
Do you have a sprinkler system in your building? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If no, go to Standpipe Systems) If yes, does it cover your whole building? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If not, what areas are sprinkled? <a href="#">Click or tap here to enter text.</a> If you have a sprinkler system in your building, the following devices <b>must be indicated</b> on the diagram of your building; Fire Department Connection (Siamese), sprinkler Control Room, Fire Pumps(s), Main Control Valve, Isolation Control Valve(s), and Post Indicator Valves(s). Is your sprinkler connected to the fire alarm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, is there a water gong or other alerting device to indicate water flow? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Standpipe System</b>						
Do you have a standpipe system in your building? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If no, go to Fixed Extinguishing Systems) If yes, does it cover your whole building? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what areas are covered? <a href="#">Click or tap here to enter text.</a> Do your fire hose cabinet doors have fire extinguishers? Yes <input type="checkbox"/> No <input type="checkbox"/> How are the hose cabinet doors opened if they are locked or fastened? <a href="#">Click or tap here to enter text.</a> If you have a standpipe system in your building, the following devices <b>must be indicated</b> on the diagram of your building: Fire Department Connection(Siamese), Hose Cabinets, and Main Shut-Off Valve.						
<b>Fixed Extinguishing System</b>						
Do you have a fixed extinguishing system in your building? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If no, go to Utility Provisions) <table border="0"><tr><td><u>Area Protected</u></td><td><u>Type</u></td><td><u>Specify Details</u></td></tr><tr><td><input checked="" type="checkbox"/> Kitchen (NFPA 96)</td><td>Type: Wet Chemical</td><td>Details: Range Guard</td></tr></table>	<u>Area Protected</u>	<u>Type</u>	<u>Specify Details</u>	<input checked="" type="checkbox"/> Kitchen (NFPA 96)	Type: Wet Chemical	Details: Range Guard
<u>Area Protected</u>	<u>Type</u>	<u>Specify Details</u>				
<input checked="" type="checkbox"/> Kitchen (NFPA 96)	Type: Wet Chemical	Details: Range Guard				
Extinguishing System connected to Fire Alarm system? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						

UTILITY PROVISIONS

Electrical, Utility & Fuel Supplies (check all that apply)		
<input checked="" type="checkbox"/> Water Main Shut off	<input checked="" type="checkbox"/> Main Electrical Shut off	
<input checked="" type="checkbox"/> Natural Gas Shut off	<input type="checkbox"/> Fuel Oil/Diesel Shut off	
<input checked="" type="checkbox"/> Emergency Generator	Location: Rear of building near loading dock Total Power Generator- Model SD275 serviced monthly by Generac	
<input type="checkbox"/> Photo Voltaic System	Location: Specify Location.	
All of the above checked items <b>must be indicated</b> on your building diagram.		
<b>Refuse</b>	<b>Sprinkler Coverage</b>	
<input type="checkbox"/> Garbage Room	Location: Specify Location.	Yes <input type="checkbox"/>
<input type="checkbox"/> Garbage Chute	Location: Specify Location.	Yes <input type="checkbox"/>
<input type="checkbox"/> Garbage Compactor	Location: Specify Location.	Yes <input type="checkbox"/>
<input checked="" type="checkbox"/> Garbage Exterior Storage	Location: Exterior at Rear	Yes <input type="checkbox"/>
All of the above items <b>must be indicated</b> on your building diagram.		

EXITS

**Location of Exits / All exits including principal entrance for Fire Department response must be indicated on your building diagram.**

1. Main Doors	7. South East Exit
2. South Lower Receiving Doors	8. Specify Location.
3. VON Entrance	9. Specify Location.
4. South East Entrance	10. Specify Location.
5. South East Stairwell Exit	11. Specify Location.
6. North West Exit	12. Specify Location.

## Section 4 – POSTED EMERGENCY PROCEDURES TO OCCUPANTS AND VISITORS

### **IF YOU DISCOVER FIRE**

- LEAVE THE FIRE AREA IMMEDIATELY
- CLOSE DOORS AND WINDOW IF SAFE TO DO SO
- SOUND THE FIRE ALARM IF NOT ACTIVATED
- IMMEDIATELY NOTIFY STAFF
- WAIT AND FOLLOW INSTRUCTIONS FROM STAFF
- REQUEST VISITORS REMAIN WITH YOU
- DO NOT GO THROUGH A CLOSED FIRE DOOR

### **IF YOU HEAR THE FIRE ALARM – STAGE 1**

- IF SIGNAL IS INTERMITTENT: PLEASE STANDBY AND PREPARE TO EVACUATE BASED OFF STAFF INSTRUCTION

### **IF CONTINUOUS ALARM – STAGE 2**

- EVACUATE THE BUILDING UNDER THE DIRECTION OF STAFF

### **REMAIN CALM**

### **EVACUATION GUIDELINES:**

In case of an emergency an audible alarm will sound indicating **STAGE 1 OR STAGE 2**. In the event the emergency requires the HOME to be evacuated, residents and visitors will be directed by staff to the designated emergency location established in the **FIRE SAFETY PLAN**

### **STAGE 1**

- Go to the nearest fire exit and wait for further instructions.

### **STAGE 2**

- **EVACUATION** is required – please follow the guidance of staff and proceed to the emergency exits as directed.

**WHEN EVACUATING AN AREA MOVE ON THE RIGHT-HAND SIDE OF THE CORRIDOR. THIS WILL ALLOW ACCESS TO THE AREA BY FIREFIGHTERS AND STAFF ASSISTING IN THE EVACUATION**

## Section 5 – OWNER’S RESPONSIBILITIES & INSTRUCTIONS TO SUPERVISORY STAFF

### **OWNER’S RESPONSIBILITIES**

The Ontario Fire Code (O. Reg. 213/07) as amended is a provincial regulation made under the Fire Protection and Prevention Act 1997. The Code requires the owner to be responsible for carrying out the provisions of the Code and defines “owner” as “any person, firm or corporation controlling the property under consideration.”

It is advisable that you obtain your own copy of the Fire Code and the Fire Protection and Prevention Act 1997 (FPPA). It is available online at the Ontario Fire Marshal’s website: <http://www.ofm.gov.on.ca>.

In general, the owner of a building is responsible for preparing a Fire Safety Plan and must ensure that the building and facilities comply with the provisions of the Fire Code. The building owner has numerous responsibilities related to fire safety and must ensure that the following measures are incorporated in the Fire Safety Plan:

1. Establishment of emergency procedures to be followed at the time of an emergency.
2. Appointment and organization of designated supervisory staff to carry out fire safety duties.
3. Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety.
4. Ensure you, or your supervisory staff, are available upon notification of a fire emergency to fulfill your obligation as described in the Fire Safety Plan.
5. Holding of fire drills in accordance with the Fire Code, incorporating Emergency Procedures appropriate to the building.
6. Control of fire hazards in the building.
7. Maintenance of building facilities provided for safety of the occupants.
8. Provisions of alternate measures for safety of occupants during shutdown of fire protection equipment.
9. Ensure that checks, tests, and inspections as required by the Ontario Fire Code are completed on schedule, and that the original or a copy of these records are retained at the building premises for examination by the Chief Fire Official for a minimum period of two (2) years.
10. Ensure the continuation of the monitoring of the fire alarm system when building is required to transmit a signal to the fire department and that the central station operator is Fire Code compliant.
11. Ensure the initial verification of test reports for fire protection systems installed

## *Fire Safety Plan*

- after November 21, 2007, are retained throughout the life of the systems.
12. Post and maintain at least one (1) copy of the fire emergency procedures. Keep a copy of the approved Fire Safety Plan on the premises in an approved location.
  13. Notification of the Chief Fire Official regarding changes in the Fire Safety Plan.
  14. Review Fire Safety Plan as often as necessary, but at intervals not greater than 12 months to ensure that it takes account of changes in the use and other characteristics of the building.
  15. Designate and train sufficient alternates to replace supervisory staff during any absence.
  16. Where testing is required for compliance with this Code, the tests shall be carried out by the owner or the owner's agent within such a reasonable time as the Chief Fire Official may determine.

## **INSTRUCTIONS TO SUPERVISORY STAFF**

The responsibility for putting the emergency plan into operation is delegated to the Registered Nurse in charge of the facility at the time of the emergency.

The Registered Nurse must be prepared to make the decision to initiate the emergency procedures themselves and have the responsibility and full authority to do so.

The Registered Nurse on duty should consult with the Executive Director at the earliest possible time.

### **Location of the Control Centre**

The Control Centre will be located at the Main Entrance Reception Desk.

### **Control Officer**

The Cedar Grove RPN or staff delegated by the RN will be the Control Officer. All Staff will report to and take directions from the Control Officer.

