

The Ontario Finnish Resthome Association

Emergency Response Plan for Mauno Kaihla Koti



Organizational Approval

This document is the OFRA-Mauno Kaihla Koti (MKK) Long-Term Care Home’s Emergency Response Plan and states our understanding of how we manage and conduct actions under emergency conditions. It will be reviewed and updated at least annually, including updating all emergency contact information for involved entities, and within 30 days after a declared emergency plan activation has ended.

This Emergency Response Plan has been reviewed and approved by our organization’s leadership.

Approved By: _____

Signature

Paul Belair Administrator/CEO

Date of Review	Signature	Date	Signature

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1. INTRODUCTION

An Emergency Response Plan (ERP) is a structured plan that outlines how the home prepares for, responds to, and recovers from emergencies to protect residents, staff, visitors, and property.

In Ontario Long-Term Care (LTC) homes, it is a required component of the home's emergency management program under the Fixing Long-Term Care Act, 2021.

An **emergency or disaster** is defined as any situation, or the threat of any situation, requiring any of the following:

- Interruption of essential services
- Threats to the health or safety of residents, staff, or visitors
- Situations requiring assistance from external emergency services
- Environmental or structural hazards
- Infectious disease outbreaks or hazardous exposure
- Community-wide emergencies
- Complete or partial evacuation or relocation of residents
- Acceptance of additional residents or expansion of services due to emergencies occurring outside the Home

1.2 PURPOSE AND SCOPE

The purpose of this ERP is to outline the procedures the organization will follow to effectively respond to emergency situations while maintaining a safe and secure environment for residents, staff, or visitors.

The plan also supports the organization's ability to maintain essential services and operational continuity during emergencies, while coordinating with community emergency response systems when required.

The scope of this plan includes **any event that disrupts, or has the potential to disrupt resident care, safety, normal operations, or business continuity within the Home.**

1.3 TYPES OF EMERGENCIES COVERED

This plan addresses both **internal and external emergencies**, including but not limited to:

- Communicable disease outbreaks, epidemic, or pandemics
- Fire emergencies
- Air quality concerns
- Community disasters
- Violent incidents or weapon-related threats
- Bomb threats
- Medical emergencies
- Chemical or hazardous material spills

- Missing resident situations
- Loss of one or more essential services (e.g., power, water, heating, or communications)
- Gas leaks
- Natural disasters or extreme weather events
- Boil water advisories
- Flooding or water damage

2. EMERGENCY GOVERNANCE, COMMAND STRUCTURE, AND COMMUNICATION PLAN

2.1 INCIDENT COMMAND

During emergencies, the **Incident Command System (ICS)** is activated.

Command Team Roles:

- Incident Manager – Administrator/CEO (in their absence will be the EDOC).
- Public Information's Officer – Administrator/CEO (in their absence it will be the EDOC).
- Liaison Officer – EDOC
- Safety Officer/Coordinator – Facility Manager/ESS Supervisor
- Information Technology Lead – ABC Computers Contract person
- Operations Manager – EDOC
- Planning Manager – Management team
- Logistics Manager – Facility Manager/ESS Supervisor
- Finance/Administration Manager – Manager of Finance/Payroll Clerk

Emergency Operations Center:

- Location (On Site): Main RN Office located adjacent to the front entrance of the MKK LTCH.
- Location (Off Site): Suomi Esti Maja (Kestitupa) – located at 721 North Street. This building is heated, has a phone and Internet access.
- Equipment Checklist (in Emergency Box).

AUDIT OF HUMAN RESOURCES	
Name: The Ontario Finnish Resthome	
Address: 725 North Street	
City: Sault Ste. Marie, ON	Postal Code: P6B 5Z3
	Business Phone: 705-945-9987
Administrator/CEO	
Name: Paul Belair	
Address: 725 North Street	
City: Sault Ste. Marie	Postal Code: P6B 5Z3
Cell Phone: 705-256-9328	Business Phone: 705-945-9987 ext. 238
Executive Director of Care	
Name: Helina McGrath	
Address: 723 North Street	
City: Sault Ste. Marie	Postal Code: P6B 6G8
Cell Phone: 705-987-3274	Business Phone: 705-945-9987 ext. 206
Facility Manager	
Name: Jeremy Wilhelm	
Address: 725 North Street	
City: Sault Ste. Marie	Postal Code: P6B 5Z3
Cell Phone: 705-254-9083	Business Phone: 705-945-9987 ext. 207
Maintenance	
Name: Robert Stoneman	
Cell Phone: 705-992-3951	
Security	
Security Guard	Security Cell: 705-992-3955

2.2 THE EMERGENCY OPERATIONS CONTROL GROUP FOR THE CITY OF SAULT STE. MARIE

The **Emergency Operations Control Group (EOCG)** may be activated by any member of the group if doing so will assist in establishing control of an emergency situation more rapidly. Members of the EOCG can be contacted 24 hours a day, 7 days a week through Policy Services.

Emergency services may establish an on-scene command centre when required to support emergency response and coordination.

All information regarding the situation will be collected, assessed, and coordinated through the Emergency Operations Control Group headquarters. Official directions, communications, and updates related to the emergency will be issued from this location.

Business hour contacts:

705-949-6300 - Extensions **324, 321, or 323**

When requested by the EOCG, a representative from the **Ontario Finnish Resthome Association** may be required to attend. Attendance will be directed by the Administrator/CEO in order to provide updates, support communication, and assist with coordination from staff responding to the emergency on site.

2.3 Communication Plan

All external communications related to an emergency must be coordinated through the Administrator/CEO or the Executive Director of Care (EDOC), in collaboration with the Board of Directors.

The Mauno Kaihla Koti (MKK) Long-Term Care Home communication plan supports **rapid, accurate, and coordinated communication** both internally and externally during an emergency.

Internal Communication

The facility maintains an **up-to-date contact list for all staff**, including telephone numbers and email addresses where available. Contact information is also maintained within **Workforce Now (WFN)** and **Staff STAT** to enable rapid mass communication if required.

This contact information may be used to notify staff of an emergency, potential threat, or other situation that may impact their work or require their assistance.

Once an incident is recognized that may require activation of the **Incident Command Centre**, the individual who first identifies the incident must **immediately notify their superviro or the most senior manager on site or on call**.

Internal communication methods available within the facility include:

- Landline telephones
- Handheld portable phones
- Email
- Staff STAT messaging system
- Other communication methods as available

External Communication

The facility will communicate with relevant external partners in order to:

1. Gather information related to the incident, and
2. Share information regarding the facility's status, response activities, and resource needs.

The facility will report incidents to the appropriate authorities as required. For example, fires will be reported to the local fire department and public health concerns will be reported to Algoma Public Health.

If facility is impacted by an emergency, updates regarding the following will be shared with the Board of Directors and the Sault Ste. Marie Emergency Management Team:

- Current situation
- Response activities
- Resource needs, if any

All communications will be coordinated through the Administrator/CEO of the Ontario Finnish Resthome Association.

Resident and Family Communication

The Administrator/CEO and/or Executive Director of Care will communicate with the **Family Council, Resident Council, and Power of Attorneys (POAs)** regarding emergency situations that impact the facility.

In the event of an emergency, family members will be notified and provided updates regarding the status of the facility and the coordination of their loved on **as soon as it is safe and feasible to do so.**

A code of resident POA contact information is maintained in the **Emergency Box located in the main RN office** for quick access during emergencies.

If an emergency situation prevents timely direct communication with families, alternative methods may be used to share information, including:

- Mass communication through Staff STAT
- Volunteers assisting with phone calls to families
- Assistance from the Canadian Red Cross

- Support from Algoma Public Health
- Other available communication methods including providing a designated phone number families may call to obtain updates regarding the status and location of their loved one

3. RAPID RESPONSE PROCEDURE

3.1 RAPID RESPONSE GUIDES

The following steps are to be implemented if a potential or actual emergency is recognized that may threaten or impact:

- the health and safety of occupants (including residents, staff, and visitors),
- the organization's ability to provide care, or
- the environment or property.

STEP 1	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and call the appropriate emergency code if appropriate as per our Administrative Policy & Procedure Manual, TAB 9: Occupational Health & Safety
STEP 2	Assess the situation. Gather basic information regarding the circumstances: <ul style="list-style-type: none"> • Type of incident, including specific hazard/agent, • Location of incident, • Number and types of injuries, and • What you have done so far. If the situation allows, begin to document your actions
STEP 3	Contact your immediate Supervisor/Manager to report the incident and get further instructions. If unable to contact your Supervisor/Manager report to the Administrator/CEO and activate the Fire/Emergency & Contingency Plan. Activate Emergency codes as appropriate.
STEP 4	Notify additional authorities if appropriate and indicated by protocols.
STEP 5	Follow facility policy for documenting actions and incident reporting.

3.2 FACILITY PROFILE

Facility Name	Mauno Kaihla Koti - OFRA
Facility Address	723 North St.
Facility Location (Cross streets, Landmarks)	2nd Line East and North Street. Across street from Superior Heights High School
Facility Telephone #	705-945-9987
Mauno Kaihla Koti Direct #	705-945-5262

Facility Email	info@thefra.org
Facility Web Address	https://www.ontariofinnishresthome.ca/
Administrator/Phone #	705-942-2204 x 217
Facility Fax #	Fax: (705) 945-1217
Insurance Agent/Phone #	Northern Insurance Brokers - 705-949-6555
Year Facility Built	1990
Fire Alarm System/Contact #	Troy Life & Fire - 705-945-1013
# of Licensed Beds	63
Average # of Staff – Days	30
Average # of Staff – Nights	5
Emergency Power Generator Type	Kohler Power Systems - Model# 180R0ZJ81
Emergency Power Generator Fuel	Diesel
Emergency Communication System	Cell phones / Staff STAT

3.3 EMERGENCY CODES

There is no substitute for situational awareness and sound judgment when responding to emergencies within the Mauno Kaihla Koti Long-Term Care Home. Staff must assess and respond based on the unique circumstances of the Home, including its location, the characteristics and needs of the resident population, established local agreements and protocols, and the findings of the facility's Hazard Assessment.

While emergency codes provide guidance and structure for response, they do not replace the need for staff to remain alert to potential risks or emerging threats. Initial response activities should always include vigilance for situations that may not have been previously identified through the Hazard Assessment process.

Staff are expected to follow the established emergency codes and procedures outlined in this plan while using professional judgment to ensure the safety and well-being of residents, staff, and visitors.

CODE WHITE	Violent Situation – Notify Team Leader or RN Charge Nurse if you witness violent behaviour. Give the location and as many details as possible. 911 may be called.
CODE GREEN	Evacuation – Listen to the announcement. It may come after another code (such as Codes Red, Black, or Brown) has been announced.

