

ENHANCED SAFETY PLAN



Facility Number: 1138
5330 Monterey Road, Headingley Manitoba

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FACILITY OVERVIEW



#5330 Monterey Road, Headingley Manitoba

Date Developed: April, 2012
Reviewed and Approved by: August 2018 Fire authority
Last Revised: August 2018
Last Reviewed: Nov 2022
August 2018 Child care coordinator
Sept 2018 Board of directors

Copies provided to:

- all supervisory staff and designated alternates
- child care coordinator
- posted in each separate area for easy reference by all staff and the fire authority
- RM of Headingley (landlord)

PURPOSE

This safety plan is designed to provide guidance and direction to staff and the Board of Directors. This will help ensure the safety of the children, families, staff and visitors to our child care centre. It establishes clear and concise policy and procedures:

- to prepare staff on what to do in the event of different types of emergencies
- to evacuate safely to our designated place of shelter
- to shelter-in-place when it is safer to remain in the centre
- to close the centre due to severe weather, health-related or other emergencies
- to ensure the safety of children with anaphylaxis (life-threatening allergies)
- to ensure safe indoor and outdoor environments
- to control visitor access

DELEGATION OF AUTHORITY

The Executive Director or Designated Alternate maintains the authority to declare an emergency situation and implement evacuation, shelter-in-place or closure procedures. This responsibility includes communications with parents and the media.

First Delegated Authority – Assistant Director

Second Delegated Authority – Assistant Director

CHILDREN, STAFF AND BUILDING PERSONNEL

CHILDREN

Licensed for maximum of 80 spaces aged 3 months to 5 years

STAFFING

30 staff including floor, kitchen, cleaning and float staff.

Management team consists of 1 Executive Director and 1 Assistant Directors 1 Supervisor.

BUILDING PERSONNEL

RM of Headingley – Landlord – responsible for all maintenance of the building including fire safety equipment and systems and heating system.

BUILDING DESCRIPTION

6500 square feet. 1 storey no basement. Steel construction – single occupant

SPACES USED BY CENTRE

Total number of rooms: 12 including Infant and toddler room w/ bathroom; 4 Preschool rooms w/ bathrooms; Multi purpose room w/ bathroom; Staff room; Office; Maintenance room; Kitchen; Laundry room; and Staff bathroom

EXITS

Preschool Rooms 1 & 2

Main Exit – main entrance door

Alternate Exit – preschool playground door

Preschool Rooms 3 & 4

Main Exit– Preschool playground door

Alternate Exit – main entrance door

Toddler Room

Main Exit – preschool playground door

Alternate Exit – main entrance door

Infant Room

Main Exit – infant playground door

Alternate Exit – main entrance door

HEATING, VENTILATION AND AIR CONDITIONING

Gas and electric forced air – heat and air conditioning

FIRE SAFETY, EQUIPMENT AND LOCATIONS

FIRE ALARM SYSTEM

Two stage system with annunciator panel . Signal sent directly to local fire department (wired-in smoke and carbon monoxide alarms, emergency lighting and sprinkler system) and system is monitored by RM

FIRE ALARM SYSTEM CONTROL PANEL

Main panel in maintenance room

Annunciator panel located by front door

FIRE ALARM PULL STATIONS

Located by each outside door on the south side, one by east door in Infant room

FIRE DEPARTMENT CONNECTIONS

The fire connection is located on the outside of the building in the corner of the multi-purpose room and the staff room. Fire hydrant is located on the corner of Monterey and Heartland.

SMOKE ALARMS

Hard wired into the Infant Room (3), 4 in the hallways, one in each play room (5)

CARBON MONOXIDE ALARM

located in maintenance room

Replacement date: April 2028

PORTABLE FIRE EXTINGUISHERS

Fire extinguishers are located outside each of the south doors, one in the kitchen and one in the maintenance room

UTILITY SHUT-OFF LOCATIONS

Shut-off instructions are posted in the maintenance room. Child care staff have access to utility shut offs but should contact RM personnel as soon as possible during an emergency situation.

Water heater: located in the maintenance room replaced in July 2018

Natural gas main shut off valve: West side of building

Electrical panel: located in the maintenance room

Dishwasher: located in the maintenance room

Sewage Pump: located in the maintenance room

Everything is labelled on the panels in the maintenance



EMERGENCY EVACUATION PROCEDURES

Emergency evacuation procedures will be used in case of:

- fire
- a chemical or hazardous materials accident inside of the centre
- a suspected natural gas leak
- high level of carbon monoxide (CO) indicated by CO alarm

Emergency evacuation procedures may be also used in situations such as:

- bomb threat
- weather emergencies such as tornadoes, blizzards, floods and storms
- threatening behaviour inside the building
- a chemical accident in the area outside of the centre
- a health-related emergency such as utility failure or sewage back up

IN CASE OF FIRE

Staff should:

1. Pull fire alarm bell.
2. Close doors to fire area.
3. Ensure everyone evacuates fire area immediately.
4. Call 911
5. Notify Executive Director (or Designated Alternate) as to location of fire.
6. Proceed with evacuation following steps below.