### **Priority of Evacuation of Residents, Visitors and Staff**

- 1.) Individuals closest to a danger area
  - i.) Ambulatory,
  - ii.) Wheelchair,
  - iii.) Bedridden, and
  - iv.) Resistive

### **1.) SUPERVISORY STAFF**

All Supervisory Staff shall be supplied a copy of the fire safety plan and is required to become familiar with its contents.

Definition of Supervisory staff is defined by the Ontario Fire Code Division B Subsection 1.4.1.

*“Means those occupants of a building who have dome 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.”*

All Supervisory Staff will be trained on:

- How to reset the fire alarm system. An activated system shall not be reset or silenced until authorized by the Strathroy-Caradoc Fire Department.
- Location of keys to provide access to all locked areas and the location of equipment which may be used in an emergency.
- Location of Fire Box and contents

### **Procedures**

- Ensure the fire alarm has been activated. Key operation of the pull station will activate the alarm to second stage if required.
- Notify the Fire Department of the emergency condition by calling 911.
- All Staff will respond to the audible alarm.
- Supervise the evacuation if called.
- Attempt to identify the source of the alarm or trouble if possible. Acknowledging the alarm on the panel, which prevents the activation of the second stage (full evacuation) by pressing the Fire Trouble button, this will only be done if the pull station or detector activated is identified and the area has been checked and evacuation is not called.
- Upon arrival of the fire fighters, inform the Fire Officer regarding conditions in the building and coordinate the efforts of supervisory staff with those or the Fire Department.
- Provide access and vital information to the fire fighters.
- Ensure that the fire alarm system is not silenced until the Fire Department has responded, the cause of the alarm has been investigated and the fire department has directed the system to be silenced.

## *Fire Safety Plan*

### **2.) Maintenance Staff**

All Maintenance Staff shall be supplied a copy of the fire safety plan and is required to become familiar with its contents.

#### **Procedures**

- Respond to the alarm.
- Take a fire extinguisher from one of the designated areas.
- Assist in the evacuation of the residents and staff.
- Assist the Fire Department by locating the source of the alarm or trouble.
- Follow the Fire Officials directions.

### **3.) Executive Director**

The Executive Director shall be supplied a copy of the fire safety plan and is required to become familiar with its contents.

#### **Procedures**

- Respond in an appropriate manner as per procedures in the Fire Plan
- Report to the Control Centre and confirm that staff are proceeding in an appropriate manner.
- Assist as required.
- Notify the Ministry of Health and Long-Term Care of the problem.
- Liaison with the Fire Department and other Emergency Response Teams. Participate in assessment of situation and direct staff as per plan of action.
- Initiate fan-out plan as required. Refer to FAN-OUT contingency plans, Fire and Emergency Safety Plan.
- Liaison with the media, families, the public, etc. Assign personnel to attend phones, accepting only emergency calls in or out.

### **4.) Director of Care**

The following duties will be undertaken by the Director of Care, or a senior person on-site:

- Respond in an appropriate manner as per procedures within the Fire Plan
- Report to the Control Centre and confirm that staff are proceeding in an appropriate manner.
- Proceed to the fire site and assist the RN as required.
- Keep a record of any residents who are evacuated.
- Determine the number of residents who require stretchers or wheelchairs.
- Contact the Emergency Physician.
- If an **Evacuation is Ordered**:
  - Determine the location of the safe areas, both custodial and emergency treatment areas.

## *Fire Safety Plan*

- Assign personnel to attend these areas.
- Direct staff, volunteers, community persons with all cognitively impaired residents.

### **5.) Charge Nurse**

The Charge Nurse on duty is considered the initial Control Officer until delegation to the Cedar Grove RPN is transferred over to the role. They are responsible for all decisions until the fire department arrives. The Main Entrance Reception Desk is the Control Centre.

#### Upon Hearing the Alarm

- Proceed to the Control Centre. If the Control Centre is in the fire area, the Charge Nurse will designate an alternative control center.
- Retrieve keys from Fire Box and insert them into panel.
- Announce the location of CODE RED using PA system.
- Cedar Grove RPN will report to the reception area immediately as well and function as the Control Officer.
- Proceed to the fire location with a fire extinguisher and evaluate the decision.
  - Assess the fire situation,
  - Order the immediate evacuation of all residents in the immediate and surrounding areas,
  - Ensure that all doors in the immediate fire area and surrounding the fire area are closed,
  - Ensure that all the compartmental doors to the area are closed, and
  - Instruct staff to use a fire extinguisher if the fire is of a minor nature.
- The Charge Nurse is to remain in the emergency area to direct evacuation procedures.
- If a total evacuation is necessary, the Charge Nurse will:
  - Assign a staff person to return to the Control Centre and inform the Control Officer that a total evacuation is necessary,
  - Order the activation of the 2<sup>nd</sup> stage of the fire alarm system if it has not automatically done so.
  - During the evening and night shifts, order that the fan-out telephone calls be made to bring in additional staff to assist with the evacuation.
  - Coordinate the evacuation of all areas.
  - Ensure that all staff and residents are accounted for.
  - Proceed with the movement of staff and residents to evacuation sites.
- Once the Fire Department have arrived, the Charge Nurse will:
  - Continue to supervise the evacuation of residents unless the fire chief orders it stopped,
  - See that doors and windows are closed throughout the area,
  - Post a staff at each exit to prevent any resident from returning to the scene of the fire,
  - Identify all heavy residents for the fire department in order that they may help with the evacuation, if necessary,
- Follow through with order from the Fire Chief.

## **6.) Nursing Staff and PSW'S**

### Upon Discovery of Fire

- R - Remove anyone in immediate danger.
- A - Activate the alarm at the nearest pull station and call 911.
- C - Confine the fire by closing all doors AND windows to the immediate fire area.
- E – Evacuate all residents in the fire area or extinguish the fire only if it is safe to do so.

If the fire is in your immediate work area, proceed with the evacuation of residents from the fire area to a safe area behind fire doors as per Fire Plan

### Upon Hearing the Fire Alarm

- **Team Leader** will wait to hear the announcement on which home area is in immediate danger except for the Cedar Grove RPN who will immediately report to the Control Centre. Team leaders will direct their staff to search home area and ensure the fire procedures are being carried out. Check rooms, tag the doors and shut windows and oxygen concentrators.
- **RPN's** will search the medication rooms.

Identify the number of residents in your area and always have one staff member stay with residents in each wing.

All other nursing staff must report to the Control Centre for assignment.

### Second Stage Alarm (Continuously Sounding)

- Immediately start evacuating residents from the home by the nearest exit that is safe to use.

## 7.) Cedar Grove RPN

Upon being designated Control Officer by the Charge Nurse, this person has the following duties:

- Confirm the area of the fire with the Charge Nurse. If the information is not available, check the Annunciator Panel in the front entrance.
- Stay at the Control Centre wearing the vest to identify as Control Officer and announce the area of fire over the P.A. system, if not already done.

### **CODE RED and the Location**

- Direct one staff person to go to the fire area, find out from the Charge Nurse's assessment of the situation, the exact location of the fire and the number of residents and staff in the area. Instruct this person to return to the Control Centre with this information.
- Assign one staff member and the Team Leader to stay on the wings not immediately affected by the fire. Instruct these people to inform you of the number of residents present in these areas and to be prepared to evacuate at your command.
- Direct remaining staff to evacuate any resident who may be in the proximity of the fire area and take them behind the nearest fire door.
- Contact the Executive Director or their delegate and inform them of the emergency.
- Station someone at the phone to monitor incoming calls, terminate call quickly.
- Gather the following information, which should be located in the **FIREBOX** at the main entrance reception desk.
  - Fire and Emergency Safety Plan, Resident Identification Tags, Leave of Absence Forms, First Aid Kit, Visitors Sign-In Register and Emergency Keys and Vest.
- Be prepared to activate the 2<sup>nd</sup> stage of the fire alarm system. The key is kept on the charge nurse keys and Fire Keys in the Fire Box
- Once the 2<sup>nd</sup> stage of the fire alarm system has been activated, continue to direct staff in evacuating the resident and visitors. Identify those residents that require assistance and provide this to the Fire Department.
- Be sure to provide the Fire Department with any information or assistance they may require, such as fire orientation, schematic drawings, master keys etc.

### **IF A TOTAL EVACUATION IS ORDERED**

- Notify staff that a total evacuation is necessary.
- Continue to direct the staff in evacuating the residents. Identify all residents requiring assistance from the Fire Department.
- Be prepared to provide the Fire Department with any information.
- Contact the emergency placement facilities and advise them of the situation and the number of residents they will be receiving.
- Once you have assigned the staff, after notifying the Fire Department, call the following people and inform them of what is happening:
  - Executive Director, Director of Resident Care, Ambulance Service and Police Department.

Refer to FAN-OUT, Contingency Plans, and Fire & emergency Safety Plan.