<p>CODE BLACK</p>	<p>Bomb Threat – Report all information to the Administrator/CEO or designate, and they will notify the police. NO evacuation is to take place until something of suspicious nature is found.</p>
<p>CODE BROWN</p>	<p>Chemical, Nuclear, Radioactive, or Biohazardous/Infectious Threat– Notify the supervisor when a product is spilled, or a spill is discovered. Clean up is to be done based on information from the MSDS once the spilled material has been identified.</p>
<p>CODE SILVER</p>	<p>Weapon Threat - Is the designated Emergency Response Plan implemented to communicate and activate a standard organizational response to an incident in which a weapon (firearm, knife, or any instrument that can cause bodily harm). Staff are to take shelter and call 911.</p>
<p>CODE BLUE</p>	<p>Medical Emergency - Notify Team Leader or RN Charge nurse if you witness a medical emergency requiring immediate treatment, (ex. cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, respiratory distress, syncope, etc.).</p>
<p>CODE YELLOW</p>	<p>Missing Resident - Initiated when a resident is discovered to be missing and their safety may be at risk. Staff begin an organized search of the building and surrounding area while monitoring exits and notifying leadership and, if required, police.</p>
<p>CODE ORANGE</p>	<p>External Disaster - Initiated when a disaster or major emergency in the community may impact the facility or result in receiving multiple casualties or evacuees. The organization prepares to support emergency response efforts and coordinate with community services. Administrator to be notified.</p>
<p>CODE GREY</p>	<p>Loss of Essential Service – Activated when one or more critical services required for safe operations are disrupted. This may include loss of power, water, heating/cooling, information systems, or other infrastructure necessary for resident care. Administrator to be notified.</p>

These emergency codes activate specific emergency response procedures within the facility and guide staff in responding quickly and appropriately to different types of incidents.

Detailed policies and procedures for each emergency code can be found in the **Occupational Health and Safety Administrative Policy and Procedure Manual (Tab 9)**, located in the **RN main office** and available on each **facility computer at the following directory**:

<G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety>

Staff are expected to be familiar with these policies and procedures and to review them regularly to ensure a timely and effective response during emergency situations. During an emergency event, staff must follow the established procedures outlined in the Occupational Health and Safety Administrative Policy and Procedure Manual.

4. EMERGENCY RESPONSE PROCEDURES

4.1 Infectious Disease Overview

An infectious disease emergency occurs when a communicable illness has the potential to spread rapidly within the facility or community and may threaten the health and safety of residents, staff, and visitors.

Examples of infectious diseases that may require an emergency response include:

- Influenza
- COVID-19
- Norovirus and other gastrointestinal illnesses
- Respiratory Syncytial Virus (RSV)
- Other emerging or reportable communicable diseases

Purpose

- Provide an overview of infectious disease risks within the facility
- Support early identification and response to infectious threats
- Protect residents, staff, volunteers, and visitors
- Ensure timely communication with public health authorities
- Maintain safe facility operations during infectious disease events

4.1.2 OUTBREAK MANAGEMENT

In the event of a suspected or confirmed outbreak of infectious disease, refer to the Infection Control Manual for detailed policies and procedures: <G:\Infection Control Services\INFECTION CONTROL Policy & Procedure Manual>.

Initial Response – Single Symptomatic Resident

If one resident presents with respiratory or gastrointestinal symptoms, staff must initiate the following measures immediately:

1. Isolate the resident and provide meals in their room.
2. Post appropriate isolation signage and ensure personal protective equipment (PPE) is available outside the resident's room for staff and visitors.
3. Perform a COVID-19 Rapid Antigen Test (RAT) where appropriate.
4. Notify resident's family and the attending Physician or Nurse Practitioner of the resident's condition and complete any tests as ordered.
 - a. *Note:* Nasopharyngeal swabs must be sent to the PHO Laboratory only, not LifeLabs.
5. Monitor all other residents on the unit for similar symptoms.

Escalation – Multiple Symptomatic Residents

If additional residents present with similar symptoms, continue all measures above and implement the following:

1. Refer to the 'Reporting Symptomatic Residents to Algoma Public Health (APH) - AFTER HOURS' flow chart in the RN Charge Nurse office. Report to APH inspector based on flow chart direction.
2. Initiate a line list by filling in all appropriate columns (master copies found in Infection Control Policy and Procedure Manual, Tab 7, line listing master forms).
 - a. If already in contact with APH inspector, forward updated line list(s) and provide summary of:
 - i. Ill residents and staff
 - ii. Infection Prevention and Control (IPAC) measures implemented to prevent spread.
3. Distribute the line list to the following:
 - Algoma Public Health Inspector
 - IPAC Lead
 - Executive Director of Care (EDOC)
 - Assistance Director of Care (ADOC)
 - Nursing Team
 - Physicians
 - Nurse Practitioners
 - Administrator/CEO
 - Human Resources
 - Facilities Manager/Environmental Services Supervisor

Note: Staff line lists are to be sent to Human Resources only.
4. Identify symptom patterns and develop a case definition for the outbreak.
 - a. Do not combine line lists with different symptom presentations (ex. Respiratory vs. gastrointestinal symptoms).
5. Monitor staff illness:

- a. If staff report similar symptoms and worked on the affected unit during the communicable period, consider adding them to the staff line list, provided they meet the case definition.
6. Provide ongoing updates to management and the nursing team regarding:
 - a. New symptomatic residents
 - b. Staff absences or illness
 - c. Increased workload due to isolation precautions
 - d. Need for additional PPE or supplies
 - e. The possibility for the need to plan to adjust staffing (e.g., extra housekeeping to maintain proper outbreak high touch cleaning and terminal clean)
7. Notify the Dietary Department of all residents requiring meals to be delivered to their rooms due to isolation
8. Conduct staff huddles at each shift change to:
 - a. Inform incoming staff of current outbreak status
 - b. Review isolation requirements
 - c. Provide education on proper IPAC practices, including:
 - i. PPE use
 - ii. Isolation precautions
 - iii. Managing wandering residents who are ill
9. Charge RN to increase hand hygiene and PPE audits to two audits per shift twice daily and document them in HealthConnex

Ongoing Outbreak Management

Throughout the duration of the outbreak, the following actions must occur:

1. **Update the line list daily** and send it to the responsible **Algoma Public Health Inspector** and the individuals listed above **by 10:00 hours each day**, including weekends and holidays.
 - o Include all laboratory or diagnostic results as they become available.
2. **Save updated line lists** after they are emailed to APH in the following location:

Supervisors Drive → MOH LTCH → CIS → Current Year → MKK Critical Incidents → Outbreak Folder
3. **Update the Dietary and Environmental Services Departments** regularly to ensure appropriate infection control routines are maintained.
4. **Continue to assess staffing needs** and ensure adequate **PPE supplies** are available.
5. **Adjust the case definition as necessary** to capture common symptom presentations associated with the infectious agent.
6. **Maintain ongoing communication with Algoma Public Health** and collaborate with the assigned APH Inspector to support outbreak control and management.

4.1.3 Reporting Requirements

- Algoma Public Health
- Ministry of Health & Long Term Care (confirmed only)
- Administrator/CEO
- Executive Director of Care
- Assistant Director of Care
- IPAC Lead
- POAs

Confirmed outbreaks are considered Critical Incidents and are reportable to the Ministry of Health and Long-Term Care, therefore daily reporting and documentation is required until the outbreak is declared over by Public Health.

4.2 FIRE EMERGENCY

For Full Details refer to the MKK Fire Plan as approved by the Sault Ste. Marie Fire Services.

<G:\Administration Services\Administrative Policy & Procedure Manual\Fire Emergency & Contingency Plan>

Person in Charge of Emergency

- The Administrator/CEO shall control emergency procedures in the event of a fire or fire alarm or other emergency.
- In the absence of the Administrator/CEO, EDOC/ADOC, or the RN Charge Nurse on duty shall control emergency procedures in the event of a fire or fire alarm or other emergency.

4.2.1 DETECTION OF FIRE/IMMEDIATE FIRE RESPONSE (REACT)

At any sign of fire, immediate action must be taken. Do not hesitate to initiate emergency action at any time you detect fire, smoke or odour of something burning.

IF YOU DISCOVER FIRE:

REMEMBER **REACT**:

R – REMOVE persons in immediate danger

E – ENSURE the door(s) is closed behind you to confine smoke and fire

A – ACTIVATE the fire alarm system by using the nearest pull station

C – CALL the Fire Department - 911

T – TELL everyone

- **Pull stations are located at all exits.**
- **Fire extinguishers are located along Hallways.** Use portable extinguisher if it is possible and safe to do so. **Do not place yourself in harm's way.**

DO NOT USE ELEVATORS!**4.2.2 DEPARTMENTAL SPECIFIC FIRE RESPONSE PLAN FOR:****1. RN CHARGE NURSE:**

- Return immediately to the MKK main office located adjacent to front entrance of MKK.
- Call the Fire Department (dial 911) and verify they received the alarm and if known, nature of the fire. Keep phone line open until Fire Department arrives.
- Ensure the residents in immediate danger are relocated to a safe area. Verify and check status on units "A" and "B".
- Verify with the fire alarm enunciator panel, the fire zone, which indicates the fire/smoke problem.
- **IF deemed necessary, initiate resident evacuation.**
- Meet the arriving Fire Department and ensure that they are given the nature and location of the fire and have the master key access to all area.
- As appropriate, under the direction of the Fire Department, supervise and direct staff with the evacuation, assembly and relocation of all residents and visitors.
- Ensure staff have shut down or stored in a safe manner all oxygen equipment, medications, etc. is returned and locked in the medication room.
- Direct the Fire Department to the location of the fire and sprinkler control valves, natural gas shut-off valves, mechanical room, hydro disconnect, etc.
- Follow evacuation procedures.
- If required activate the staff emergency call out list /Staff Stats and request additional staff to report back to OFRA.
- Under the authority of the Fire Department with the assistance of maintenance staff, silence and reset the fire alarms at the main fire alarm panel in the electrical room.
- Document the event and submit to the Chief Executive Officer

AFTER-HOURS CONTACT THE FOLLOWING PERSONS:

- Maintenance

- Facility Manager
- Administrator/CEO

2. Personal Care Staff (RPNs, PSWs):

- Check immediate work area for smoke and fire.
- Relocate and/or direct residents and visitors to a safe area.
- Remove all equipment, carts, wheelchairs, etc., from the hallway.
- Close all windows and doors **AND AFIX VELCRO STRIP TO DOOR TO INDICATE THE ROOM HAS BEEN CHECKED and IS EMPTY.**
- Report to main office at front entrance of MKK and await further instructions.
- RPN Team Leader to keep track of residents and their location in each unit and advise RN Charge Nurse of resident's status.
- RPNs inform the RN Charge Nurse that their resident areas have been checked and residents are accounted for.
- IF deemed necessary/directed, initiate resident evacuation.
- Stand near entrances to prohibit/limit access into the nursing home.
Note: Unit "A" has a separate fire zone from Unit "B". Ensure Unit "B" fire doors are closed.

3. Support Services (Laundry & Housekeeping):

- Check immediate work area for smoke and fire.
- Shut down and store, in a safe manner, all equipment.
- Close all windows and doors **AND AFIX VELCRO STRIP TO DOOR TO INDICATE THE ROOM HAS BEEN CHECKED and IS EMPTY.**
- Report to the MKK main office and await further instructions. **DO NOT USE ELEVATOR.**
- Verify basement area is safe, free of smoke and fire, inform RN Charge Nurse of basement status.