SUSPICION OF GAS LEAK

IMPORTANT - Do NOT pull fire alarm bell

Staff should:

1. Call 911
2. Verbally notify the Executive Director (or Designated Alternate) immediately.
3. Proceed with evacuation following steps below.

Executive Director (or Designated Alternate) should:

1. Verbally notify staff to evacuate the building using the intercom system or in person.
2. Direct Room Leaders or Supervisor to lead *Evacuation Procedures*.
3. Call 911 for fire department and state nature of emergency and address.

UPON HEARING CO ALARM IMPORTANT - DO NOT PULL FIRE ALARM BELL

Staff should:

1. Call 911
2. Verbally notify the Executive Director (or Designated Alternate) immediately.

Executive Director (or designated alternate) should:

1. Check with staff in all child care areas to see if any children or staff are showing signs or symptoms of CO exposure such as headaches, dizziness, nausea, vomiting, weakness, drowsiness, etc.
2. Call 911 for Fire Department and tell them:
 - That CO alarm has been activated in a child care centre
 - If any staff or children are showing any signs/symptoms or not
 - That centre is evacuating
3. Direct staff and children to put on jackets, boots, etc for protection in cold weather if no one is showing signs or symptoms.
4. Proceed with evacuation following steps below.

UPON HEARING FIRE ALARM (OR SUSPICION OF GAS LEAK OR CO EXPOSURE)

All children, staff and visitors should:

1. Stop all activities immediately
2. Follow directions of Room Leader or Supervisor to evacuate the building.
3. Meet in the assembly area outside of the centre
 - Infant room gathers at the top of the driveway along Heartland Trail
 - Preschool Rooms - go to preschool playground along far side of fence on the outside

Room Leaders should:

1. Direct children and staff to gather by room door. Count children.
2. Bring:
 - attendance record (with floor plan attached).
 - emergency backpack (including first aid kit, child information records, staff emergency information).
 - required medications and specialized equipment for children with additional support needs if essential to their immediate safety and it is safe to do so.
3. Assign specific staff to help children who require additional assistance.
4. Lead evacuation out of the building.
5. Take attendance in the assembly area.
6. Report evacuation status to Executive Director (or Designated Alternate).

Last staff out of each room should:

1. Conduct a sweep of the centre looking for any remaining children or adults
2. Close all doors and windows, time permitting.

Designated Supervisor should:

1. Conduct a sweep of the centre looking for any remaining children or adults
2. Take the duffel bag with blankets for protection in cold weather (if it is safe to do so).
3. Close all doors and windows, time permitting.

Executive Director (or Designated Alternate) should:

1. Call 911 to ensure fire department is aware of the situation.
2. Review attendance record received from staff. Confirm that all children, staff and visitors are accounted for.
3. Advise the fire department of evacuation status (for example, complete with no possibility that any child care staff, children or visitors are unaccounted for).

4. Take direction from fire department.
5. Direct staff to return inside or proceed to designated place of shelter upon direction from fire department.
6. If staff and children proceed to designated place of shelter before fire department arrives:
 - If possible, assign a staff member to remain at main entrance to advise fire department.
 - Call 911 to inform of evacuation status.
7. Post the name, location and contact number of the designated place of shelter on the outside door.
8. Prepare a written statement to relay to parents by telephone, e-mail or text to let them know the children are safe, where to pick them up and whether they need to come early.
9. Assign specific staff to contact parents with prepared statement using the office phone in designated place of shelter.
10. Contact staff on outings to return to designated place of shelter, not the centre.
11. Be available to discuss event with parents when they pick up children.

After the event, the Executive Director (or Designated Alternate) should:

1. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
2. Tell the Child Care Coordinator about the event.
3. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

DESIGNATED PLACE OF SHELTER AWAY FROM THE MAIN CENTRE

HEADINGLEY COMMUNITY CENTRE

5353 Portage Ave, Headingley, MB

Tele: 204.889-3132

Gail

(Open 8:30 am – 4:40 pm)

Child care centre has key and security system code for outside Community Centre's hours of operation)

All backpacks have a key and code to enter building.

EVACUATION AND SHELTER-IN-PLACE PRACTICE DRILLS

The following procedures are used to ensure the safety of children and adults in our centre.

Evacuation and shelter-in-place practice drills are documented on the Evacuation and Shelter-in-Place Drill Record form and maintained on file for at least one year. Staff and children are not told in advance of the drills. Parents and visitors are required to participate in the drill when in the centre and follow the direction of staff.

EMERGENCY EVACUATION DRILLS

- minimum of one evacuation drill per month using alarm system drill bell
- using alternate exit routes
- at different times of the day with varying numbers of staff
- a nap-time evacuation at least once annually
- complete evacuation to our designated place of shelter at least once a year

SHELTER-IN-PLACE DRILLS

- minimum of one shelter-in-place drill every year

AFTER EVACUATION OR SHELTER-IN-PLACE PRACTICE DRILLS

- Executive Director (or Designated Alternate) will post this information for families
- staff will try to discuss the drill with each family at departure time, particularly if their child found it interesting or upsetting.