**8.) Activity Staff, Administrative Staff, Dietary Staff, Contract Services, or Housekeeping, Laundry, and Maintenance Staff**

**Upon Discovery of Fire**

- R - Remove anyone in immediate danger.
- A - Activate the alarm at the nearest pull station and call 911.
- C - Confine the fire by closing all doors and windows to the immediate fire area and shutting off oxygen concentrators
- E – Evacuate all residents in the fire area or extinguish the fire only if it is safe to do so.

**Upon Hearing of a Fire Condition or Hearing the Fire Alarm**

- Remain on the units and follow direction of Team Leader
- Assist with the checking of resident's rooms.
- Close all doors, windows and oxygen concentrators in your area and Tag the Doors as required.
- If the team leader gives the direction staff will report to the Control Centre and await assignment.

This building is equipped with a two-stage fire alarm system. The fire alarm is to be activated to alert the other occupants of an emergency and to put into operation the approved fire safety plan.

- If **Intermittent** Signal – Standby and prepare to evacuate and leave building.
- If **Continuous** Signal – Leave the building via nearest exit and close all doors behind you. While doing so, assist with the evacuation of all residents from the building.

**Related Duties – In General:**

- Keep the doors in fire separations closed at all times.
- Keep EXITS and access to exits, inside and outside, clear of any obstructions at all times, which includes snow and ice accumulation.
- Maintain sufficient lighting in exits and corridors.
- Do not permit combustible materials to accumulate in quantities or locations that would constitute a fire hazard. Keep stairways free of combustible storage and obstructions.
- Outdoor storage receptacles, such as dumpsters, used for combustible materials shall be located so that they do not create a fire hazard to buildings.
- Promptly remove all combustible waste from areas where waste is placed for disposal, if applicable.
- Keep access roadways, fire routes and fire department connections clear and accessible for fire department use.
- Hydrants shall be always readily available and unobstructed for use and shall be maintained free of snow and ice accumulations.
- Always maintain the fire protection equipment in good operating condition.
- Participate in fire drills.
- Have a working knowledge of building fire and life safety systems.
- Ensure the building fire and life safety systems are in operating condition.
- Be available upon notification of a fire emergency to fulfill your obligation as described in this plan.
- Comply with the requirements of the Ontario Fire Code.

## **FIRE HAZARDS**

### **To avoid fire hazards in the building:**

- Never put burning materials such as cigarettes and ashes into the garbage chute.
- Never dispose of flammable liquids or aerosol cans in these chutes.
- Never force cartons, coat hangers, bundles of paper into the chute because it may become blocked.
- Avoid unsafe cooking practices: deep fat frying, too much heat, unattended stoves, loosely hanging sleeves.
- Avoid careless smoking. No smoking inside the Home – no exception
- Never leave anything that may burn or cause a trip hazard in the halls, corridors and/or stairways.
- Always clean out clothes dryer lint collector before and after use.
- Do not use unsafe electrical appliances, frayed extension cords, over-loaded outlets, or lamp wire for permanent wiring.
- No storage of flammable/combustible liquids on exterior balconies as per Ontario Fire Code. No barbequing devices.
- No appliances will be permitted into the Home unless checked by maintenance for CSA approval.

### **In general, residents/staff and visitors should:**

- Know where exits are located.
- Call the Fire Department immediately (9-1-1) whenever you need assistance.
- Know the correct address of the building.
- Know the fire alarm signals and the procedures established to implement safe evacuation.
- Know the supervisory staff in your building.
- Report any fire hazard to supervisory staff.

**FIRE CONTROL**

*(These are provided as a guide to you. If you have not provided instruction to your staff and tenants on how to control and extinguish fires, you may wish to concentrate on occupant evacuation. Think through this part very carefully.)*

(Example instruction to staff or occupants)

**FIRE EXTINGUISHMENT – CONTROL OF CONFINEMENT**

In the event a small fire cannot be extinguished with the user of a portable fire extinguisher or the smoke presents a hazard to the operator, then the fire door to the area should be closed to confine and contain the fire. Leave the fire area, ensure the Fire Department has been notified and wait for them outside of the building.

**Record of Supervisory Staff Training of Fire Safety Plan Review**

Name (print)	Signature	Address	Date	Owner Name/ Signature

TRAINING COMPLETED ANNUALLY THROUGH SURGE LEARNING

## Section 6 – FIRE DRILLS

The purpose of a fire drill is to ensure that the occupants and staff are familiar with emergency evacuation procedures, resulting in orderly evacuation with efficient use of exit facilities, as required by the Ontario Fire Code.

Fire drills must be conducted monthly for all shifts. Attendance of staff and volunteers will be recorded for all fire drills as per Ministry of Health standards. Regular staff participation and an annual review will encourage all staff to remain current and familiar with the fire procedures and to quickly react with confidence for the safety of our residents, staff, and volunteers.

**Contact Strathroy-Caradoc Fire Department @ 519-245-1990** for further availability to offer Fire Safety Lectures & Fire Extinguisher Training, if requested and pending availability, location, attendance, and other pertinent conditions

### Procedure

- Ensure the Fire Department Dispatch is notified prior to and upon completion of the drill by calling 519-245-1330 and the monitoring station by calling **1-800-561-5433 - account # 7001-0178**.
- Drills are not to be announced. All drills will be done under the supervision of the Director of Environmental Services or their designate
- As per the monthly fire drill schedule, the two (2) assigned Health and Safety members will determine the fire situation.
- The Health and Safety members will notify Armstrong Monitoring that we are having a fire drill as above.
- A red-flashing strobe-light will be used to locate the site of the fire for silent night drills.
- **Staff will react to the situation as per protocol.**
- Observe the staff response and reactions during the drill.
- Ensure that the fire alarm system is functioning as normal.
- Reset the fire alarm system. Refer to the procedure on Resetting Alarm System.
- Notify the alarm monitoring company Armstrong Monitoring that the drill is complete.
- Notify the Fire Department Dispatch that the drill is complete.
- Hold a brief meeting with staff to ensure that procedures were followed and to discuss any identified concerns or suggestions for improvement.
- Ensure communication with all staff and volunteers about any changes that may be initiated.
- Complete a “Fire Drill Record” report including those present and any special comments or concerns identified.
- The “Fire Drill Record” reports will remain in the Health & Safety manual.



## Section 7 – ALTERNATIVE MEASURES FOR OCCUPANT FIRE SAFETY

In the event of any shutdown of fire protection equipment and systems or part thereof, the fire department and occupants will be notified, and instructions will be posted as to alternate provisions or actions to be taken in case of an emergency. These provisions and actions must be acceptable to the Chief Fire Official.

### **FIRE ALARM OR SPRINKLER SHUTDOWN**

In the event of a shutdown of the fire alarm or sprinkler system, the Fire Department Dispatch will be notified by calling **519-245-1300 Strathroy-Caradoc Police Services Communications**, and all occupants will be notified by way of notices posted at elevators on all floors. The notice will explain the extent and duration of the shutdown. Notices will also be posted when the system has been reactivated, and the Fire Department Dispatch will be notified by calling **519-245-1300 Strathroy-Caradoc Police Services Communications** again.

Staff will be instructed to advise the Fire Department immediately via 911 if they should detect any fire situation, and to warn other occupants verbally.

In the event of a shutdown, a fire watch must be activated. A walk-through every hour is required (logged).

### **FIRE WATCH DUTIES**

Definition: The term “fire watch” is used to describe a dedicated person or persons whose sole responsibility is to look for fires 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 functional and that a Fire Watch has been instituted until repairs have been made.**

- (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.
  - (i) Suitable means of communication (cell phone, portable radio, etc.) for notifying Fire Dept

## *Fire Safety Plan*

- (ii) Flashlight
  - (iii) Clipboard and pen
  - (iv) Copy of fire watch duties
  - (v) Copy of the Fire Watch Log Sheet
  - (vi) Keys and/or access codes to provide entry to all rooms/spaces.
  - (vii) 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 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 residents/visitors or staff.
  - (6) A telephone must be always readily available to notify the Fire Department by calling **9-1-1**. Always call from a safe area.
  - (7) Do not attempt to extinguish the fire unless it is safe to do so.
  - (8) Once building evacuation is completed, await emergency response personnel at a safe location and direct them to the scene. Do not re-enter the building without permission from the 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 have been restored.
  - (11) Exit doors, access to exits and corridors are to be checked periodically for proper operation and obstructions while performing Fire Watch duties.