4. Maintenance, OFRA Caretakers:

- Verify the fire type and location from the RN Charge Nurse.
- Investigate the location and nature of the problem.
- Provide assistance to the Fire Department, i.e., access keys, fire system verification including and resetting system. HVAC, electrical/plumbing services and disconnects.
- Key the elevator to the main floor. **DO NOT USE THE ELEVATOR HOWEVER.**
- Silence and reset the fire alarm under the direction of the Fire Department and/or Charge Nurse.

5. Recreational Therapy Staff, Volunteers & Students:

- Check your immediate work area for smoke and fire.

- Close all windows and doors **AND AFIX VELCRO STRIP TO DOOR TO INDICATE THE ROOM HAS BEEN CHECKED and IS EMPTY.**
- Relocate residents from hallways to safe areas.
- Report to the MKK main office and await further instructions.

6. Environmental Services Supervisor, Food Services Supervisor, Facility Manager:

- Check immediate work area for smoke and/or fire.
- Close all windows and doors **AND AFIX VELCRO STRIP TO DOOR TO INDICATE THE ROOM HAS BEEN CHECKED and IS EMPTY.**
- Ensure Environmental/Food Services staff have responded appropriately, i.e., shutting down equipment, reporting to MKK main office, etc.
- Report to MKK main office at front entrance of MKK.
- Await direction from the Fire Department and/or Administration.

Environmental Services Supervisor/Facility Manager also:

- Reports to MKK main office, verifying the fire type and location from Charge Nurse.
- Checks location, nature and extent of fire and report to Charge Nurse.
- Directs Fire Dept. to fire & sprinkler system, utility disconnects, etc.

7. MKK Unit Clerk:

- Check immediate work area for smoke and fire.
- Report to MKK nursing station and await further instructions.
- Close all windows and doors **AND AFIX VELCRO STRIP TO DOOR TO INDICATE THE ROOM HAS BEEN CHECKED & IS EMPTY.**
- Prepare to remove residents' records.
- Notify Administration Office (i.e., the Administrator/CEO, Manager of Finances), Kotitalo Assisted Living Manager, Food Services Supervisor/Manager, Environmental Services Supervisor, Facility Manager, Maintenance and Caretaker of the fire alarm.

8. Management Team:

- Upon notification of MKK fire alarm—proceed immediately to the MKK main office at the front entrance of MKK.
- Receive status of fire from the RN Charge Nurse.
- Direct and assist RN Charge Nurse, maintenance staff, etc., as required.
- Communicate, as appropriate, with city officials, families, community agencies, police, media, etc.
- Executive Director of Care (EDOC) or Assistant Director of Care (ADOC) to complete and submit Critical Incident/Unusual Occurrence to Ministry of Health & LTC.

9. Administrative Support Staff:

- Check immediate work area for smoke and fire, and ensure residents are safe.
- Close all windows and doors **AND AFIX VELCRO STRIP TO DOOR TO INDICATE THE ROOM HAS BEEN CHECKED and IS EMPTY.**
- Notify Administrator/CEO, Executive Director of Care, and Manager of Finance.
- One staff member to remain in Administration, and rest of staff to report to MKK main office at front entrance of MKK.
- As required, assist Senior Administration answering phones, giving and providing messages, etc.
- Prepare to remove residents' records.
- Await further instruction from Senior Administration.
- Assist with emergency staff call out list and or Staff STAT.

4.3 Violent Situations (CODE WHITE)

A **Code White** may be initiated by any staff member at The Ontario Finnish Resthome Association to request immediate assistance when an employee is confronted with or witnesses a violent or aggressive individual. This may include a resident, visitor, volunteer, or staff member.

A Code White is called in any situation where an individual is behaving in a manner that creates a **potential or actual threat to their own safety, the safety of others, or property within the Home.**

Situations that may warrant a Code White include, but are not limited to:

- Verbal threats
- Physical intimidation
- Attempted or actual physical assault
- Use of force (e.g., punching, slapping, striking with an object, pinching, etc.)

The **primary objective of a Code White** is to safely manage and de-escalate situations involving actually or potential violence while protecting residents, staff, visitors, and property.

For full details regarding response procedures for violent situations, staff should refer to the **Code White Procedure** located in the **Occupational Health and Safety Administrative Policy and Procedure Manual (Tab 9)**.

G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety\CODE WHITE - Nov 2025 Updates.pro.doc

4.4 BOMB THREAT RESPONSE

A **Code Black** is initiated in the event of a bomb threat received by the Ontario Finnish Resthome Association. Bomb threats are most commonly communicated by telephone but may also be received through written messages or other means.

The primary goal for the person receiving the threat is to **remain calm and obtain as much information as possible** to assist emergency responders and any subsequent investigation. This may include information about the caller, their motives, and details regarding the alleged device such as its location, type, or expected time of detonation.

A Code Black response may involve documenting the threat, conducting a search of the facility, limiting access to the building if necessary, coordinating with emergency services, and evacuating part or all of the facility if required.

For detailed procedures, staff must refer to the **Code Black policy and procedure in the Occupational Health and Safety Policy and Procedure Manual (Tab 9)**.

<G:\Administration Services\Administrative Policy & Procedure Manual\Tab9 – Occupational Health & Safety\CODE BLACK Bomb Threat.pro.doc>

4.4.1 PROCEDURE FOR “ALL CLEAR”:

Senior administrative staff member, in conjunction with senior police officer on site:

Gives the “**All Clear**” to staff by verbal communication only.

4.5 MEDICAL EMERGENCY (CODE BLUE) RESPONSE

A **Code Blue** is initiated when a resident, staff member, or visitor experiences a **cardiac arrest, respiratory arrest, or another life-threatening medical emergency requiring immediate intervention**.

The purpose of a Code Blue is to ensure a **rapid, coordinated response** in order to provide immediate assistance, support resident safety and dignity, and activate emergency medical services when required.

A Code Blue may be called when an individual is **unresponsive, not breathing normally, has no detectable pulse, or experiences a sudden collapse suggesting cardiac or respiratory arrest**.

Resuscitation efforts will be initiated in accordance with staff training unless a valid **Do Not Resuscitate (DNR) / No CPR order** is confirmed. Staff must respond according to their training and assigned roles, and **Emergency Medical services (EMS)** will be contacted without delay.

For detailed policy and procedure, staff must refer to the **Code Blue Policy and Procedure in the Occupational Health and Safety Administrative Policy and Procedure Manual (Tab 9)**.

<G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety\CODE BLUE - Medical Emergency.polpro.doc>

4.6 MISSING RESIDENT (CODE YELLOW) RESPONSE

A **Code Yellow** is initiated when a resident's whereabouts are unknown and there is concern for their safety. This may include situations where a resident has left the unit or building without staff knowledge, has not returned from an approved outing, or cannot be located within the home after a reasonable search.

The purpose of activating a Code Yellow is to **ensure a rapid, coordinated response by staff to locate the resident as quickly as possible and reduce the risk of injury, exposure, or medical complications**. Prompt recognition and response are critical to protecting the safety and well-being of the resident.

For detailed policy and procedure, staff must refer to the **Code Yellow Policy and Procedure in the Occupational Health and Safety Administrative Policy and Procedure Manual (Tab 9)**.

<G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety>

4.7 HAZARDOUS MATERIAL SPILLS AND GAS LEAK RESPONSE (CODE BROWN)

A **Code Brown** is initiated when a hazardous material spill, biohazard incident, or gas leak occurs that may pose a risk to residents, staff, visitors, or the environment.

Hazardous material incidents may include:

- Chemical spills (e.g., cleaning agents, disinfectants, maintenance chemicals)
- Biohazardous material spills (e.g., blood, bodily fluids, infectious materials)
- Natural gas or propane leaks
- Environmental contamination hazards

Immediate containment, notification, and protective measures are required to ensure the safety of residents, staff, and visitors. Staff must follow **Workplace Hazardous Materials Information System (WHMIS)** guidelines and consult the appropriate **Material Safety Data Sheet (MSDS)** when responding to hazardous material incidents.

For detailed policy and procedure, staff must refer to the **Code Brown Policy and Procedure in the Occupational Health and Safety Administrative Policy and Procedure Manual (Tab 9)**.

<G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety\CODE BROWN Chemical, Hazardous Threat.pro.doc>

4.7.1 IMMEDIATE ACTIONS – STAFF IN THE AREA

Any staff member discovering a hazardous material spill, biohazard incident, or gas leak must:

1. Remove residents and staff from the immediate area if safe to do so.
2. Secure the area and prevent others from entering.
3. Seek medical attention if exposure occurs.
4. Report the incident immediately to the RN Charge Nurse or Supervisor, including the location, type of substance, and any individuals affected.

4.7.2 MANAGEMENT RESPONSE

Upon notification, the RN Charge Nurse, Supervisor, or Senior Management will:

- Assess the situation and consult the MSDS for the substance involved.
- Assign trained staff with appropriate **Personal Protective Equipment (PPE)** to manage the spill or hazard.
- Ensure proper containment, cleanup, and disposal of hazardous materials.
- Contact external agencies or emergency services if required.
- Initiate evacuation procedures if necessary.

4.7.3 GAS LEAK RESPONSE

Natural gas and propane are highly flammable fuels. Although these gases are normally odorless, a **distinctive sulfur-like odor (rotten egg smell)** is added to help detect leaks.

A gas leak presents a serious risk of **fire, explosion, or inhalation hazards**, and immediate action must be taken.

If a gas leak is suspected:

- Call **911** immediately
- Evacuate the affected area and move residents, staff, and visitors to a safe location
- Do not use electrical switches, call bells, lighters, or open flames
- Notify the gas provide: **Enbridge Gas – 1-866-763-5427**
- Ventilate the area if it is safe to do so

4.7.4 EMERGENCY NOTIFICATION AND ESCALATION

For serious hazardous material incidents, the following must be notified:

- Emergency Services (911)
- Algoma Public Health
- Ontario Ministry of the Environment, Conservation and Parks
- Administrator/CEO
- Executive Director of Care

4.8 LOSS OF ONE OR MORE ESSENTIAL SERVICE (CODE GREY)

A **Code Grey** is initiated when there is a loss or disruption of one or more essential services required for the safe operation of the facility.

Essential services may include, but are not limited to:

- Electrical power
- Water supply, including boil water advisory
- Heating, ventilation, or air conditioning (HVAC)
- Telephone or communication systems
- Information technology systems
- Food refrigeration systems
- Elevators or other critical building systems

Loss of these services may affect the Home's ability to safely care for residents and may require immediate response measures.

For detailed policy and procedure, staff must refer to the **Code Grey Policy and Procedure in the Occupational Health and Safety Administrative Policy and Procedure Manual (Tab 9)**.