CENTRE CLOSURE PROCEDURES

The Executive Director (or Designated Alternate) in consultation with the Chair of the Board of Directors will decide on centre closures. The following procedures and communication policies will be used in the event of partial or full day closure of the centre due to:

- weather-related emergencies such as a severe winter storm and tornadoes
- health-related emergencies such as a utility failure or the outbreak of illness

CLOSURE OF CENTRE FOR PORTION OF DAY

Executive Director (or Designated Alternate) should:

1. Contact parents by telephone, e-mail or text message. Advise them to pick up their children early at centre or at designated place of shelter. Provide staff with a scripted statement to use if helping notify parents.
2. Contact emergency contacts designated by parents, if parents cannot be reached.
3. Post a note on the outside door with the name, location and phone number for the designated place of shelter. Include the centre's cell number.
4. Advise all staff not there at the time.

CLOSURE OF CENTRE FOR THE FULL DAY

Executive Director (or Designated Alternate) should:

1. Attempt to contact all families and staff the previous evening or early in the morning by telephone, e-mail or text message. Provide staff with a scripted statement to use if helping notify parents.
2. Arrange to have the closure announced on CJOB (Phone: 786-2471).
3. Record an outgoing message on the centre's voice mail system.
4. Post a note on the outside door, if possible.

ADDITIONAL STEPS IF OUR BUILDING IS FLOODED

Executive Director (or Designated Alternate) should:

1. Contact RM personnel to:
 - Contact Manitoba Hydro to disconnect power at the pole and make sure it is safe to re-enter the centre.
 - Schedule the cleaning, service and replacing of main circuit panels, light switches, electrical sockets, appliances, furnaces, etc by certified technicians.
 - Make arrangements to have all wiring inspected by a qualified electrician before turning power on.
 - Make arrangements for the natural gas to be turned on by a qualified professional.
 - Schedule appropriate cleaning for all flooded areas.
2. Contact parents with an expected reopening date as advised by RM personnel.

AFTER PARTIAL OR FULL DAY CLOSURE

Executive Director (or Designated Alternate) should:

1. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
2. Tell the Child Care Coordinator about the event.
3. Discuss incident with RM personnel, as needed.
4. If necessary, call the Regional Health Authority to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.
5. Contact fire and public health inspectors and the child care coordinator. Depending on the reason for closure, there may be requirements or recommendations to reopen centre.

CONTROLLING FIRE HAZARDS and INSPECTION AND MAINTENANCE OF FIRE SAFETY EQUIPMENT

The following procedures will be used to ensure requirements under the Manitoba Fire Code are met to reduce and prevent the risk of fire by:

- controlling fire hazards
- inspecting and maintaining fire safety equipment

DOCUMENTATION

The following documentation will be maintained by the Executive Director (or Designated Alternate) for review by the fire inspector.

They will know the location of this file, which will contain:

- safety checklists used to document monthly and annual checks to control fire hazards and inspect and maintain fire safety equipment
- evacuation and shelter-in-place practice drill record
- inspection and maintenance records for carbon monoxide alarms

The Executive Director (or Designated Alternate) will refer the fire inspector to the RM personnel for the following documentation:

- fire extinguishers annual inspection report by a certified agency
- fire protection system annual inspection report by a qualified technician
- rotating use of fire alarm manual pull stations
- heating system annual inspection report by a qualified heating contractor

These following items have been integrated into our Safety Checklists to document the checks required on a daily, monthly and annual basis.

DAILY INSPECTIONS AND MAINTENANCE

1. Fire alarm power indicator and trouble indicator lights are functioning correctly.
2. Evacuation procedures and floor plans are prominently posted in each room.
3. Exit signs are easy to see and lit.
4. Corridors and exits are unobstructed and properly lit.
5. Exits are free of snow and ice. There is a minimum of three meters (about 10 feet) cleared of snow outside of exit. There is a cleared path so that everyone can move further away from the building.
6. Fire doors and stairway doors are NOT wedged or blocked open.
7. Electrical appliances are unplugged when not in use (toaster, coffee maker, etc.)
8. All electrical outlets have covers in place.
9. Lint traps in laundry equipment are cleaned after each use.