**FIRE WATCH LOG REPORT**

System Out of Service:	Date:	Time:
System Out of Service-Notification to Fire Department:	Date:	Time:
System Back in Service:	Date:	Time:
System Back in Service-Notification to Fire Department:	Date:	Time:

**PERSONS ASSIGNED TO FIRE WATCH DUTIES SHALL FOLLOW THE REQUIRMENTS LISTED ON THE FIRE WATCH DUTIES SHEET AND SHALL PATROL ALL UNPROTECTED 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. RECORDS OF FIRE WATCH SHALL BE KEPT FOR 2 YEARS AFTER THEY ARE MADE AND SHALL BE MADE AVAILABLE UPON REQUEST TO THE CHIEF FIRE OFFICIAL. Start a new Fire Watch Log Report Sheet for each new day of fire watch.**

Fire Watch Duties Conducted By: \_\_\_\_\_  
 (print name)

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

<b>Rounds</b>	<b>Start Time</b>	<b>Finished</b>	<b>Signature</b>	<b>Comments</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

## Section 8 – MAINTENANCE PROCEDURES

*(To assist you in fulfilling your obligations, included is a list of some portions of the Ontario Fire Code which require periodic checks, inspections and/or tests to be made on equipment and systems within facilities. You must read over this list and identify the required checks, inspections and/or tests and identify who is going to perform them. All the procedures that do not apply to your building must be deleted.)*

When conducting their inspections, Fire Prevention Officers will check to ensure that the required checks, inspections and/or tests are being done. It is stated in the Ontario Fire Code that records of all test and corrective measures are required to be retained on site for a period of two (2) years after they are made.

### **DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:**

**CHECK** Means a *visual* observation to ensure that devices or systems are in place, and no obvious damage or obstructions to proper operation exist.

**INSPECT** Means a *physical* examination to determine that the devices or systems will perform in accordance with its intended function.

**TEST Means** *operation* of the devices or systems to ensure that it will perform in accordance with its intended operating functions. It is required to have a certified system technician perform tests.

### **PORTABLE FIRE EXTINGUISHERS**

**(Reference should be made to NFPA 10-1990 for exact details)**

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.2.7.2.	Inspect all portable extinguishers	Monthly (Staff)
6.2.7.1.(1)	Subject to maintenance	Annually (Contractor)
6.2.7.1.(1)	Hydrostatically test carbon dioxide and water extinguishers	Every five years (Contractor)
6.2.7.1.(1)	Empty stored pressure type extinguishers and subject to maintenance	Every six years (Contractor)
6.2.7.1.(1)	Hydrostatically test dry chemical and vaporizing liquid type extinguishers	Every twelve years (Contractor)

**FIRE ALARM SYSTEMS**

(Reference should be made to CAN/ULC-S536 for exact details)

Reference Number	Action	Inspection Frequency
6.3.2.2.	Check fire alarm AC power lamp and trouble light	Daily (Maintenance)
6.3.2.2.	Check trouble conditions	Daily (Maintenance)
6.3.2.3.	Check central alarm and control facility	Daily (Maintenance)
6.3.2.2.	Check all fire alarm components including standby power batteries	Monthly (Maintenance)
6.3.2.2.	Test fire alarm system by persons acceptable to the authority having jurisdiction for service of Fire Alarm Systems	Annually (Contractor)
6.3.2.4.	Test voice communication systems that are integrated with a Fire Alarm System	Annually (Contractor)
6.3.2.5.(1)	Test voice communication systems that are not integrated with a Fire Alarm System	Monthly (Maintenance)

**STANDPIPE AND HOSE SYSTEMS**

(Reference should also be made to NFPA 14)

Reference Number	Action	Inspection Frequency
6.4.2.1.	Inspect all hose cabinets to ensure hose position and that equipment is in place and operable	Monthly (Maintenance)
6.4.2.4.	Inspect hose valves to ensure tightness and no water leaks into the hose	Annually (Maintenance)
6.4.2.5.(1)	Remove and rerack hose and replace worn gaskets	Annually
6.4.1.2.	Remove plugs or caps on fire department Connections and inspect for wear, rust. and obstructions	Annually
6.4.3.6.(1)	Hydrostatically test standpipe piping which normally remains dry	Every 5 years
6.4.3.1.(1)	Hydrostatically test standpipe systems that have been modified, extended or are being restored to use after a period of disuse exceeding 1 year	As required

**SPRINKLER SYSTEMS**

(Reference should be made to NFPA 13)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.5.4.5.(1)	Check that unsupervised sprinkler system control valves are open	Weekly (Staff)
6.5.3.2.	Check that air pressure on dry pipe systems is being maintained	Weekly (Staff)
6.5.5.2.(1)	Test sprinkler alarms using alarm test connection	Monthly (Contractor)
6.5.5.7.(2)	Test sprinkler supervisory transmitters and waterflow devices	Every 2 months (Contractor)
6.5.5.7.(3)	Test gate valve supervisory switches and other sprinkler and protection system supervisory devices	Every 6 months (Contractor)
6.5.3.1.	Check exposed sprinkler system pipe hangers	Annually (Contractor)
6.5.4.3.	Inspect dry pipe valve priming levels	Every 3 months (Contractor)
6.5.3.4.	Check all sprinkler heads are free of damage, corrosion, grease, dust, paint	Annually (Contractor)
6.5.4.4.(2)	Remove plugs or caps on fire department connections and inspect for wear, rust, or obstructions	Annually (Contractor)
6.5.5.3.	Test waterflow on wet sprinkler systems using the most hydraulically remote test connection	Annually (Contractor)
6.5.5.4.(1)	Trip-test dry pipe valves to ensure proper operation of system	Annually (Contractor)
6.5.5.5.	Test flow of water supply using main drain valve	Annually (Contractor)
6.5.4.2.	Inspect dry pipe systems for obstructions and flush as necessary	Every 15 Years (Contractor)
6.5.3.3.	Check dry pipe valve rooms or enclosures during freezing weather	As required
6.5.4.1.	Inspect auxiliary drains to prevent freezing	As required

### **EMERGENCY LIGHTING**

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
2.7.3.3.(2)	Inspect batteries for connections and corrosion	Monthly (Owner)
2.7.3.3.(3)	Test function on failure of power	Monthly (Owner)
2.7.3.3.(3)	Test for duration equal to design criteria	Annually (Contractor)
2.7.3.3.(4)	Test charging system	Annually (Contractor)
2.7.3.3.(4)	Full annual inspection of the system by a qualified person	Annually (Contractor)

### **EMERGENCY POWER SYSTEMS**

(Reference should also be made to CSA – 1977 for exact details)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.7.1.1.(1)	Check all components of the system	Monthly (Maintenance)
6.7.1.1.(1)	Test	Annually (Contractor)
6.7.1.3.	Maintain written records of check, inspect and test	Maintenance
6.7.1.2.	Check instructions for switching and starting are provided	Monthly (Maintenance)
6.7.1.4.	Check fuel sufficient for 2 hours of operation	Monthly (Maintenance)
6.7.1.5.	Drain and refill fuel, unless achieved by replenishment during normal tests	Annually (Contractor)

### **MEANS OF EGRESS**

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
2.2.3.4.(2)	Inspect all doors in fire separations	Monthly (Maintenance)
2.2.3.4.(1)	Check all doors in fire separations to ensure they are closed	As required (Maintenance)
2.7.3.1.	Maintain exit signs to ensure they are clear & legible	As required (Maintenance)
2.7.3.2.(2)	Maintain exit lights to ensure they are illuminated and in good repair	As required (Maintenance)
2.7.1.7.(1)	Maintain corridors are free of obstructions	As required (Maintenance)

**FIRE DEPARTMENT ACCESS**

(Reference also made to property site plan conditions under Section 41 & 51 of the Planning Act)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
2.5.1.2.(1)	Fire access routes and access panels or windows provided to facilitate access for firefighting operations shall not be obstructed by vehicles, gates, fences, building material, vegetation, signs, or any other form of obstructions.	Daily (Staff)
2.5.1.2.(2)	Fire department sprinkler and standpipe connections shall be clearly always identified and maintained free of obstructions for use.	Daily (Staff)
2.5.1.3.	Ensure streets, yards and private roadways provided for fire department access are kept clear.	Daily (Staff)
2.5.1.4.	Approved signs shall be displayed to indicate fire access routes.	Daily (Staff)

**WATER SUPPLIES FOR FIRE PROTECTION**

(Reference also made to NFPA 25)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.6.1.1.	Private and public water supplies for fire protection installations shall be maintained to provide required flow under fire conditions	Annually (Contractor)
6.6.1.2. (1)	Control valves shall be checked to ensure they are in the open position	Weekly (Maintenance)
6.6.1.2. (2)	Valves that are locked open or electrically supervised shall be inspected	Monthly (Maintenance)
6.6.1.2. (3)	After repair or maintenance work, valves shall be inspected to ensure they are in the open position	As Required (Maintenance)
6.6.1.3.	Water supply maintained free from ice accumulation	As Required (Maintenance)