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4.8.1 Immediate Response – Essential Service Disruption

When an essential service disruption is identified, staff must take the following actions immediately:

1. **Assess the situation** and determine which service has been disrupted and the potential impact on residents, staff, and visitors.
2. **Ensure resident safety first**, including:
 - Monitoring residents dependent on electrical or medical equipment
 - Maintaining comfort and safety of residents
 - Relocating residents if necessary
3. **Notify the RN Charge Nurse or Supervisor immediately.**
4. The **RN Charge Nurse or Supervisor will notify Maintenance and Senior Management**, including:

- Administrator/CEO
 - Executive Director of Care (EDOC)
 - Assistant Director of Care (ADOC) if required
5. **Maintenance staff or RN Charge Nurse (after hours)** will contact the appropriate service provider or emergency utility provider for assistance and updates regarding service restoration.
 6. **Implement temporary contingency measures**, such as:
 - Using emergency power systems
 - Accessing alternative water supplies
 - Relocating food supplies
 - Using alternate communication systems
 7. **Activate additional staffing if required** through the **Emergency Call-In List / Staff STAT**.
 8. If the disruption poses a risk to resident safety or significantly impacts operations, **prepare for potential evacuation** in accordance with the **Resident Evacuation Plan**.
 9. **If required, the EDOC or ADOC will notify the Ministry of Health and Long-Term Care through the Critical Incident System (CIS).**

This immediate response procedure applies to disruptions involving:

- **4.8.2 Electricity**
- **4.8.3 Water Supply Failure**
- **4.8.4 Boil Water Advisory**
- **4.8.5 Heat**
- **4.8.6 Telephone / Communications**
- **4.8.7 Food Refrigeration Systems**

4.8.2 ELECTRICITY:

1. The Mauno Kaihla Koti Long-Term Care Home building is supplied with electricity through a meter and service panel from Kotitalo.
2. Should normal city power be interrupted, the Mauno Kaihla Koti Long-Term Care Home and both Kotitalo are equipped with an separate emergency diesel generators. The generator will start within 10 seconds of power failure.
3. During the power failure, essential lighting will be maintained and power will be provided to all red electrical wall outlets by the emergency diesel generator.
4. Maintenance and/or the RN Charge Nurse (off hours) will contact the Public Utilities Commission emergency for assistance and information on the return of normal electrical power.

In the event of Electrical Generator Failure:

1. Contact maintenance immediately and inform him of situation and the need to return to work.
Contact designated electrical service provider and/or generator service provider (see Frequently Called Numbers list).
2. Assess residents with ventilation therapies (oxygen concentrators, CPAP, etc.) are provided alternate therapies (liquids, oxygen)

3. Contact Administrator/CEO and Executive Director of Care
If required, call in extra staff as per emergency call in list/Staff STAT.
4. Prepare to evacuate as per resident evacuation plan.

If required, EDOC or ADOC to notify MOH & LTC via Critical Incident System.

4.8.3 WATER SUPPLY FAILURE

1. Each of the three buildings on The Ontario Finnish Resthome Association complex has their own water main and service from North Street.
2. Should one source of water fail with either one of the other buildings continuing to have potable water, potable water should be available and brought from the other buildings.
3. Should all three sources of water fail or be contaminated per Algoma Public Health, alternative sources of potable water are available from the community water wells at Second Line and Korah Road. Maintenance and/or the RN Charge Nurse will contact the Public Utilities Commission emergency for assistance and information on the return of the water.
4. Alternative sources of water could be from purchasing bottled water from local retailers. If deemed appropriate by the Algoma Public Health, kitchen staff could boil water per Algoma Public Health instructions.
5. Notify Administrator/CEO of situation
6. If required call in extra staff from Emergency Call In List/Staff STAT to assist with residents and acquiring water from community well (above) or local retailers.
7. Toilets may be flushed with manually pouring non-potable water directly into bowl.
8. If required prepare to evacuate as per resident evacuation plan.
9. EDOC or ADOC to inform the MOH & LTC via Critical Incident System

4.8.4 BOIL WATER ADVISORY

There are several reasons why a boil water advisory may be issued, including:

1. Evidence that the drinking water may not be safe due to issues such as inadequate or absent disinfection
2. Detection of bacteria, parasites, or other microorganisms through water testing
3. An outbreak of illness in the community that has been linked to the local water supply

The extent of water use restrictions will depend on the situation and the reason for issuing the advisory. Staff must follow all directions provided by **Algoma Public Health**.

During a **Boil Water Advisory**, tap water must not be used for:

- Drinking
- Preparing beverages (e.g., juice, coffee, etc.)
- Cooking or food preparation
- Making ice
- Washing fruits or vegetables
- Brushing teeth

For these purposes, **boiled water or bottled water must be used.**

Boiling Water Procedure

1. Bring water to a **rapid rolling boil**
2. Boil for **at least one minute**
3. Allow the water to cool before use

Only boil small amounts of water that can be handled safely to prevent spills or burns.

Ice and Food Safety

- Discard all ice made prior to the advisory
- Disinfect ice cube trays and ice machines
- Prepare new ice using **boiled and cooled water**

After the Boil Water Advisory Is Lifted

Once Algoma Public Health confirms that the advisory has been lifted:

1. **Run cold water faucets for one minute** before using the water.
2. **Run drinking fountains for one minute** before use.
3. **Flush all garden hoses** by running cold water through them for one minute.
4. **Run water softeners through a regeneration cycle.**
5. **Drain and refill hot water heaters** if they are set below **45°C** (*normal operating temperature is 60°C*).

4.8.5 HEAT:

Mauno Kaihla Koti Long-Term Care Home has two sources of heat:

1. Forced hot-air via **gas-fired boilers** (primary heat source)
2. **Electrical baseboard heating** (alternative heat source)

If one heat source fails, staff must ensure that room thermostats are set to a **minimum of 22°C**

to allow the alternative heating system to activate and maintain safe indoor temperatures.

Maintenance staff (during daytime hours) and/or the **RN Charge Nurse (after hours)** will contact the gas provider to obtain assistance and information regarding restoration of gas service.

4.8.6 TELEPHONE/COMMUNICATION:

In the event of a failure of the main telephone system, the facility is equipped with an **emergency telephone and dedicated line.**

The emergency telephone is located at the **Kotitalo front office reception desk** and is to be used for emergency incoming or outgoing calls only. Staff may also use **available cell phones** as an alternate communication method.

If both the telephone system and cell phone service fail:

- Staff may be assigned as **runners** to relay written messages to and from the emergency telephone.
- Written messages should be used to ensure accurate communication

Maintenance staff (during daytime hours) and/or the **RN Charge Nurse (after hours)** will contact the appropriate service providers to report the outage and obtain updates regarding restoration of services.

If emergency services are required and telephone communication is unavailable, a **runner will be sent to the local Police Services Building** to request Police, Fire, or Ambulance services.

The **Administrator/CEO or Executive Director of Care (EDOC)** must be notified if the disruption poses a risk to residents, staff, or visitors. The Administrator/CEO's office will serve as the **command centre for the disruption of utilities emergency**.

If required:

- The **Emergency Call-Out Procedure / Staff STAT** will be activated to notify additional staff.
- The **Administrator/CEO or EDOC** will determine whether evacuation is required in consultation with emergency services.

Staff must follow the **Resident Evacuation Plan** if evacuation becomes necessary.

4.8.7 FOOD REFRIDGERATION:

Proper food storage temperatures must be maintained to ensure food safety:

- **Refrigeration:** 4°C (40°F) or lower
- **Freezer:** -18°C (5°F) or lower

Breakdown of Smaller Fridge or Freezer Units

If a smaller refrigerator or freezer unit fails:

1. Remove all food items and relocate them to the **walk-in refrigerator or freezer**.
2. Notify the **Supervisor, RN Charge Nurse, and Maintenance immediately**.
3. Post a notice on the affected unit indicating it is **out of service**.
4. Contact the designated repair service as listed in the **Frequently Called Numbers List**.

Breakdown of Walk-In Refrigerator or Freezer Units

If a walk-in refrigeration or freezer unit fails:

1. Notify the **RN Charge Nurse and Maintenance immediately**.
2. Inform the **Administrator/CEO** of the situation.
3. Keep unit doors closed and minimize traffic to maintain temperature.
4. Relocate food items if repairs are delayed:
 - **First priority:** meat and dairy products
 - **Second priority:** fruits and vegetables
5. Utilize alternative refrigeration or freezer units within the facility where available.
6. If necessary, additional refrigeration may be arranged through external providers listed in the **Frequently Called Numbers List**.

In the event of a **power outage**, freezer items may be temporarily relocated to alternative storage areas if appropriate and safe to do so.

4.9 External Disaster (CODE ORANGE)

For full details on an External Disaster procedure, refer to the Code Orange Policy and Procedure:

G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety

4.9.1 NATURAL DISASTERS & EXTREME WEATHER EVENTS

In the event of an extreme weather emergency, all staff and residents are required to **shelter in place** immediately. This protocol is enacted when conditions outside pose a significant risk to safety, such as severe storms, tornadoes, hail, hurricanes, or other hazardous weather events.

Shelter-in-Place Procedures:

1. **Stay Indoors:** All individuals must remain inside the building. Do not attempt to leave unless instructed by emergency personnel.
2. **Move to Designated Safe Areas:** Seek shelter in interior rooms away from windows, doors, and exterior walls. Preferred locations include basements, hallways, or designated storm-safe rooms.
3. **Secure Doors and Windows:** Close and lock all doors and windows. Use coverings (curtains, blinds, or boards) if necessary to prevent injury from breaking glass.
4. **Emergency Supplies:** Staff will ensure access to emergency kits, including first aid supplies, flashlights, batteries, food, and water.
5. **Monitor Official Updates:** Stay informed through emergency alerts, weather radios, or official communication from management.

6. **Remain Calm and Await Instructions:** Do not exit the shelter area until an all-clear is given by emergency personnel or designated leadership.

Staff are responsible for ensuring residents' safety and providing assistance as needed. Compliance with these procedures is **mandatory** for the safety and well-being of all individuals.

For any immediate concerns, contact the Administrator/CEO or on-site management.

4.9.2 Floods

Floods can occur if water accumulates across an impermeable surface (e.g. from rainfall) and cannot rapidly dissipate or a series of storms moving over the same area.

Listen to and act on the advice of the emergency services and follow these simple steps:

1. Move resident upstairs, with a means of escape.
2. Gather essential items (like water, blankets, a torch, first aid kit, essential medication and food) and put them out of the way of flood water to keep dry.
3. Listen to local radio for updates.
4. Put plugs in sinks and baths. Weigh them down with a sandbag, a pillowcase or plastic bag filled with garden soil, or a heavy object to avoid water backing up through drains into sinks and toilets.
5. Turn off gas, electricity and water supplies when flood water is about to enter the building if safe to do so. **DO NOT** touch sources of electricity when standing in flood water.

4.9.3 WATER LEAKAGE RESPONSE PLAN

Initial Response:

- Notify the Facility Manager, EDOC/ADOC, RN Charge Nurse, or Maintenance Personnel immediately if a water leakage of any kind is found.
- Maintenance staff will take responsibility of turning off any valves and / or calling the plumbing contractor.
- Cordon off the area to stop any foot traffic, put up wet floor signage.
- Assess any safety risks. If a large amount of water impacting any aspect of resident care or function of department, ensure a **Code Grey** is called.

6. EVACUATION (CODE GREEN) AND SHELTER PROCEDURES

In the event of an emergency that threatens the safety of residents, staff, or visitors, the home may initiate evacuation procedures to move individuals to a safer location.