MONTHLY INSPECTIONS AND MAINTENANCE

1. Exit doors are readily opened from the inside without the use of keys or other locking devices.
2. Fire department access is unobstructed. Exterior fire department connections are easy to see and unobstructed. For example, no vehicles may be parked in a fire route/lane. There is no excessive vegetation, snow or other obstructions to access routes, fire hydrant and fire department connections.
3. All fire extinguishers are checked to make sure:
 - proper type
 - hung in required locations
 - labelled
 - ready for use
 - tagged
 - properly charged (arrow in green zone)
 - monthly check documented on tag and on practise drill record.
4. Carbon monoxide alarm maintenance room is checked to ensure proper function (documented on practise drill record).
5. Storage areas are checked to make sure:
 - combustible materials have not built up in storage rooms or service rooms
 - combustible materials are not stored next to water heaters and heating equipment
 - propane cylinders are not stored inside building
 - there is at least 18 inches clearance between storage and sprinkler heads
5. Inspection documentation maintained by RM personnel for review by fire inspector for:
 - emergency lights inspection to make sure they work if the power fails
 - fire alarm manual pull stations

ANNUAL INSPECTIONS AND MAINTENANCE

The following inspection documentation is maintained by the Executive Director for review by fire inspector. The R.M. is responsible for organizing the annual check for the following:

1. Carbon monoxide unit is wired in and checked by RM personnel

The following inspection documentation is maintained by the RM personnel for review by fire inspector:

2. Fire extinguishers are inspected by certified agency (also documented on tag).
3. Heating system is inspected by qualified heating contractor.
4. Fire protection systems are inspected by a certified technician:
 - emergency lighting
 - fire alarm system
 - sprinkler system

WEATHER-RELATED EMERGENCIES

The following procedures will be used in the event of the following in our area:

- winter storms
- tornadoes
- severe thunderstorms

PREPARATION

To prepare to care for children outside of regular centre hours or during a utility failure, the Executive Director (or Designated Alternate) will ensure that:

- non-perishable food and water is stored and replenished at least annually
- flashlights and battery operated lights with fresh batteries are available in all areas of the centre
- fresh batteries are available for the weather radio or portable radio
- signs indicating locations of utility shut-offs and instructions are posted and reviewed periodically with designated alternate

Winter Storm Fire Procedures

Executive Director (or Designated Alternate) should:

1. Monitor appropriate source listed below when there is potential for severe weather:
 - Environment Canada for weather watches and warnings on weather radio or local media
2. Notify staff in playground to bring children inside in the event of a severe weather warning.
3. Notify any groups on outings to return or take indoor shelter immediately.
4. Reschedule outdoor play and all outings away from the centre.
5. Post information indicating that there may be a need for closure and reminding parents how the closure will be communicated.

Additional steps for severe winter weather watch/warning or a blizzard warning

1. Executive Director and the Board Chair will consult on the need for emergency closure.
2. Follow *Emergency Closure Procedures* if required.

Tornado or Severe Thunderstorm Procedures

Staff should:

1. Immediately contact the Executive Director (or Designated Alternate) if aware of a severe thunderstorm or tornado warning/sighting in the area.

Executive Director (or Designated Alternate) should:

1. Monitor the situation using information from Environment Canada on the weather radio.
2. Make decision to enact *Shelter-in-Place Procedures: Tornado*.

Supervisor (or Designated Alternate) should:

1. Remind staff not to use electrical equipment and avoid using the telephone.
2. Direct staff to move children away from doors and windows.
3. Make sure flashlights and battery operated lights with fresh batteries are available in all areas of the centre.
4. Unplug all electrical appliances such as TVs, radios and toasters.

Staff should:

1. Follow directions from Supervisor.
2. Guide children to stay away from windows, doors, radiators, stoves, metal pipes, sinks or other electrical charge conductors.

SHELTER-IN-PLACE PROCEDURES: TORNADO

Protective Spaces: hallways (away from windows and doors)

Executive Director (or Designated Alternate) should:

1. Direct Supervisor to lead *Shelter-in-Place Procedures*.
2. Notify staff in playground to return indoors immediately.
3. Notify staff on outings away from centre to immediately seek the closest indoor shelter. Remind them to call back with their location.
4. Bring the weather radio operating on battery back up and cell phone to protective space to monitor when it is safe to leave the protective spaces.
5. Contact the Board Chair of situation when safe to do so

Supervisor (or Designated Alternate) should:

1. Direct staff and children to gather in the protective spaces.
2. Assign specific staff to:
 - bring the emergency backpack into the protective spaces (including the first aid kit, child information records and staff emergency information)
 - take attendance to make sure all children and staff are accounted for
 - help children who require additional assistance
 - take required medications and specialized equipment for children with additional support needs if it is possible to do so safely and if essential for the immediate safety of a child
3. Advise Executive Director (or Designated Alternate) of the status of Shelter-in-Place Procedures.

After the event, the Executive Director (or Designated Alternate) should:

1. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
2. Tell the Child Care Coordinator about the event.
3. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

HEALTH-RELATED EMERGENCIES

The following procedures and communication policies will be used in the event of an emergency due to:

- a child's medical condition
- communicable or food-borne illness in the centre or larger community
- serious injury of a child
- utility failure or sewage backup

A Child's Medical Condition

When a child enrolls with a medical condition or is diagnosed while attending the centre the Executive Director (or Designated Alternate) should:

1. Make sure Unified Referral Intake System (URIS) applications are submitted.
2. Arrange staff training by a registered nurse related to the URIS *Individual Health Care Plan/Emergency Response Plan*.
3. Update the centre's safety plan with any special considerations required for the child.
4. Store *Individual Health Care Plan/Emergency Response Plans* in the appropriate staff communication area while considering the importance of confidentiality.
5. Make sure there are processes to monitor when a child's URIS plan will expire.
6. Arrange for plan to be updated and staff retraining to be conducted every year.
7. See the Anaphylaxis section for additional policies and procedures related specifically to life-threatening allergies.