## **FIRE PUMPS**

**(Reference also made to NFPA 25)**

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.6.3.1.	Check water level	Weekly (Maintenance)
6.6.3.2.	Check temperature of pump rooms during freezing weather	Daily (Maintenance)
6.6.3.3. (1)	Operate fire pump at rated speed	Weekly (Maintenance)
6.6.3.3. (2)	Inspect discharge pressure, suction pressure, lubricating oil level, operative condition of relief valves, priming water level and general operating conditions	Weekly (Maintenance)
6.6.3.4. (1)	Internal combustion engine fire pumps shall be operated to bring the engine up to normal operating temperature	Weekly (Maintenance)
6.6.3.4. (2)	Inspect storage batteries, lubrication systems, oil, and fuel supplies	Weekly (Maintenance)
6.6.3.5.	Test fire pump at full rated capacity to ensure they can deliver the rated flow	Annually (Contractor)

**HYDRANTS**

(Reference also made to NFPA 25)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.6.4.1.	Hydrants shall be maintained in operating condition	As Required (Maintenance)
6.6.4.2.	Maintain hydrants free of snow & ice accumulations	As Required (Maintenance)
6.6.4.3.	Maintain hydrants free from obstructions and available for use	As Required (Maintenance)
6.6.5.2. (1)	Port caps are wrench tight	Annually (Contractor)
6.6.5.2. (2)	Port caps are removed, and connections inspected for wear, rust or obstructions, and repairs made as necessary	Annually (Contractor)
6.6.5.2. (3)	If caps are missing, the hydrant shall be flushed to ensure no contamination, before new caps are installed	As Required (Maintenance)
6.6.5.3.	Inspect the hydrant barrel for water accumulation when the main valve is closed	Annually (Contractor)
6.6.5.4.	Where water is found in Article 6.6.5.3, the drain valve shall be inspected for operation	Annually (Contractor)
6.6.5.5.	If the hydrant barrel is found to contain water because of poor drainage, approved corrective measures shall be taken to prevent freezing	Annually (Contractor)
6.6.5.7.	Check water flow with the hydrant fully opened and one port open	Annually (Contractor)
6.6.5.8.	A record of hydrant flow shall be kept	Maintenance

**CARBON MONOXIDE ALARMS**

(Reference manufacturer’s instructions and made to CSA – 6.19 or UL2034)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
6.3.4.4.	Maintain carbon monoxide alarms as recommended by the manufacturer. (WRITTEN RECORD REQUIRED, if done by owner or Maintenance, have the tenant initial the record.)	Annually or for a new tenant (Owner)
6.3.4.8.	Test alarm function monthly as recommended by the manufacturer.	Monthly (Occupant) Annually (Owner)
6.3.4.4.	The landlord of each rental suite shall give the tenant a copy of the carbon monoxide manufacturer’s maintenance instructions.	Annually or for a new tenant (Owner)
6.3.4.7.(3)	Replace carbon monoxide alarms on the frequency prescribed by the manufacturer.	As required (Owner)
6.3.4.8.(5)	Test carbon monoxide alarms using the test button or other manufacturer recommended method.	Annually or for a new tenant (Contractor)
6.3.4.8.(3)	Test carbon monoxide alarm after replacing the battery.	As required (Occupant)
2.16.2.1.(2)(a)	Check CO alarm is installed in area of the service room or appliance is installed.	As required (Owner)
2.16.2.1.(2)(b)	Check CO alarm is installed adjacent to each sleeping area.	As required (Owner)

**KITCHEN HOOD AND EXTINGUISHING SYSTEM**

(Reference also made to NFPA 96)

<b>Reference Number</b>	<b>Action</b>	<b>Inspection Frequency</b>
NFPA 96	All appliances are covered by the hood to capture the grease laden vapors and smoke.	Daily (Maintenance)
NFPA 96	All gas and electric appliances automatically shut down upon activation of the extinguishing system.	6 months (Contractor)
NFPA 96	Cooking appliances are only operated when exhaust system actuated with all filters in place	Daily (Maintenance)
NFPA 96	All maintenance and testing of extinguishing systems performed including changing all fusible links	6 months (Contractor)
NFPA 96	Hood, filters, fans, ducts, and other appurtenances shall be cleaned to remove combustible contaminants prior to surfaces becoming heavily contaminated with grease or oily sludge	3 months or more often as necessary
NFPA 96	Manual pull station for actuating extinguishing system visible and accessible at all times	Daily (Maintenance)
NFPA 96	Appliances are aligned with extinguishing system nozzles after cleaning	As necessary (Maintenance)
NFPA 96	K Class fire extinguisher clear and accessible at all times	Daily (Maintenance)
2.6.1.13.	Exhaust and fire protection systems to be maintained in accordance with NFPA 96	Owner
2.6.1.14.	Instructions for system operation are to be posted and included in the fire safety plan.	Owner

## Section 9 – FIRE EXTINGUISHMENT – CONTROL OR CONFINEMENT

### **CONFINEMENT**

- Leave the fire area immediately.
- Close doors and windows
- Sound the fire alarm.
- Leave the building via the nearest exit if evacuation is called.
- Call 911

### **CONTROL**

- In the event a small fire is discovered.
- Fire may be extinguished provided the smoke and fire does not present an immediate hazard.
- Where a fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard to the operator, then the fire door to the area should be closed to confine and contain the fire. Leave the fire area, ensure the Fire Department has been notified, and wait for them.

### **SUGGESTED OPERATION OF PORTABLE FIRE EXTINGUISHERS**

Remember the (**PASS**) acronym.

**P** – Pull the safety pin

**A** – Aim the nozzle

**S** – Squeeze the trigger handle

**S** – Sweep from side to side (watch for fire restarting)

Ensure extinguishers are properly recharged after use and that a temporary replacement is provided. Keep extinguishers in a visible area without obstructions around them.

## Section 10 – SCHEMATIC DIAGRAMS AND EXAMPLE

### **BUILDING DIAGRAMS**

#### What are they?

Building Diagrams provide greater detail to your building managers and fire fighters to aid them in the locations and identity of fire safety features, provisions, and hazards for firefighting, etc.

The “*Approved*” Fire Safety Plan Building Diagrams are then laminated/protected and installed within the Fire Alarm Annunciator Panel or other “*approved*” location. It is required that additional copies be provided to building managers to familiarize themselves with the building and maintain it accordingly. Two copies of the Building Diagrams shall be provided with your submission of the Fire Safety Plan.

#### What part of the building must be shown?

Site Plans, Basements, Parking Garages, and Floor Plans of all levels including Typical Floors, Penthouses, Mezzanines & Partial Floor Levels, Roof Plans, Building Sections may also be necessary.

#### What symbols must be shown?

Referring to the Information part of the FSP, you will find a number of things have been indicated in the section for inclusion in the drawing. Typical symbols to be included are Pull Stations, Designated Exits, and Portable Fire Extinguishers.

### **LIST OF EQUIPMENT**

- Fire alarm panels
- Fire annunciator panels
- Emergency voice communication center
- Sprinkler shut-off valves.
- Fire pumps
- Fire Department Siamese connections
- Emergency power sources
- Boiler rooms
- Electrical rooms
- Compactor room (garbage room)
- All exits
- All other major fire protection equipment (if any)

**London-Middlesex Long Term Care Homes  
Collaborative Emergency Shelter Plan**

**Purpose:** To provide a summary of resources available and 24-hour contact for decision makers at all London-Middlesex Long Term Care Homes in the event that any Long-Term Care Home needs emergency shelter for its residents.

**Scope:** This is a mutual agreement between the *evacuating home* and the *receiving home* to provide assistance in the event an evacuation of either location is required.

**Please note:** Each resident's original "home" is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of said LTC home, regardless of the resident's relocation status during a disaster. All costs incurred for care and services provided are the responsibility of the resident's "home".

**Responsibilities of the *Evacuating Home* include, but are not limited to:**

- Ensure appropriate care and services for the resident(s)
- Promptly notify the receiving home of the potential to evacuate
- Promptly notify the receiving home when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the receiving home
- Supplement the receiving home's staff
- Make arrangements with external providers to provide the following items as quickly as possible:
  - Resident medications and medication storage unit
  - Medical supplies and equipment
  - Food and water
  - Medical Records
  - Blankets as needed
  - Staff

**Responsibilities of the *Receiving Home* include, but are not limited to:**

- Provide a person of contact upon notification of imminent evacuation.
- Receive residents and direct to area where they will be sheltered.
- Coordinate appropriate use of medical supplies and services.
- Integrate evacuating home's staff into resident care planning
- Integrate evacuating home's Kitchen staff.
- Provide dietary needs using food supplies from evacuating home.

In the event of a disaster or other emergency that damages both homes, the senior management of both locations, in collaboration with local emergency response supports, determine to what extent each home may be able to assist the other.