Evacuation may involve **horizontal relocation within the building or total evacuation of the facility**, depending on the nature and severity of the incident.

In certain emergencies, it may be safer for residents, staff, and visitors to **remain inside the facility rather than evacuate**. Shelter in place is implemented when leaving the building may increase risk, such as during **severe weather, hazardous material incidents, or external community emergencies**, and involves securing the building and maintaining safety until the threat has passed.

5.1 EVACUATION PROCEDURES (CODE GREEN)

For further details regarding to an evacuation, refer to the Code Green Policy and Procedure:

<G:\Administration Services\Administrative Policy & Procedure Manual\Tab 9 - Occupational Health & Safety\CODE GREEN Evacuation.pro.doc>

For MKK there are 2 different stages of evacuation; Horizontal and Total evacuation. Evacuation procedures involve moving residents to a safer area either behind fire doors. The final stage is total evacuation which will be deemed necessary by the Fire Department Commanding Officer, or other Official in Charge if conditions warrant such. There would be no reason to move reasons to the basement in an emergency.

Horizontal Evacuation

Horizontal evacuation is when you move the residents from the danger area through Fire separation doors to a temporary and safe area, on the same floor level. This is when a danger cannot be easily extinguished or contained or if the whole area is affected. Once residents have been moved out of the danger zone into a safe zone, a staff member should be placed at the entry points to prevent re-entry of non-emergency personnel.

Horizontal Evacuation within MKK

In MKK this would mean relocating residents from A-Side through the fire doors to either B-Side or Kotitalo, whichever is closer to the resident's location. If the emergency is on B-Side the residents need to be relocated to A-Side. If the access to any of these locations is blocked by fire or other emergency take the residents directly outside using any of the Fire Exits.

Total Evacuation

Total Evacuation is the final stage which will be deemed necessary by the Fire Department Commanding Officer or Official in Charge if conditions warrant such.

Order of Evacuation

1. Residents in immediate danger from the emergency. Evacuate the room considered to be the point of emergency origin first. Evacuate rooms on both sides and the room directly across the hall from the emergency room.
2. Ambulatory residents
3. Non-Ambulatory residents including wheelchair users.
4. Resistant residents.

Do not re-enter an evacuated room. **See Door Marker Instructions Below.**

Use of Evacuation Door Marker

1. When residents are evacuated from rooms and/or when the room has been searched and no person remains in the room, the staff member is to close the door and apply the Velcro strip across the door as a seal between the door frame and the door.
2. The Velcro door seal will verify the room has been searched and/or evacuated and that no one has re-entered the room.
3. If the seal is broken, the room must be re-searched as the broken seal is an indicator that the previously evacuated/searched room has been re-entered.
4. The seal will remain in place until such time as all clear is given and the room is re-entered.
5. Following the emergency episode, and residents begin to return to their rooms, staff will detach and reapply the Velcro seal in the ready-mode along the door frame.
6. **Do not re-enter** an evacuated room.

Total Evacuation of MKK

Where possible as emergency conditions allow, all residents are to be **relocated to Kotitalo Dining Room**, where reassessment of the emergency can take place and determined if further evacuation to another location is warranted. If at anytime the emergency conditions are such that it is unsafe to take residents to Kotitalo the **secondary evacuation location is Suomi Eesti Maja (SEM)**.

Evacuation Teams

The RN Charge Nurse establishes evacuation team(s):

- **Transportation Team** – assist residents with moving from bedrooms and corridors to a safe zone through fire doors, or into Kotitalo. Additional staff may be required to assist residents out of the emergency zone or out of the building.

- **Receiving Team** – tracks and assesses residents as they are received at safe site. Receiving team provides appropriate care.
- **Supply Team** – retrieves supplies during evacuation. Essential supplies include, but are not limited to medical carts with essential medication supplies, blankets, incontinent supplies, residents' charts (binders), etc. If additional emergency supplies are required, Community Agencies (i.e. Red Cross, etc.).

5.2 EMERGENCY CALL OUT PROCEDURE

If extra staff are required in the event of a fire or other emergency, staff will be contacted to attend to assist. The Administrator/ CEO, Executive Director of Nurse, or Assistant Director of Nursing will direct the RN Charge Nurse or designate to call all staff from the OFRA Staff Call-Out List or send a mass communication via Staff STAT. The person that is instructed to make the calls will inform each employee of the **Fire or Emergency condition**.

It is of the utmost importance that when staff receives the request to come in and assist with evacuation, that they come as soon as possible and when they arrive, report to the Administrator/CEO (or designate) in charge for instructions.

5.3 EVACUATION SITES

Mauno Kaihla Koti (723 North Street) evacuates to Kotitalo Dining room (725 North St.)
Secondary location is Suomi Eesti Maja (721 North St.)

Should all four buildings require total building evacuation, the evacuation site is Superior Heights High School. The Fire Department and the City Emergency Planner coordinates off-site evacuation. The respective building supervisor obtains the master building resident list and tracks the whereabouts of each resident during the evacuation process.

5.4 SHELTER-IN-PLACE DECISION PROCESS

The biggest decision our Incident Command Center Lead (Administrator/CEO or designee) may need to make is whether to stay or go in response to a threatened or actual emergency. This decision is always based on the best interests of the residents; shelter in place is often the preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site.

Situations that may warrant shelter in place include:

- Severe weather
- Hazardous materials incidents
- Nuclear accidents
- Earthquakes

Wildfires

Procedures:

Once the Incident command center makes the decision to shelter in place, the following activities occur:

5.5 INTERMEDIATE SHELTER PROCEDURES

- If not already completed, notify the MOH-LTC and Public Health of the unusual occurrence and activation of facility's EOBCP, including shelter in place status.
- Complete staff notification and assignments. Continue to call-in personnel as needed.
- Assess residents frequently and offer comfort and reassurance.
- Periodically, brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Identify any unsafe areas related to the threat. If there are cracks and vents around doors and windows, they should be sealed with duct tape during a hazmat situation.
- If hazard areas are identified, move residents to safety and clearly mark areas "Do Not Enter". Use tape and other signage to keep people away from threats.
- Suspend normal business operations and close the facility.
- Advise and remind all residents and visitors to stay inside the facility until further notice. They should be told why they are being asked to stay, the expected duration, and exactly what they should do to remain safe.
- Activate Code Grey – air exclusion, or other appropriate intervention

5.6 EXTENDED SHELTER PROCEDURES

- If shelter in place is to be prolonged, be prepared to access emergency supplies
- Listen to the radio for instructions and updates from local officials.
- Continue coordination with local emergency management
- Maintain use of Incident command center
- Notify families and staff of "All Clear".

5.7 AUTHORITY FOR RE-ENTRY

Demobilization and Transition to Recovery:

Demobilization involves the release of resources used to respond to the incident. As the response phase transitions to the recovery phase, increasing numbers of resources may be demobilized, until the transition is complete.

- Complete the Post Emergency Check list
- Complete the post Emergency Debrief

Authority to Call for Re-entry:

Following an emergency evacuation, re-entry into Mauno Kaihla Koti LTCH must be preceded by the approval of appropriate jurisdictional authorities (local or provincial, etc.).

The Administrator/CEO, Executive Director of Care or designee notifies appropriate authorities to request approval for re-entry once it is deemed safe. Subsequently the following are also notified of return to normal operations:

- Ministry of Health & Long-Term Care and LTC Ombudsman
- Management team and staff
- Residents and family
- Medical Director
- Physicians and Nurse Practitioners
- Board of Directors
- Police Department
- Fire Department
- Sault Ste. Marie Emergency Management Agency
- Insurance Agent

5.8 POST EVACUATION RETURN TRANSPORTATION

Following a disaster, Local emergency management officials will be made aware of the type of transportation likely to be needed by facility residents so that they can receive the appropriate priority when assistance is needed with transport services.

Agreements will be in place with public and private transportation agencies, ambulance services, wheelchair accessible services and other transportation options in the community, including family and volunteers.

Return transportation will be arranged by the facility in collaboration with the local EMS and/or emergency management agency. The post-evacuation return to the facility may need to occur in shifts over days.

The Administrator/CEO and or the Executive Director of Care is responsible for determining the order in which residents are returned to the facility.

5.9 POST DISASTER PROCEDURES FOR THE FACILITY

The Incident Management Team may continue during the recovery phase to determine priorities for resuming operations, including:

- Physically secure the property.
- Conduct Damage Assessment for residents and the facility.
- Protect undamaged property. Close up building openings. Remove smoke, water, and debris. Protect equipment against moisture.

- Restore power and ensure all equipment is functioning properly.
- Separate damaged repairable property from destroyed property. Keep damaged property on hand until insurance adjuster has visited the property.
- Report claim to insurance carrier.
- Take an inventory of damaged goods. (This is usually done with the insurance adjuster).

6.0 Emergency Response Strategy/Community Disasters

Long Term Care and Retirement Homes will be responsible for developing and maintaining current appropriate Emergency Response Plans for their respective facilities.

It is the responsibility of these facilities to train their staff in these plans, test them, and evaluate their effectiveness. It is the responsibility of the individual homes to initiate their respective Emergency Response Plan in the event of an emergency.

6.1 FACILITY ASSISTANCE

In the event of an emergency requiring assistance from the community partners, it is understood that the sending facilities would provide staff and supplies as they are able to the receiving facility.

Algoma Public Health

Algoma Public Health is available to provide guidance and direction in areas concerning food safety, infection control practices, waste management, rabies prevention and control, safe water and any other health hazard management as required. Program staff is also available to review emergency plans.

Canadian Red Cross

The Canadian Red Cross Emergency Management Program is a support system that, among other things, can be accessed in times of Emergency. Regardless of the size of a disaster, the Canadian Red Cross works to ensure that those affected receive adequate access to basic needs that include family reunification, registration, reception/information, food, shelter, clothing, personal services and safe and wellbeing supports.

The Mission of the Canadian Red Cross is to help people and communities in Canada and around the world in times of need and support them in strengthening their resilience.

Ontario Health at Home

Ontario Health at Home provides resources for health care in the community including nursing, personal support workers, physio and occupational therapists, speech therapy and social workers.

Care may be provided at various locations including temporary arrangements as in response to a mass evacuation. Services could be arranged at a reception center to assess incoming patients for care and provide ongoing care as needed.

Sault Area Hospital

The Sault Area Hospital (SAH) is a supporting agency in their capacity to assist long term care facilities in acute issues with their LTC residents. In the event of an emergency, SAH will operate in their normal capacity within the community as a treatment facility. If LTC residents become ill or injured, SAH would provide emergency care and admission if necessary.

Sault Ste. Marie Emergency Management Division

Along with the City of Sault Ste. Marie's Emergency Operations Control Team, the Emergency Management Division will support the facilities by augmenting the facility-specific Emergency Response Plans.

As the city is notified of an emergency, and that a facility has implemented their emergency response plan, it will assess the need for involvement, and, as needed, will assist with coordinating the effective management of the emergency situation.

The City of Sault Ste. Marie Emergency Response Plan includes an inventory of site evaluations for suitable areas of refuge beyond what individual facilities may have. This body has 24/7 access to municipal properties, and also has blanket agreements with the school boards which include 24/7 contacts for access to schools as needed.