Communicable or Food-Borne Illness

PREVENTION

The following procedures are used to prevent outbreaks of communicable or food-borne illness:

- routine health practices
- cleaning and sanitizing schedules
- safe food handling practices
- disposable gloves are worn any time staff's hands may come in direct contact with blood (or body fluids containing blood) or staff have open cuts or sores on their hands
- staff monitor children's health and ask parents about unusual symptoms observed in children (diarrhea, vomiting, abdominal pain, etc.)
- staff encourage parents to inform the centre of diagnosed illness after a visit to the doctor
- a toileting log book is maintained to help identify children with diarrhea as a simple warning system of an illness outbreak

OUTBREAK OF COMMUNICABLE OR FOOD-BORNE ILLNESS IN CENTRE

Executive Director (or Designated Alternate) should:

1. Contact the public health nurse for requirements for specific illnesses. Be sure to ask about any special precautions for non-immunized children or pregnant staff/family members.
2. Contact the public health inspector if directed to do so by the public health nurse.
3. Inform the child care coordinator of the situation and public health authority's requirements and recommendations.
4. Provide regular updates to the child care coordinator and public health authorities.
5. Review the following procedures with all staff and make sure procedures are diligently followed:
 - proper sneezing and coughing etiquette
 - adult hand washing procedures
 - children's hand washing procedures
 - diapering and toileting procedures
 - cleaning and sanitizing procedures
 - procedures for the proper storage, handling and serving of food
6. Notify parents of illnesses present in the centre and the symptoms to look for in their child.
7. Share resources and information with parents.
8. Advise staff of requirements from public health or other authorities and make sure requirements are followed.

Staff should:

1. Review proper hand washing procedures with the children.
2. Go over sneezing and coughing techniques with the children.
3. Monitor bathroom visits to make sure procedures are followed.
4. Clean and sanitize toys, equipment and surfaces.
5. Encourage parents to discuss any health concerns, symptoms or diagnosed illnesses.
6. Document health concerns, symptoms or diagnosed illnesses in the daily incident record.

Parents should:

1. Discuss any health concerns or symptoms with staff.
2. Tell staff about any diagnosed illnesses.

CONTACT WITH PUBLIC HEALTH

The public health authority will be contacted for advice and direction if any of the following illnesses are present in the centre:

- any illness prevented by routine immunizations: diphtheria, measles, mumps, pertussis (whooping cough), polio and rubella
- gastrointestinal infections such as a diagnosed case of campylobacter, E. coli, giardia, rotavirus, typhoid fever, salmonella gastroenteritis, shigella gastroenteritis and yersinia gastroenteritis
- diarrhea, if there are 2 to 3 or more children within 48 hours, because it could be a serious gastrointestinal infection
- group A streptococcus (invasive diseases such as toxic shock syndrome and flesh-eating disease)
- haemophilus influenzae type b (Hib)
- hepatitis A virus (HAV)
- impetigo, if there is more than one diagnosed case in the same room within a month
- meningitis
- meningococcal disease
- strep throat and scarlet fever, if there are more than two diagnosed cases within a month
- tuberculosis

Public health will also be contacted about any bite that breaks the skin as blood tests may be required.

NOTIFICATION TO PARENTS AND STAFF

1. Parents and staff will be advised of any of the illnesses requiring contact with public health (above).
2. The notice will specifically advise parents to talk to their doctor and check their own child's immunization records about the following illnesses prevented by routine immunizations:
 - diphtheria
 - measles
 - mumps
 - pertussis (whooping cough)
 - polio
 - rubella
3. The notice will specifically advise staff or family members who are or may become pregnant that they should talk to their doctor and check their immunization status for the following illnesses:
 - chicken pox
 - parvovirus B19 (fifth disease or "slapped cheek" syndrome)
 - rubella
 - measles
 - mumps
 - CMV (cytomegalo virus)

ADDITIONAL STEPS: OUTBREAK OF COMMUNICABLE OR FOOD BORNE ILLNESS IN LARGER COMMUNITY

Executive Director (or Designated Alternate) should:

1. Monitor and respond to warnings from Manitoba Health ,Healthy Living and Seniors, Health Canada or the Canadian Food Inspection Agency. Be sure to visit their websites for additional information.
2. Advise all staff of recommendations from Manitoba Health, Health Canada, the Food Inspection Agency, the public health inspector or the child care coordinator. Make sure staff follow recommendations.

Serious Injury of a Child

Executive Director (or Designated Alternate) should:

1. Help make the decision to provide first aid at the centre or call an ambulance.
2. Contact the parents or emergency contacts if parents cannot be reached.

INJURY REQUIRING FIRST AID

Staff should:

1. Provide first aid according to the principles learned in their first aid training.
2. Document the incident as quickly as possible and provide an incident report to the parents and Executive Director (or designated alternate).
3. Complete an assessment of the factors related to the incident. If necessary, make changes to prevent injuries.