***This agreement will be automatically renewed on January 31<sup>st</sup> of each year, without action by the participating homes who have consented to participate in the Shelter Agreement. Any home may terminate this agreement with a thirty (30) day written notice.***

**PARTICIPATING HOMES**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| 1. AgeCare London                | 2. AgeCare Parkhill                  |
| 3. Babcock Community Care Centre | 4. Chelsey Park                      |
| 5. Country Terrace               | 6. Craigwiel Gardens                 |
| 7. Dearness Home                 | 8. Earls Court                       |
| 9. Elmwood Place                 | 10. Extencicare London               |
| 11. Henley Place                 | 12. Kensington Village               |
| 13. McCormick Home               | 14. McGarrell Place                  |
| 15. Meadowpark London            | 16. Middlesex Terrace                |
| 17. Mount Hope Centre for LTC    | 18. Peoplecare Oakcrossing           |
| 19. Southbridge London           | 20. Sprucedale Care Centre           |
| 21. Strathmere Lodge             | 22. The Village of Glendale Crossing |
| 23. Westmount Gardens            |                                      |

If the automated system is used to alert homes of a potential evacuation, alerts will also go to Middlesex-London Ontario Health Team, Middlesex London Health Unit, Home and Community Support Services, City of London.

***It is the responsibility of each Executive Director/ Administrator to keep their Home's information up to date should it change during the calendar year.***

Date:	October 15, 2025
LTC Home:	AgeCare London
Address:	2000 Blackwater Road London
Telephone #:	519-434-2727
Fax#:	519-679-3442
Name of person completing this form:	Lori Demaiter
E-mail Address:	Lori.demaiter@AgeCare.ca

Number of square feet of Shelter you are able to provide:	280
How many residents could you accommodate?	2
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No, mattresses available
Bathrooms?	Yes

**Emergency Contact Name:** Manager on Call

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Manager on Call	
Contact Information:	Work	519-434-2727
	Home	
	Cell (Indicate if Text ok)	226-495-0587

Alternate Contact Name:	Maureen Cooke	
Position:	PSSM	
Contact Information:	Work	519-434-2727 Ext 238
	Home	
	Cell (Indicate if Text ok)	

Director of Care:	Deborah Adetinkan	
	Work	519-434-2727 Ext 225
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

Date:	November-07-2025
LTC Home:	AgeCare Parkhill
Address	250 Tain Street, Parkhill, ON N0M 2K0
Telephone #:	519-294-6342
Fax#:	519-294-0107
Name of person completing this form:	Cara Van Massenhoven
E-mail Address:	Cara.vanmassenhoven@AgeCare.ca

Number of square feet of Shelter you are able to provide:	600 -sunroom, 60-lounge, 100- 2 <sup>nd</sup> lounge
How many residents could you accommodate?	15
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No- but mattresses available
Bathrooms?	Visitor- accessible washrooms

**Emergency Contact Name:** Cara Van Massenhoven

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Interim Executive Director	
Contact Information:	Work	519-294-6342 ext 222
	Home	
	Cell (Indicate if Text ok)	

Alternate Contact Name:	Jennifer Muma	
Position:	Environmental Manager	
Contact Information:	Work	519-294-6342 ext 230
	Home	
	Cell (Indicate if Text ok)	519-520-7628

Director of Care:	Interim Amy Morrissey	
	Work	519-294-6342 ext 222
	Home	
	Cell (Indicate if Text ok)	

**Other pertinent information:**

Date:	February 21, 2023
LTC Home:	Babcock Community Care Centre
Address:	196 Wellington Street, Wardsville, ON N0L2N0
Telephone #:	519-693-4415
Fax#:	519-693-4876
Name of person completing this form:	Joe Babcock
E-mail Address:	admin@babcockonline.com

Number of square feet of Shelter you are able to provide:	1000
How many residents could you accommodate?	2
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	Yes
Bathrooms?	Yes

**Emergency Contact Name:** Joe Babcock

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Administrator	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	519-359-3645 – text ok

Alternate Contact Name:	Jeff Babcock	
Position:	Administrative Director	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	519-868-8224 – text ok

Director of Care:	Janet Lunn	
Contact Information:	Work	519-693-4415
	Home	
	Cell (Indicate if Text ok)	519-360-6051

**Other pertinent information:**

Unable to accept covid positive residents

Date:	July 03, 2025
LTC Home:	Chelsey Park LTC
Address	310 Oxford Street West, London ON
Telephone #:	519-432-1855 Ext. 225
Fax#:	519-679-7524
Name of person completing this form:	Courtney Lines
E-mail Address:	clines@southbridgecare.com

Number of square feet of Shelter you are able to provide:	600 sq feet
How many residents could you accommodate?	8
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, only if vacant rooms/beds
Bathrooms?	No/ public washroom in hallway male and female washrooms

**Emergency Contact Name:** Courtney Lines

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519-432-1855 ext. 225
	Home	
	Cell (Indicate if Text ok)	226-386-3013. text ok

Alternate Contact Name:	Kevin Varughese	
Position:	Environmental Services Manager	
Contact Information:	Work	519-432-1855 ext. 267
	Home	
	Cell (Indicate if Text ok)	437-220-4196

Assistant Director of Care:	Sonia Puthett	
Contact Information:	Work	519-432-1855 ext. 264
	Home	
	Cell (Indicate if Text ok)	226-700-8808

Other pertinent information:

<b>Date:</b>	July-04-2025
<b>LTC Home:</b>	Omni Quality Living-Country Terrace
<b>Address</b>	10072 Oxbow Dr.
<b>Telephone #:</b>	519-657-2955
<b>Fax#:</b>	519-657-8516
<b>Name of person completing this form:</b>	Rob Bissonnette
<b>E-mail Address:</b>	rbissonnette@omniqualityliving.com

Number of square feet of Shelter you are able to provide:	500
How many residents could you accommodate?	8
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	At least Mattress
Bathrooms?	Yes

**Emergency Contact Name:** Rob Bissonnette

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Administrator -Rob Bissonnette	
<b>Contact Information:</b>	Work	519-657-2955
	Home	
	<b>Cell (Text ok)</b>	519-851-5915
<b>Alternate Contact Name:</b>	Warren Calhoun	
<b>Position:</b>	Maintenance Manager	
<b>Contact Information:</b>	Work	519-657-2955
	Home	
	<b>Cell (Text ok)</b>	519-719-7280
<b>Director of Nursing:</b>	Crystal Brooks	
<b>Contact Information:</b>	Work	519-657-2955
	Home	
	<b>Cell (Text ok)</b>	519-200-3260

**Other pertinent information:**

<b>Date:</b>	April 12, 2024
<b>LTC Home:</b>	Craigwiel Gardens
<b>Address:</b>	221 Ailsa Craig Main Street, Ailsa Craig, Ontario. NOM 1A0
<b>Telephone #:</b>	519 293-3215
<b>Fax#:</b>	519 293 3941
<b>Name of person completing this form:</b>	Sarah Campbell
<b>E-mail Address:</b>	scampbell@craigwielgardens.on.ca

Number of square feet of Shelter you are able to provide:	400
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	YES
Can you provide beds?	NO
Bathrooms?	YES

**Emergency Contact Name:** Sarah Campbell

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	CEO	
<b>Contact Information:</b>	Work	519 293-3215 EXT.222
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-494-1950

<b>Alternate Contact Name:</b>		
<b>Position:</b>		
<b>Contact Information:</b>	Work	519 293-3215 EXT 234
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Director of Care:</b>	Nicole Fleischauer	
	Work	519 293-3215 EXT.223
	Home	
	<b>Cell (Indicate if Text ok)</b>	519 872-2468

**Other pertinent information:**

Date:	July 03, 2025
LTC Home:	Dearness Home
Address	710 Southdale Road
Telephone #:	519-661-0400
Fax#:	519-661-0446
Name of person completing this form:	Eileen Marion-Bellemare
E-mail Address:	ebellemare@london.ca

Number of square feet of Shelter you are able to provide:	700
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	yes
Can you provide beds?	no
Bathrooms?	yes

**Emergency Contact Name:** Leslie Hancock

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Administrator – Leslie Hancock	
<b>Contact Information:</b>	Work	519-661-2489 x8260
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-448-5292

<b>Alternate Contact Name:</b>	Rick Nolan	
<b>Position:</b>	Manager of Environmental Services	
<b>Contact Information:</b>	Work	519-661-2489 X8229
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-926-2376

<b>Director of Care:</b>	Eileen Marion-Bellemare	
	Work	519-661-2489 x8263
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-268-6190

**Other pertinent information:**

<b>Date:</b>	October 15, 2025
<b>LTC Home:</b>	Earls Court Village
<b>Address</b>	1390 Highbury Ave North, London ON N5Y 0B6
<b>Telephone #:</b>	519-601-5088
<b>Fax#:</b>	519-601-5388
<b>Name of person completing this form:</b>	Everton Kuhn
<b>E-mail Address:</b>	ekuhn@svch.ca