Algoma Residential Community Hospice

ARCH Hospice is a 10 bed facility which provides quality, compassionate care through end-of-life to Algoma District families at no cost. ARCH Hospice is partially government-funded, requiring \$850,000 annually in community support as well as the generosity of over 140 volunteers to provide our services to the community. We are operated by a volunteer board of directors and operate under a service agreement with Home and Community Care North East LHIN.

- The facility is equipped with a backup generator.
- Building is equipped with sprinkler system throughout
- Cooking and laundry facilities are located on site

Personnel to be contacted

In the event of an emergency requiring assistance of ARCH, contact Nicole Pearce at 705-942-1556 ext. 233

Capacity for Assistance

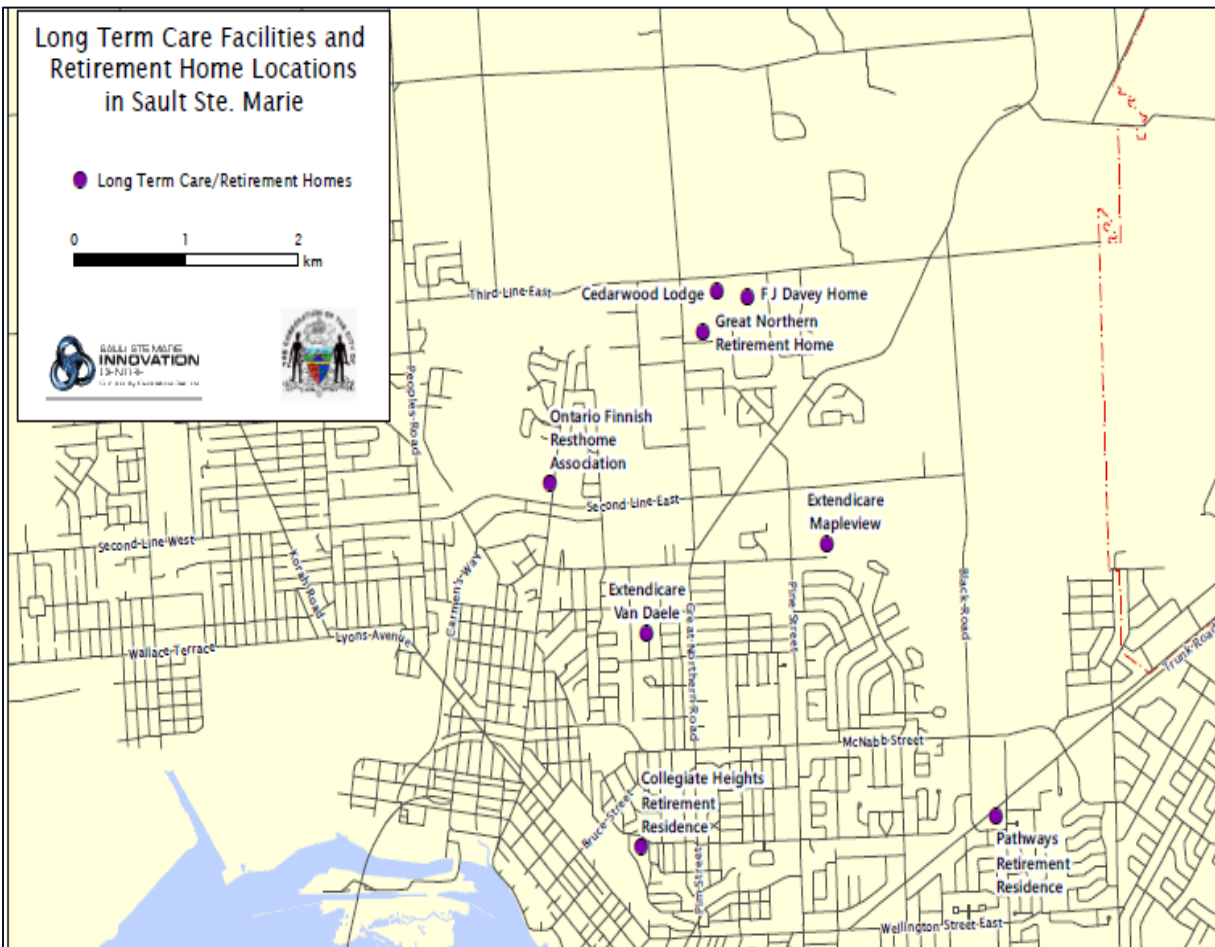
The number of residents that ARCH would be able to provide assistance to would be determined by the capacity of ARCH at that date. Food and general supplies on site would be provided. Supplies unique to certain resident care needs may not be available upon arrival to ARCH and may be required

Receiving Capabilities

Facility	Address	Intake Numbers
Algoma Residential Community Hospice	229 Fourth Line W Sault Ste. Marie, ON P6A 0B5 705-942-1556	
Collegiate Heights Retirement Residence	95 Fauquier Avenue Sault Ste. Marie, ON P6B 2P2 705-253-1667	Dependent on facilities capacity
F.J. Davey Home	733 Third Line East Sault Ste. Marie, ON P6A 7C1 705-942-2204	35
Extendicare Maple View	650 Northern Avenue East Sault Ste. Marie, ON P6B 6G3 705-574-3000 Fax number in a power outage 705-253-4851	60
Extendicare Van Daele	39 Van Daele Street Sault Ste. Marie, ON P6B 4V3 705-949-7934 Fax number in a power outage 705-945-0968	22
Great Northern Retirement Home	760 Great Northern Road Sault Ste Marie, ON P6A 5K7 705-945-9405	29
The Ontario Finnish Resthome Association Independent Living Phase 1	721 North Street Sault Ste. Marie, ON P6B 5T7 705 – 945 – 9987 ext. 200	40

<p>The Ontario Finnish Resthome Association Long Term Care Phase 3</p>	<p>723 North Street Sault Ste. Marie, ON P6B 5T7 705 – 945 – 9987 ext. 218</p>	<p>15</p>
<p>The Ontario Finnish Resthome Association Assisted Living Phase 2</p>	<p>725 North Street Sault Ste. Marie, ON P6B 5T7 705 – 945 – 9987 ext. 210</p>	<p>30</p>
<p>The Ontario Finnish Resthome Association Independent Living (Uusi Koti) Phase 4</p>	<p>727 North Street Sault Ste. Marie, ON P6B 5T7 705 – 945 – 9987 ext. 243</p>	<p>30</p>
<p>Pathways Retirement Residence</p>	<p>375 Trunk Road Sault Ste. Marie, ON P6A 6T5 705-759-1079</p>	

FACILITY LOCATIONS



6.2 TRANSPORTATION INFORMATION

- SSM Transit – Manager Available 0400-0030 hrs.
- SSM Para bus – Manager Available 0400-0030 hrs.
- Ambulance Service – Commander on Duty 24/7
- Union Mobility – Manager Available 0800-0000

7. RECOVERY AND POST-INCIDENT MANAGEMENT

Purpose:

To ensure the safe recovery of residents, staff, visitors, and operations following an emergency or disaster. The recovery phase focuses on restoring services, supporting residents and staff, evaluating the response, and implementing improvements to prevent future incidents.

A. Immediate Post-Incident Actions

Once the emergency has been controlled and residents are safe, leadership will:

- Confirm the **safety and location of all residents, staff, and visitors**
- Ensure **any injured individuals receive medical care**
- Verify **environmental safety** before returning to normal operations
- Secure the affected area if required
- Notify Administrator/CEO of the incident status

If required, emergency services may assist with safety verification.

B. Resident Care and Well-Being

Following an emergency, staff must assess and support resident needs.

Actions may include:

- Complete **resident assessments for injury or distress**
- Monitor for **delayed health effects**
- Provide **emotional reassurance and support**
- Re-establish normal routines as soon as possible
- Update care plans if the incident resulted in new risks

C. Staff Support

Emergency situations can be stressful for staff. Leadership will:

- Provide opportunities for **staff debriefing**
- Offer **psychological or emotional support resources**
- Adjust staffing if fatigue or stress is identified
- Encourage reporting of concerns related to the incident

Support services may include Employee Assistance Programs where appropriate.

D. Communication

Following an emergency, communication must occur with appropriate stakeholders.

Notifications may include:

- Residents and families
- Senior leadership
- Emergency services
- Public Health (if applicable)
- External partners
- Regulatory bodies when required

Communication should provide accurate information about:

- The incident
- Actions taken
- Resident safety
- Any ongoing impacts

E. Documentation

All incidents must be documented according to home policy.

Documentation may include:

- Incident reports
- Resident charting
- Environmental reports
- Equipment failure reports
- Emergency service involvement
- Staff witness statements if required

Where required, reporting will occur through the **Critical Incident System** of the Ontario Ministry of Long-Term Care.

F. Environmental Recovery

The Maintenance and Environmental Services team will:

- Inspect affected areas
- Restore utilities and equipment
- Coordinate repairs
- Ensure areas are safe before reopening
- Replace or restock emergency supplies used during the incident

If structural damage occurred, professional inspections may be required.

G. Incident Review / Debrief

Within a reasonable timeframe after the incident, leadership will conduct a review.

The review should evaluate:

- Effectiveness of the emergency response
- Staff understanding of procedures
- Communication effectiveness
- Equipment or resource issues
- Opportunities for improvement

Participants may include:

- Administration
- Nursing leadership
- Maintenance
- Environmental services
- Staff involved in the event

H. Quality Improvement

Following the review, the home will:

- Identify **process or system improvements**
- Update emergency policies if needed
- Implement corrective actions
- Provide additional staff training where required

Findings may be reported through the home's **Quality Improvement Program**.

I. Return to Normal Operations

Leadership will determine when normal operations can resume.

This may include:

- Reopening affected areas
- Returning residents to regular routines
- Reinstating normal staffing patterns
- Restoring routine programming and services

J. Annual Review

Post-incident findings will be considered during the **annual review of the Emergency Preparedness Plan** to ensure continuous improvement in emergency response.

8. Education/Training

The purpose is to ensure all staff are knowledgeable, prepared, and competent to respond appropriately to emergencies within the home.

Training supports the safety of residents, staff, and visitors and ensures compliance with the requirements of the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22.

Staff Training Requirements

All staff, students, volunteers, and contracted service providers must receive education and training on emergency procedures applicable to their role.

Training will occur:

- **During orientation**, before staff begin performing their duties
- **At least annually**
- **Whenever emergency procedures are revised**
- **Following incidents where additional training is identified as necessary**

Orientation Training

During orientation, staff will receive education on:

- The home's **Emergency Preparedness Plan**
- **Emergency Codes and response procedures**
- **Fire safety procedures and evacuation**
- **Infection prevention and outbreak management**
- **Use of emergency equipment where applicable**
- **Staff roles and responsibilities during emergencies**

Staff must demonstrate understanding of emergency procedures before independently performing duties.

Annual Emergency Training

All staff will complete **annual refresher training** that includes:

- Review of emergency codes
- Updates to emergency policies
- Review of evacuation procedures
- Review of outbreak response procedures
- Review of essential services failure procedures

Education may be delivered through:

- In-services
- Online learning modules
- Competency assessments
- Emergency exercises

Emergency Drills

The home will conduct regular emergency drills to ensure staff competency and preparedness.