INJURY REQUIRING MEDICAL ATTENTION

Executive Director (or Designated Alternate) should:

1. Call 911 for an ambulance.
2. Provide a copy of the parent's permission for emergency medical treatment.
3. Accompany the child to the hospital with a copy of the parent's permission for emergency medical treatment, if parents are not at the centre.

Staff should:

1. Attend to the child according to the principles learned in their first aid training until paramedics arrive.
2. Document the incident as quickly as possible.
3. Provide an incident report to the parents and Executive Director (or designated alternate).

After the event, the Executive Director (or Designated Alternate) should:

1. Complete an assessment of the factors related to the incident. If necessary, make changes to prevent future injuries.
2. Notify:
 - the child care coordinator within 24 hours by submitting a Serious Injury Notification on-line or by telephone
 - the centre's insurance provider
 - the board chair

Utility Failure or Sewage Back up

The following procedures will be used in the event of sewage back-up or the loss of one of the following utilities:

- heat
- water
- hot water
- electricity
- natural gas

Executive Director (or Designated Alternate) should:

1. In the case of a loss of electrical power, figure out if it is specific to the centre or if the area is without power. If it specific to the centre, see if it is a breaker that has blown and restore power.
2. Contact the appropriate utility or contact RM personnel to call repair service immediately to report the problem and get an estimated length of time without service.
3. Contact the public health inspector to complete a risk assessment. The loss of any utility or sewage back-up may present a health risk to the children, staff and families.
4. Contact the local fire authority to determine if the loss of the utility or sewage back-up presents a fire safety risk (for example, fire protection systems/life safety equipment or access to exits is compromised) and if there are alternative requirements during a loss of fire protection.
5. Advise staff on procedural changes required by public health (for example, the use of hand sanitizers and single-use food handling and service items) or the fire authority (such as the requirement for a fire watch).
6. Enact *Evacuation Procedures or Emergency Closure Procedures* if required by the public health authority or fire authority.
7. Follow *Evacuation Procedures or Emergency Closure Procedures*, if required.
8. Inform the child care coordinator of situation and the requirements and recommendations from public health or fire authority.
9. Inform the Chair of the Board

ANAPHYLAXIS (LIFE-THREATENING ALLERGIES)

The following roles and responsibilities outline the procedures that will be followed if:

- a child currently in the centre has been diagnosed with a life-threatening allergy
- a child about to enrol in the centre has been diagnosed with a life-threatening allergy

IMPORTANT Call an ambulance immediately to take the child to the hospital when an adrenaline auto-injector is used.

The entire community has a role to play in ensuring the safety of children with a known risk of anaphylaxis in a community setting. To minimize risk of exposure and to ensure rapid response to an emergency, parents, children and centre staff must all understand and fulfill their responsibilities.

Executive Director (or Designated Alternate) should:

1. Work as closely as possible with the parents of the child with a known risk of anaphylaxis. Regularly update emergency contacts and telephone numbers.
2. Immediately start appropriate planning for an *Individual Health Care Plan/Emergency Response Plan* that considers the age and maturity level of the child, the specific allergen and the centre's circumstances.
3. Submit a URIS application with parents, including *An Authorization for the Release of Information* form. Remind parents that it will need to be completed every year.
4. Have parents complete an *Authorization for Administration of Adrenaline Auto-Injector* form.
5. Contact the public health nurse (or contracted nursing agency if the public health nurse is not available) to develop the *Individual Health Care Plan/Emergency Response Plan* and schedule staff training.
6. Identify a contact person for the nurse.
7. Inform other parents that a child with a life-threatening allergy is in direct contact with their child (with written parental approval). Ask parents for their support and cooperation.
8. If it is not developmentally appropriate for the child to carry an auto-injector, it will be kept in a safe, UNLOCKED location accessible only to the adults responsible.
9. Staff Training
 - Notify staff of the child with a known risk of anaphylaxis, the allergens and the treatment.
 - Have all staff (and possibly volunteers) receive instruction on using an auto-injector.
 - Inform all substitute staff about the presence of a child with a known risk of anaphylaxis. Be sure to advise them of the appropriate support and response, should an emergency occur.
 - Store the *Individual Health Care Plan/Emergency Response Plan* in the staff communication areas for easy access while keeping in mind the importance of confidentiality.
 - Arrange an annual in-service through the nursing service to train staff and monitor personnel involved with the child with life-threatening allergies.
10. Help with carrying out policies and procedures for reducing risk in the centre.
 - Post allergy alert forms with photographs, in the staff room, kitchen, eating area and other appropriate locations (with written parental approval).
 - Safety procedures for field trips and extra-curricular activities are in place.
11. Make sure there are processes to:
 - Monitor when a child's *Individual Health Care Plan/Emergency Response Plans* will expire.
 - Annually review and submit a URIS Application form to make sure there is an *Individual Health Care Plan/Emergency Response Plan* for each child with a life-threatening allergy.
 - Monitor the expiry dates for children's adrenaline auto-injectors. Remind parents about expiry as needed.