Number of square feet of Shelter you are able to provide:	840
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, but mattresses available
Bathrooms?	Visitor accessible washroom

**Emergency Contact Name:** Everton Kuhn

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Executive Director	
<b>Contact Information:</b>	Work	519-601-5088 Ext 501
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-503-7034

<b>Alternate Contact Name:</b>	Dave Pranger	
<b>Position:</b>	Director of Facility Services	
<b>Contact Information:</b>	Work	519-601-5088 Ext. 506
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-520-9793

<b>Director of Care:</b>	Gemma Nott	
	Work	519-601-5088 ext 501
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-476-1430

**Other pertinent information:**

Date:	October 23, 2025
LTC Home:	Elmwood Place
Address	3400 Morgan Ave London ON N6L 0G7
Telephone #:	519-433-7259
Fax#:	519-660-0158
Name of person completing this form:	Dawn Mackintosh
E-mail Address:	<a href="mailto:dawn.mackintosh@extendicare.com">dawn.mackintosh@extendicare.com</a>

Number of square feet of Shelter you are able to provide:	500
How many residents could you accommodate?	4
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	3 cots and 1 Queen non-medical bed
Bathrooms?	yes

**Emergency Contact Name:** Dawn Mackintosh

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Executive Director	
<b>Contact Information:</b>	Work	226-926-4755
	Home	Same as below
	<b>Cell (Indicate if Text ok)</b>	226-926-2451

<b>Alternate Contact Name:</b>	Kamal Virk	
<b>Position:</b>	Associate Director of Care	
<b>Contact Information:</b>	Work	519-433-7259 x 2023
	Home	
	<b>Cell (Indicate if Text ok)</b>	647-336-3355, yes

<b>Director of Care:</b>	Shirley Nieman Interim DOC	
	Work	519-433-7259 x2003
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-973-4786

**Other pertinent information:**

Date:	October 29, 2024
LTC Home:	Extendicare London
Address:	860 Waterloo Street, London, ON; N6A 3W6
Telephone #:	519-433-6658
Fax#:	519-642-1711
Name of person completing this form:	Janet Lakie
E-mail Address:	Janet.lakie@extendicare.com

Number of square feet of Shelter you are able to provide:	600
How many residents could you accommodate?	5
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Manager on Call

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Manager on Call	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	519-668-4393

Administrator Contact Name:	Janet Lakie	
Position:	Administrator	
Contact Information:	Work	519-433-6658 Ext. 212
	Home	
	Cell (Indicate if Text ok)	519-709-0774

Director of Care:	Michelle Lemhenyi	
	Elvira Villeneuve	
	Michelle	519-433-6658 Ext. 217
	Elvira	519-433-6658 Ext. 236
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	February 16, 2023
LTC Home:	Henley Place
Address:	1961 Cedarhollow Blvd. London
Telephone #:	519-951-0220
Fax#:	519-951-0212
Name of person completing this form:	Rae Ajayi
E-mail Address:	RAjay@primacareliving.com

Number of square feet of Shelter you are able to provide:	2500
How many residents could you accommodate?	13
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Rae Ajayi

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519 951 0220 x 5130
	Home	
	Cell (Indicate if Text ok)	226-984-9327
Alternate Contact Name:	Matthew Melchior	
Position:	Owner	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	647-515-1110
Director of Care:	Amy McLean	
	Work	519-951-0220 x5210
	Home	
	Cell (Indicate if Text ok)	519-495-2664

**Other pertinent information:**

Date:	February 15, 2023
LTC Home:	Kensington Village
Address	1340 Huron St, London, Ontario, N5V 3R3
Telephone #:	519-455-3910
Fax#:	519-455-1570
Name of person completing this form:	Michelle Dawson
E-mail Address:	<a href="mailto:mdawson@svch.ca">mdawson@svch.ca</a>

Number of square feet of Shelter you are able to provide:	700
How many residents could you accommodate?	6
Can you provide food for those you are sheltering?	yes
Can you provide beds?	yes
Bathrooms?	yes

**Emergency Contact Name:** Michelle Dawson

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Executive Director	
Contact Information:	Work	519-455-3910 x 230
	Home	
	Cell (Indicate if Text ok)	519-200-8153 (ok to text)

Alternate Contact Name:	Leslie Ducharme	
Position:	Director of Operations	
Contact Information:	Work	
	Home	
	Cell (Indicate if Text ok)	519-319-6210 (ok to text)

Director of Care:	Melanie Campbell	
	Work	519-455-3910 x 228
	Home	
	Cell (Indicate if Text ok)	226-377-4629 (ok to text)

**Other pertinent information:**

Beds on Retirement side would be able to accommodate Residents, which would include beds. Staff would ideally accompany the Residents from their LTC home.

<b>Date:</b>	February 03, 2023
<b>LTC Home:</b>	McCormick Home
<b>Address</b>	2022 Kains Road, London On N6K 0A8
<b>Telephone #:</b>	519-432-2648
<b>Fax#:</b>	519-472-1486
<b>Name of person completing this form:</b>	Lisa Maynard
<b>E-mail Address:</b>	lmaynard@mccormickcare.ca

Number of square feet of Shelter you are able to provide:	1750
How many residents could you accommodate?	5
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Lisa Maynard

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Administrator	
<b>Contact Information:</b>	Work	519-432-2648 Ext. 2321
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-317-3776

<b>Alternate Contact Name:</b>	Jim Davis	
<b>Position:</b>	Manager of Environmental Services	
<b>Contact Information:</b>	Work	519-432-2648 Ext. 2379
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-933-7090

<b>Director of Care:</b>	Kerri Gaffney	
	Work	519-432-2648 Ext. 2322
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-282-7718

**Other pertinent information:**

<b>Date:</b>	October 23, 2025
<b>LTC Home:</b>	McGarrell Place
<b>Address</b>	355 MCGARRELL DRIVE LONDON ON N6G0B1
<b>Telephone #:</b>	519-672-0500
<b>Fax#:</b>	519-472-7987
<b>Name of person completing this form:</b>	CHRISTEN MCLEOD
<b>E-mail Address:</b>	Christen.mcleod@reveraliving.com

Number of square feet of Shelter you are able to provide:	1000 sq ft
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	YES
Can you provide beds?	NO
Bathrooms?	YES

**Emergency Contact Name:** CHRISTEN MCLEOD

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Christen McLeod- Executive Director	
<b>Contact Information:</b>	Work	519-672-0500 X2002
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-494-0165 TEXT-YES

<b>Alternate Contact Name:</b>	Jennifer Lightfoot (interim)	
<b>Position:</b>	ESM	
<b>Contact Information:</b>	Work	519-672-0500 X2007
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-494-7813 YES

<b>Director of Care:</b>	Lincy Thankaraj Sisil	
	Work	519-672-0500 X2003
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-448-4267

**Other pertinent information:**

<b>Date:</b>	October 16, 2025
<b>LTC Home:</b>	Meadowpark London
<b>Address</b>	1210 Southdale Road East London
<b>Telephone #:</b>	519-686-0484
<b>Fax#:</b>	519-686-9932
<b>Name of person completing this form:</b>	Emaculada Chesher
<b>E-mail Address:</b>	<a href="mailto:echesher@jarlette.com">echesher@jarlette.com</a>

Number of square feet of Shelter you are able to provide:	0
How many residents could you accommodate?	0
Can you provide food for those you are sheltering?	0
Can you provide beds?	0
Bathrooms?	0

**Emergency Contact Name:** Emaculada Chesher

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

**Position:** Administrator

**Contact Information:**

Work	519-686-0484 Ext. 31
Home	
<b>Cell (Indicate if Text ok)</b>	519-870-6103

**Alternate Contact Name:** Ron Wall

**Position:** Environmental Supervisor

**Contact Information:**

Work	519-686-0484 Ext. 15
Home	
<b>Cell (Indicate if Text ok)</b>	226-234-9062

**Director of Care:**

Work	519-686-0484 Ext. 32
Home	
<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	November 08, 2024
<b>LTC Home:</b>	Middlesex Terrace
<b>Address</b>	2094 Gideon Drive Delaware, On N0L 1E0
<b>Telephone #:</b>	519-652-3483
<b>Fax#:</b>	519-652-8733
<b>Name of person completing this form:</b>	Carol Bradley
<b>E-mail Address:</b>	cbradley@middlesexterrace.ca

Number of square feet of Shelter you are able to provide:	600 sq feet
How many residents could you accommodate?	2
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	Yes
Bathrooms?	Yes

**Emergency Contact Name:** Carol Bradley

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Executive Director	
<b>Contact Information:</b>	Work	519-652-3483 Ext 38
	Home	
	Cell (Text OK)	Carol- 226-228-5789