Examples include:

- **Fire drills**
- **Emergency Code drills**

Drills help staff practice emergency response procedures and identify opportunities for improvement.

Documentation

The home will maintain records of all emergency training and drills, including:

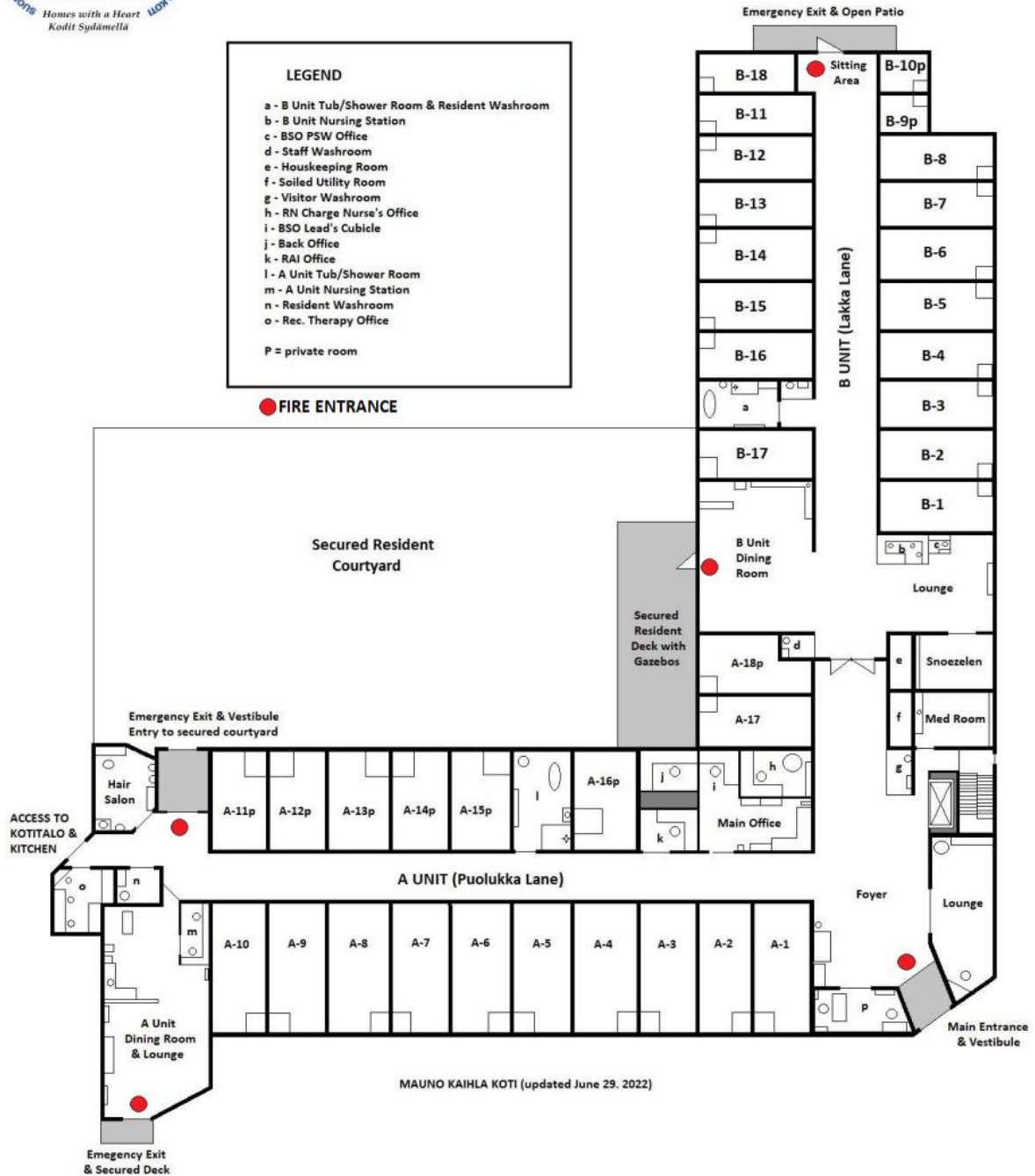
- Training dates
- Attendance records
- Drill reports
- Evaluation findings
- Corrective actions if required

Documentation will be maintained in accordance with regulatory requirements.

Appendix A - Facility Evacuation and Maps



MAUNO KAIHLA KOTI SITE MAP



APPENDIX B – EMERGENCY SHUTDOWN LIST

There are several instances where deactivation of facility systems may be required during a disaster/crisis.

Examples include:

- Severe weather
- Earthquake
- Civil disturbance
- Terrorism attack
- Accidental event (power spike, outage, gas leak, over-pressurization, etc.)

Process:

- Obtain approval of the Administrator/CEO at the time of the crisis.
- Notify vendors when their service(s) have been shut down by the facility.
- Notify staff when services are shut down temporarily.

EMERGENCY SHUTDOWN CHECKLIST	
NATURAL GAS	
Vendor: Enbridge Gas	24-hr Phone: 1-866-763-5427 or call 911
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Meter: South side of MKK. Beside Contractor Parking Space • Shutoff valves: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1: Below the Meter there is shut off valve that is closed by the staff
<input type="checkbox"/>	Action 2: Turn left out main MKK entrance down ramp driveway
<input type="checkbox"/>	Action 3: Turn lever down clockwise to bottom of valve
Comments:	
ELECTRIC	
Vendor: PUC	24-hr Phone: 705-759-6555
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main electrical panel: Located in Basement Electrical Room. Main Panel is fed from Kotitalo electrical room behind Dietary • Outside meter: Outside Kotitalo Dietary • Main breaker: Located in Basement Electrical Room. • Sub-breakers and sub-panels: Throughout Building 	
Action Steps for Shutdown:	
<input type="checkbox"/>	Action 1: Go to Electrical Room in basement
<input type="checkbox"/>	Action 2: Main breaker is on right wall towards back of room.

EMERGENCY SHUTDOWN CHECKLIST	
<input type="checkbox"/>	Action 3: stand off to the side of the panel, turn away from panel and ONLY THEN , shut breakers off
	Comments: ONLY TO BE PERFORMED BY COMPETENT WORKER
WATER	
Vendor: PUC or Mcleod Bros. Mechanical	24-hr Phone: PUC - 705-759-6555. Mcleod Bros. 705-945-8459
Account #:	
Description of Location	
<ul style="list-style-type: none"> Shut off valve(s): Main water valve located inside tunnel off Generator Room. Water meter:	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1: Go Basement Mechanical room, and down stairs turning right into the Generator room.
<input type="checkbox"/>	Action 2: Go through door opposite side of Generator room. Turn Left. Valve is located at ground level.
<input type="checkbox"/>	Action 3: locate blue turn valve handles #1 and #2 ; Turn to the right (clockwise) to bottom shut out off valve
	Comments:
HVAC	
Vendor: Henderson Contracting	24-hr Phone: 705-949-7870
Account #:	
Description of Location	
<ul style="list-style-type: none"> Electric shutoff switch(s): At main units located in Basement Mechanical Room Gas Valves: At main units located in Basement Mechanical Room 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1: Go to mechanical room; down stairs to the left. There are large breaker panels labelled
<input type="checkbox"/>	Action 2: all 16 breakers need to be shut down ; each area is labelled
<input type="checkbox"/>	Action 3:
	Comments: ONLY TO BE PERFORMED BY COMPETENT WORKER

EMERGENCY SHUTDOWN CHECKLIST	
BOILER	
Vendor: Henderson Contracting	24-hr Phone: 705-949-7870
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main electric shutoff switch: At main units located in Basement Mechanical Room • Boiler shutoff switches: At main units located in Basement Mechanical Room 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1: Go to mechanical room; down stairs go to left side. There are three wall mounted boilers.
<input type="checkbox"/>	Action 2: Power and gas valves located at each unit.
<input type="checkbox"/>	
<input type="checkbox"/>	
Comments:	
COMPUTER/ INFORMATION TECHNOLOGY/ PHONE SERVICES	
Vendor: ABC Computers	24-hr Phone: 705-759-8809
Account #:	

APPENDIX C - MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:		Mauno Kaihala Koti LTCH		
3. DATE PREPARED:		4. RESIDENT TRACKING MANAGER:				
5. RESIDENT EVACUATION INFORMATION						
RESIDENT NAME:					MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED <small>(TIME/TRANSPORT CO.)</small>	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FACILITY TRANSFER					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TEMP. SHELTER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENT NAME:					MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED <small>(TIME/TRANSPORT CO.)</small>	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FACILITY TRANSFER					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TEMP. SHELTER					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. CERTIFYING OFFICER:			7. DATE/TIME SUBMITTED:			

Appendix D - Disaster Supply Inventory

DISASTER PREPAREDNESS INVENTORY LIST						
SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY <small>(if applicable)</small>	COMMENTS	
1	Analog telephone directly connected to phone line	<input type="checkbox"/>	<input type="checkbox"/>			
2	System to forward mail delivery to alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>			
3	Resident identification system and tracking system (wristband system or similar system, including tracking logs)	<input type="checkbox"/>	<input type="checkbox"/>			
4	Emergency water supply	<input type="checkbox"/>	<input type="checkbox"/>			
5	Equipment needed to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
6	Emergency food supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>			
7	Emergency food supply stored in a suitable/accessible location	<input type="checkbox"/>	<input type="checkbox"/>			
8	Logistics, equipment and containers available to transport food supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>			
9	Ready-to-eat foods available	<input type="checkbox"/>	<input type="checkbox"/>			
10	System in place to rotate food and water to ensure all are used within expiration dates	<input type="checkbox"/>	<input type="checkbox"/>			
11	Specific disaster menu on file	<input type="checkbox"/>	<input type="checkbox"/>			
12	Disposable food service supplies (plates, utensils, serving containers, plastic bags, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
13	Suction machines	<input type="checkbox"/>	<input type="checkbox"/>			

DISASTER PREPAREDNESS INVENTORY LIST						
SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS	
14	Portable commodes	<input type="checkbox"/>	<input type="checkbox"/>			
15	Containers (like five-gallon buckets/heavy duty garbage bags) for sanitation	<input type="checkbox"/>	<input type="checkbox"/>			
16	Extra supply of toilet paper	<input type="checkbox"/>	<input type="checkbox"/>			
17	Extra supply of incontinence products	<input type="checkbox"/>	<input type="checkbox"/>			
18	Extra supply of disposable diapers	<input type="checkbox"/>	<input type="checkbox"/>			
19	Extra sanitation supplies (soap, wipes, bleach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
20	Extra supply of red bags for bio-waste disposal	<input type="checkbox"/>	<input type="checkbox"/>			
21	Extra supply of disposable masks and gloves of various sizes	<input type="checkbox"/>	<input type="checkbox"/>			
22	Writing supplies (pens, pencils, permanent markers, note pads, notebooks for logs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
23	Flashlights and battery-operated lanterns	<input type="checkbox"/>	<input type="checkbox"/>			
24	Supply of spare (fresh) batteries	<input type="checkbox"/>	<input type="checkbox"/>			
25	Whistles for alerting purposes	<input type="checkbox"/>	<input type="checkbox"/>			
26	Battery-operated AM/FM radios	<input type="checkbox"/>	<input type="checkbox"/>			
SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS	
	Tarps	<input type="checkbox"/>	<input type="checkbox"/>			