- From time to time, remind other parents in the centre how important it is to make sure packed lunches and snacks are allergen-free.

Responsibilities of all staff:

1. Receive annual URIS training in caring for a child with anaphylaxis.
2. Display a photo-poster in the child care centre (with written parental approval).
3. Discuss anaphylaxis with the other children, in age-appropriate terms.
4. Encourage children not to share lunches or trade snacks.
5. Choose products that are safe for all children in the centre (parental input is recommended).
6. Instruct children with life threatening allergies to eat only what they bring from home, if applicable.
7. Reinforce hand washing to all children before and after eating.
8. Facilitate communication with other parents.
9. Follow policies for reducing risk in eating and common areas.
10. Enforce rules about bullying and threats.
11. Leave information in an organized, prominent and accessible format for substitute staff.
12. Plan appropriately for field trips. Make sure auto-injectors are taken on field trips and emergency response plans are considered when planning the trip.

Responsibilities of the parents of a child with anaphylaxis:

1. Tell the Executive Director (or Designated Alternate), about the child's allergies and needs.
2. Provide their child with an up-to-date auto-injector. If it is not developmentally appropriate for the child to carry it, parents should confirm the auto-injector is in a specified location (safe, UNLOCKED location accessible only to the adults responsible), or on the person of the adult responsible for the care of the child.
3. Submit all necessary documentation as required.
4. Provide the child care centre with adrenaline auto-injectors before the expiry date.
5. Make sure that auto-injectors are taken on field trips.
6. Participate in the development of a written *Individual Health Care/Emergency Response Plan* for their child, which is updated every year.
7. Be willing to provide safe foods for their child, including special occasions.
8. Provide support to the facility and staff as required.
9. Teach their child (as developmentally appropriate):
 - to recognize the first signs of an anaphylactic reaction
 - to know where their medication is kept and who can get it
 - to communicate clearly when he or she feels a reaction starting
 - to carry his or her own auto-injector on their person (for example, in a fanny pack)
 - not to share snacks, lunch or drinks
 - to understand the importance of hand washing
 - to report bullying and threats to an adult in authority
 - to take as much responsibility as possible for his or her own safety

Responsibilities of all parents:

1. Cooperate with the child care centre to eliminate allergens from packed lunches and snacks.
2. Participate in parent information sessions.
3. Encourage children to respect the child with a known risk of anaphylaxis and centre policies.
4. Inform the staff before food products are distributed to any children in the centre.

Responsibilities of the child with anaphylaxis: (as developmentally appropriate)

1. Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake
2. Eat only foods brought from home, if applicable.
3. Wash hands before and after eating.
4. Learn to recognize symptoms of an anaphylactic reaction.
5. Promptly inform an adult as soon as accidental exposure occurs or symptoms appear
6. Keep an auto-injector on their person at all times, such as in a fanny pack
7. Know how to use the auto-injector

Responsibilities of all children (as developmentally appropriate):

1. Learn to recognize symptoms of anaphylactic reaction.
2. Avoid sharing food, especially with children with a known risk of anaphylaxis.
3. Follow rules about keeping allergens out of the centre and washing hands (as developmentally appropriate).
4. Refrain from bullying or teasing a child with a known risk of anaphylaxis.

CHEMICAL ACCIDENT PROCEDURES

The following procedures will be used in the event of a chemical accident:

- inside of the centre (for example, the inappropriate mix of household cleaners)
- in the area outside of the centre

Chemical Accident Inside of Child Care Building

Executive Director (or Designated Alternate) should:

1. Enact evacuation procedures immediately.
2. Call 911 for the fire department.
3. Direct staff to follow *Evacuation Procedures*.
4. Notify RM personnel.
5. Notify Board Chair

Chemical Accident Outside of Child Care Building

Executive Director (or Designated Alternate) should:

1. Enact *Shelter-in-Place Procedures* **or** *Evacuation Procedures* based on instructions from the emergency response personnel
2. Follow: *Evacuation Procedures* **or** *Shelter-in-Place Procedures: Chemical Accident Outside of Building*

SHELTER-IN-PLACE PROCEDURES: CHEMICAL ACCIDENT OUTSIDE OF BUILDING

Executive Director (or Designated Alternate) should:

1. Verbally direct Supervisors and Room Leaders to lead *Shelter-in-Place Procedures* and close windows and as many internal doors as possible.
2. Notify staff in playground to return indoors immediately.
3. Make sure all exterior doors are closed and locked.
4. Turn off breakers that control air flow.
5. Notify staff on outings away from centre to immediately seek the closest indoor shelter and call back with their location.
6. Inform parents by phone, e-mail or text message as quickly as possible. Use a scripted message, if possible.
7. Direct parents to stay away from the area and listen to the local media for further updates on the situation.
8. If there is time and it is needed, assign specific staff to take additional measures to protect indoor air:
 - Place a rolled up damp towel at the floor space at bottom of doors.
 - Cover and seal bathroom exhaust and grilles, range vents, dryer vents and other openings to the outdoors as much as possible.
9. Inform staff and children when emergency response personnel say it is safe to leave the building.