<b>Alternate Contact Name:</b>	Leader on Call	
<b>Position:</b>		
<b>Contact Information:</b>	Work	
	Home	
	Cell (Text OK)	548-888-3483

<b>Director of Care:</b>	Angela Dayman	
	Work	519-652-3483 Ext 39
	Home	
	Cell (Text OK)	519-859-3189

**Other pertinent information:**

Date:	October 25, 2025
LTC Home:	Mount Hope Centre for Long Term Care
Address:	21 Grosvenor St. London, ON N6A 1Y6
Telephone #:	519-646-6100
Fax#:	519-646-6148
Name of person completing this form:	Tanya Pol
E-mail Address:	tanya.pol@sjhc.london.on.ca

Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate?	10 (Could consider more)
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	Yes
Bathrooms?	Yes

**Emergency Contact Name:** On-Call Leader Pager #10580

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

Position:	Tanya Pol- Executive Director	
Contact Information:	Work	519-646-6100- Ext.65395
	Home	
	Cell (Indicate if Text ok)	519-859-0549

Alternate Contact Name:	Clinical Leader on Call	
Position:		
Contact Information:	Work	519-646-6100 Ext. 10580
	Home	
	Cell (Indicate if Text ok)	519-630-1375

Director of Care:		
	Work	
	Home	
	Cell (Indicate if Text ok)	

Other pertinent information:

Date:	October 16, 2025
LTC Home:	Oakcrossing LTC
Address	1242 Oakcrossing Rd London Ontario
Telephone #:	519-641-00231
Fax#:	519-641-0028
Name of person completing this form:	Deborah Sims
E-mail Address:	dsims@peoplecare.ca

Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	yes
Can you provide beds?	3 plus pull outs
Bathrooms?	Shared yes

**Emergency Contact Name:** Deborah Sims

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Deborah Sims- Executive Director	
<b>Contact Information:</b>	Work	519-641-0021 Ext 103
	Home	519-496-2171
	<b>Cell (Indicate if Text ok)</b>	yes

<b>Alternate Contact Name:</b>	Lea-Ann Riddell	
<b>Position:</b>	Interim, Director of Care	
<b>Contact Information:</b>	Work	519-641-0021 Ext 109
	Home	
	<b>Cell (Indicate if Text ok)</b>	705-331-7248

<b>Director of Care:</b>		
	Work	
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	February 10, 2023
<b>LTC Home:</b>	Southbridge London
<b>Address</b>	3715 Southbridge Ave
<b>Telephone #:</b>	226-289-3731
<b>Fax#:</b>	226-289-3737
<b>Name of person completing this form:</b>	Suzi Holster
<b>E-mail Address:</b>	sholster@southbridgecare.com

Number of square feet of Shelter you are able to provide:	1125 SQ FT –main floor activity /chapel room (additional area if vacant beds –private and basic rooms)
How many residents could you accommodate?	2 (main floor space) + any vacant room beds
Can you provide food for those you are sheltering?	yes
Can you provide beds?	No, only if have vacant residents/beds
Bathrooms?	yes

**Emergency Contact Name:** Suzi Holster

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Executive Director – Suzi Holster	
<b>Contact Information:</b>	Work	226-289-3731 Ext 1001
	Home	N/A
	<b>Cell (Indicate if Text ok)</b>	519-670-3173 Text okay

<b>Alternate Contact Name:</b>	Jody Abbot	
<b>Position:</b>	Director of Care	
<b>Contact Information:</b>	Work	226-289-3731 ext 1002
	Home	N/A
	<b>Cell (Indicate if Text ok)</b>	226-927-2681 Text okay

<b>Director of Care:</b>	Same as above	
	Work	
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

Date:	February 6, 2023
LTC Home:	Sprucedale Care Centre
Address:	96 KITTRIDGE AVE.E
Telephone #:	519-245-2808
Fax#:	519-245-1767
Name of person completing this form:	BEV RIPLEY
E-mail Address:	bev@sprucedale.ca

Number of square feet of Shelter you are able to provide:	1775 square feet
How many residents could you accommodate?	15
Can you provide food for those you are sheltering?	Short Term
Can you provide beds?	NO
Bathrooms?	YES

**Emergency Contact Name:** Corrie VanHeeswyk

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Executive Director – Corrie VanHeeswyk	
<b>Contact Information:</b>	Work	519-245-2808 ext. 7127
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-854-9422

<b>Alternate Contact Name:</b>	Bev Ripley	
<b>Position:</b>	Director of Environmental Services	
<b>Contact Information:</b>	Work	519-245-2808 ext.7114
	Home	
	<b>Cell (Indicate if Text ok)</b>	519-852-5488

<b>Director of Care:</b>	Jennifer Turnbull	
	Work	519-245-2808 ext.7101
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-919-4943

**Other pertinent information:**

Date:	February 8, 2023
LTC Home:	Strathmere Lodge
Address:	599 Albert St. Strathroy, ON N7G 3J3
Telephone #:	[519] 245-2520
Fax#:	519] 245-5711
Name of person completing this form:	Brent Kerwin
E-mail Address:	bkerwin@middlesex.ca

Number of square feet of Shelter you are able to provide:	1500
How many residents could you accommodate?	20
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Brent Kerwin

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Administrator – Brent Kerwin		
<b>Contact Information:</b>	Work	(519) 245-2520, ext. 6222	
	Home	(519) 719-9987	
	<b>Cell (Text ok)</b>	(519) 719-9987	

<b>Alternate Contact Name:</b>	Augustine Caines		
<b>Position:</b>	Office Supervisor		
<b>Contact Information:</b>	Work	(519) 245-2520, ext. 6246	
	Home	(519) 762-0356	
	<b>Cell (Text ok)</b>	(519) 281-2525	

<b>Director of Care:</b>	Sonya Gillett		
	Work	(519) 245-2520, ext. 6234	
	Home		
	<b>Cell (Text ok)</b>	(519) 355-4657	

**Other pertinent information:**

Accommodation would be provided in our "Rose Room", which has two wheelchair-accessible washrooms. Lack of privacy could be an issue; arrangements would have to be made to acquire and erect privacy curtains.

**Would not accept evacuated residents if they were COVID+, or if we were in outbreak.**

<b>Date:</b>	February 8, 2023
<b>LTC Home:</b>	The Village of Glendale Crossing
<b>Address</b>	3030 Singleton Ave London ON N6L0B6
<b>Telephone #:</b>	519-668-5600
<b>Fax#:</b>	519-668-5604
<b>Name of person completing this form:</b>	Holly Ross
<b>E-mail Address:</b>	Holly.Ross@schlegelvillages.com

Number of square feet of Shelter you are able to provide:	
How many residents could you accommodate?	6
Can you provide food for those you are sheltering?	Yes
Can you provide beds?	No
Bathrooms?	Yes

**Emergency Contact Name:** Holly Ross

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Assistant General Manager	
<b>Contact Information:</b>	Work	519-668-5600 Ext 8003
	Home	
	<b>Cell (Indicate if Text ok)</b>	

<b>Alternate Contact Name:</b>	Cindy Awde	
<b>Position:</b>	General Manager	
<b>Contact Information:</b>	Work	519-668-5600 Ext 8203
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-919-7190 Ok to text

<b>Director of Care:</b>	Anne Marggraf	
	Work	519-668-5600 Ext 8005
	Home	
	<b>Cell (Indicate if Text ok)</b>	

**Other pertinent information:**

<b>Date:</b>	October 15, 2025
<b>LTC Home:</b>	Westmount Gardens
<b>Address</b>	590 Longworth Road
<b>Telephone #:</b>	519-472-6424
<b>Fax#:</b>	519-472-8852
<b>Name of person completing this form:</b>	Scott Mumberson
<b>E-mail Address:</b>	Scott_mumberson@srgroup.ca

Number of square feet of Shelter you are able to provide:	1600
How many residents could you accommodate?	10
Can you provide food for those you are sheltering?	yes
Can you provide beds?	no
Bathrooms?	yes

**Emergency Contact Name:** Scott Mumberson

*(if you have an emergency pager or cell phone it might be helpful as when someone calls they will need to talk with someone that can make a decision in a short time frame.)*

<b>Position:</b>	Scott Mumberson- Administrator	
<b>Contact Information:</b>	Work	519-472-6424 Ext 401
	Home	226-234-1073
	<b>Cell (Indicate if Text ok)</b>	519-808- 1784 Text ok

<b>Alternate Contact Name:</b>	Navjot Singh	
<b>Position:</b>	Environmental Service Manager	
<b>Contact Information:</b>	Work	519-472-6424 Ext 428
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-237-4184

<b>Director of Care:</b>	Carrie Morton	
	Work	519-472-6424 Ext 416
	Home	
	<b>Cell (Indicate if Text ok)</b>	226-234-6408

**Other pertinent information:**