DISASTER PREPAREDNESS INVENTORY LIST						
SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS	
28	Utility knives; box cutters	<input type="checkbox"/>	<input type="checkbox"/>			
29	Heavy-duty scissors	<input type="checkbox"/>	<input type="checkbox"/>			
30	Tap (duct)	<input type="checkbox"/>	<input type="checkbox"/>			
31	Yellow "Caution" tape	<input type="checkbox"/>	<input type="checkbox"/>			
32	Standard tool boxes (wrenches, screwdrivers, hammers, pliers, etc.) in various locations throughout the facility	<input type="checkbox"/>	<input type="checkbox"/>			
33	Various power tools (drill, saws, awl, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
34	Electrical wiring kit (various connectors, caps, terminals, electrical snips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
35	Various types of rope and twine	<input type="checkbox"/>	<input type="checkbox"/>			
36	Wire for binding	<input type="checkbox"/>	<input type="checkbox"/>			
37	Wet/dry vacuums	<input type="checkbox"/>	<input type="checkbox"/>			
38	Commercial / heavy duty fans	<input type="checkbox"/>	<input type="checkbox"/>			
39	Portable electric sump pumps	<input type="checkbox"/>	<input type="checkbox"/>			
40	Extra garden hoses for portable sump pumps	<input type="checkbox"/>	<input type="checkbox"/>			
41	Squeegees and large brooms	<input type="checkbox"/>	<input type="checkbox"/>			
42	Ladders	<input type="checkbox"/>	<input type="checkbox"/>			
43	Dust/filter-type masks	<input type="checkbox"/>	<input type="checkbox"/>			

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
44	Eye protection (goggles, safety glasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
45	Nails, screws and fasteners	<input type="checkbox"/>	<input type="checkbox"/>		
46	Supply of elastic cords (bungee cords, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
47	Approved heavy-duty extension cords	<input type="checkbox"/>	<input type="checkbox"/>		
48	Battery-chargers	<input type="checkbox"/>	<input type="checkbox"/>		
49	Extra fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>		
50	Extra sleeping provisions (blankets, pillows, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
51	Evacuation Point #1 safe area clearly identified with sign	<input type="checkbox"/>	<input type="checkbox"/>		

Appendix E- 723 North St. (MKK) Main Floor Plan

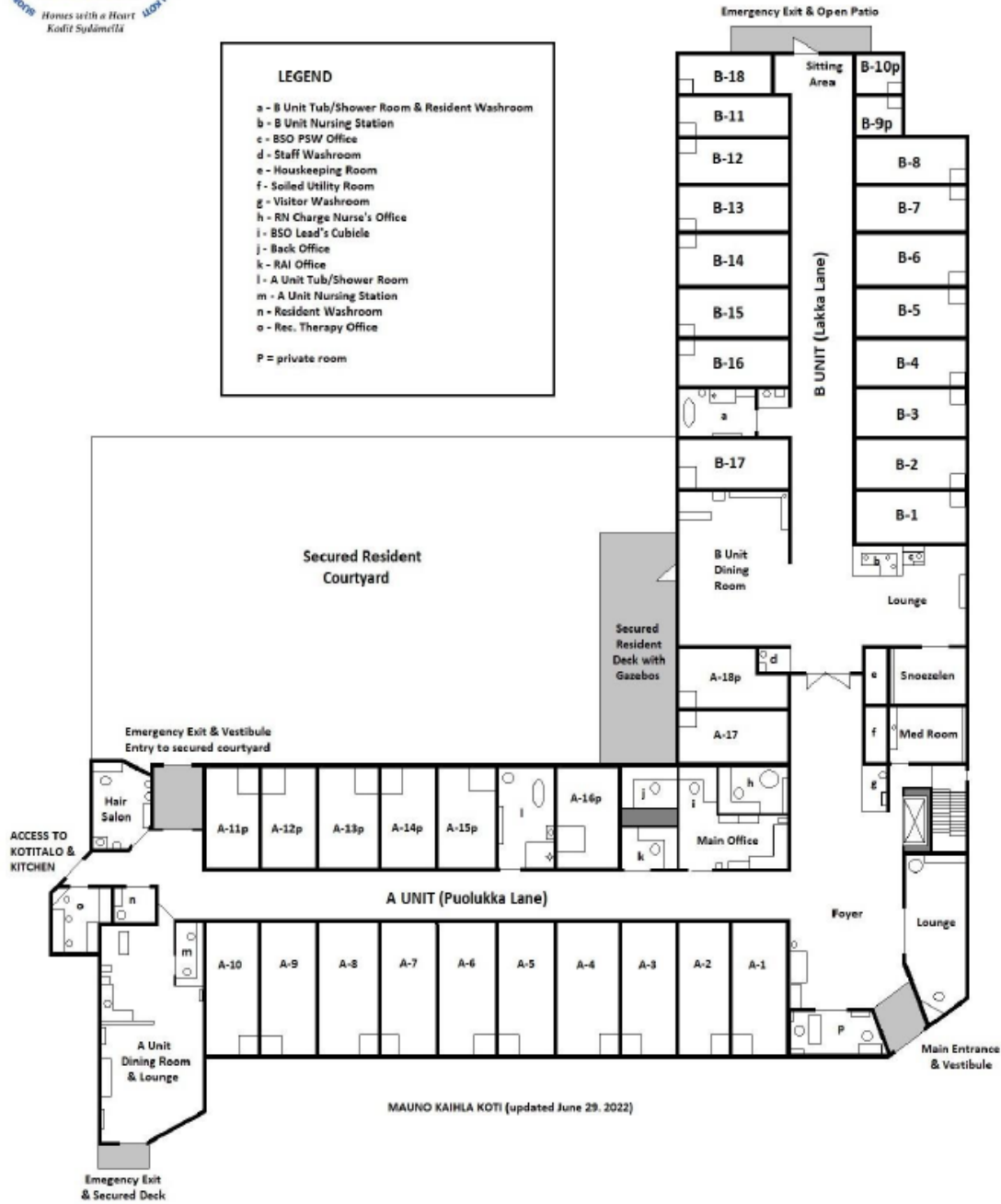


MAUNO KAIHLA KOTI SITE MAP

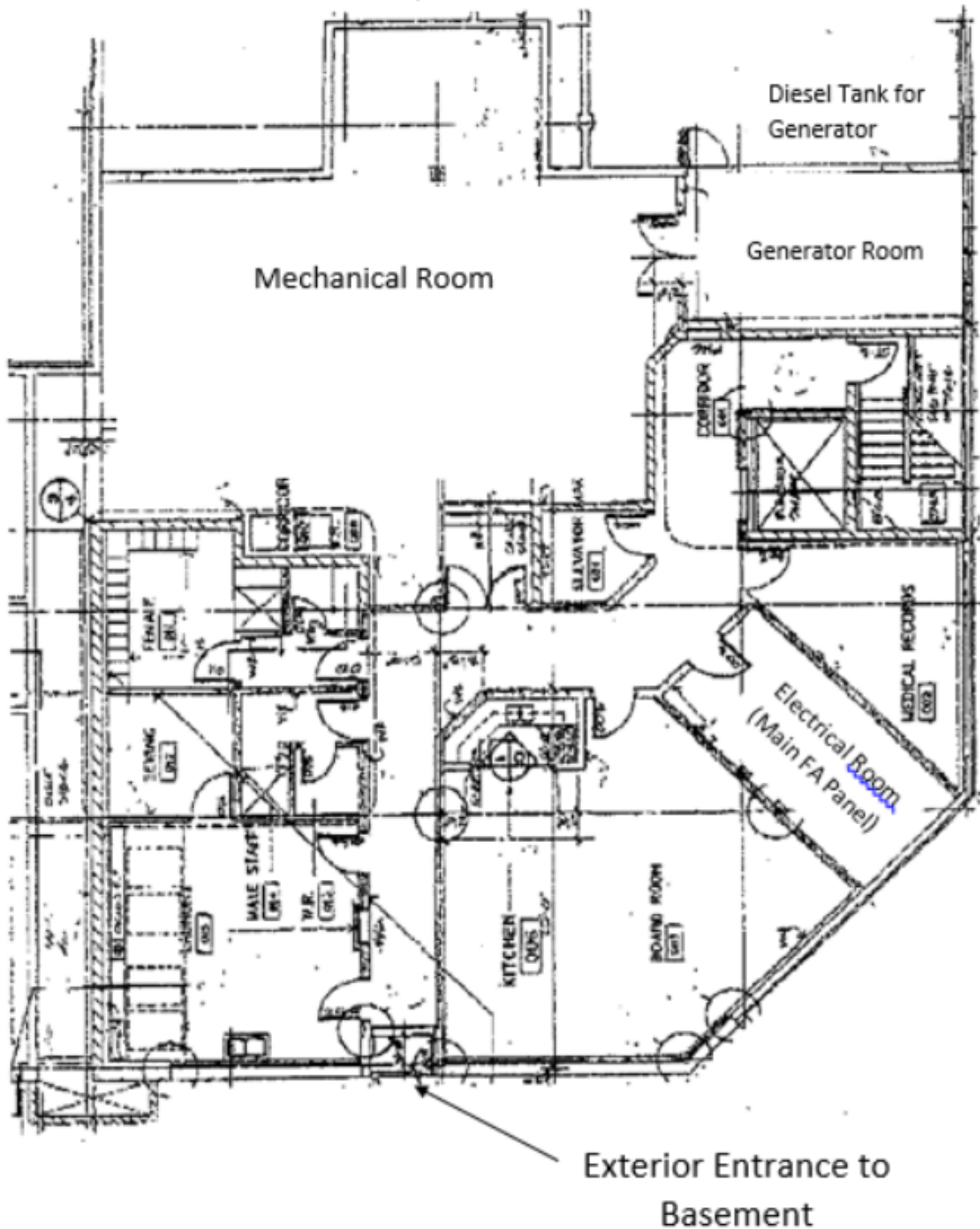
LEGEND

- a - B Unit Tub/Shower Room & Resident Washroom
- b - B Unit Nursing Station
- c - BSO PSW Office
- d - Staff Washroom
- e - Housekeeping Room
- f - Soiled Utility Room
- g - Visitor Washroom
- h - RN Charge Nurse's Office
- i - BSO Lead's Cubicle
- j - Back Office
- k - RAI Office
- l - A Unit Tub/Shower Room
- m - A Unit Nursing Station
- n - Resident Washroom
- o - Rec. Therapy Office

P = private room



Appendix F-723 North St. (MKK) Basement Floor Plan



Appendix G- OFRA Campus Map



OFRA CAMPUS MAP



- Staff Muster Point
- Initial Evacuation Point (SEM)

Off-Site Evacuation Point is at Superior Heights High School, which is on the opposite side of North Street.