Supervisors and Room Leaders should:

1. Lead *Shelter-in-Place Procedures*.
2. Direct specific staff to close and lock exterior windows and to close as many internal doors as possible.
3. Take attendance to account for all children, staff and visitors.
4. Advise the Executive Director (or Designated Alternate) of the status of *Shelter-in-Place Procedures*.
5. Assign specific staff to prepare for evacuation by:
 - Having the emergency backpack (including the first aid kit, child information records and staff emergency information) ready to go, should evacuation be ordered
 - Having required medications and specialized equipment for individual children with additional support needs ready.

After the event, the Executive Director (or Designated Alternate) should:

1. Notify the Chairperson of the Board
2. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
3. Tell the Child Care Coordinator about the event.
4. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

BOMB THREAT PROCEDURES

The following procedures describe how we will respond to:

- a bomb threat received by telephone or in writing
- a bomb threat received and suspicious item found

IMPORTANT

If a bomb threat is received and/or a suspicious package is found:

- DO NOT use any form of wireless communication (cordless phones, pagers, cell phones, Blackberries, two-way radios, etc.).
- Contact the Executive Director (or Designated Alternate) immediately to assess the situation.
- **Stationary (corded) phone:** located in office and staff room

Bomb Threat Received by Telephone or in Writing

Staff member receiving a bomb threat by telephone should:

1. Have someone Call 911
2. Use the *Threatening Telephone Call* form to record as much information as possible.
3. Notify the Executive Director (or Designated Alternate) IMMEDIATELY after the call and discuss information on the *Threatening Telephone Call* form.

Staff member finding a bomb threat in writing should:

1. Leave the note where it is and do NOT touch or move it (even if it has already been moved).
2. Call 911. Consult with police for further steps
3. Notify the Executive Director (or Designated Alternate) IMMEDIATELY.

Executive Director (or Designated Alternate) should:

1. Direct staff NOT to use any form of wireless communication.
2. Determine if there is an immediate threat to safety based on the information available.
3. In consultation with police, determine if there is an immediate threat to safety based on the information available and decide whether or not to evacuate.
4. Notify police of the caller's phone number if call display or call trace was successful.
5. Make sure the person who answered the threatening phone call or found the written message is available to be interviewed by police.
6. If there is an imminent threat to safety:
 - Enact *Evacuation Procedures*. Do NOT use fire alarm.
 - Verbally direct Supervisors and Room Leaders to lead *Evacuation Procedures*.
7. Assign specific staff to:
 - Go to the playground and tell staff to gather in the assembly area.
 - Call staff and children on outings away from centre (using stationary corded phone). Advise staff not to return to centre until further notice or to proceed to designated place of shelter.

Supervisors and Room Leaders should:

1. Lead *Evacuation Procedures* if enacted.

After the event, the Executive director (or Designated Alternate) should:

1. Notify the Board Chairperson

2. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
3. Tell the Child Care Coordinator about the event.
4. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

If suspicious item is found but no bomb threat has been received, the Executive Director (or Designated Alternate) should:

1. Advise staff NOT to touch or move it (even if it has already been moved).
2. Evacuate the immediate area and close door.
3. Try to determine if it is suspicious and dangerous or if it is an ordinary item.
4. Call 911 using stationary (corded) phone and consult with police for further steps.
5. In consultation with police, determine if there is an immediate threat to safety based on the information available and decide whether or not to evacuate.

Bomb Threat and Suspicious Item

In the case of a suspicious powdery substance, all persons believed to have had contact with it must:

1. Gather together in a separate area away from those who did not have contact.
2. Stay to get the appropriate medical assessment and treatment.

If a bomb threat is received and suspicious package, letter or object is found, there is an immediate threat to safety.

Executive Director (or Designated Alternate) should:

1. Evacuate the immediate area where the suspicious item was found. Close the door to the area.
2. Direct staff not to use any form of wireless communication.
3. Enact the *Evacuation Procedures*. Do NOT use fire alarm.
4. Verbally direct Supervisors and Room Leaders to lead *Evacuation Procedures* using only exits routes and areas that are free of suspicious items.
5. Call **911** using stationary (corded) phone and state the nature of the emergency.
6. Notify police of the caller's phone number if call display or call trace was successful.
7. Make sure the person who answered the threatening phone call (or found the written message) and found the suspicious package is available to be interviewed by police.

Supervisors and Room Leaders should:

1. Lead the *Evacuation Procedures*.
2. Assign specific staff to:
 - Go to playground and advise staff to gather in assembly area.
 - Call staff and children on outings away from centre using stationary (corded) phone and advise staff not to return to centre and to proceed to designated place of shelter.

After the event, the Executive Director (or Designated Alternate) should:

1. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
2. Tell the Child Care Coordinator about the event.
3. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

THREATENING BEHAVIOUR PROCEDURES

The following procedures describe the response to threatening behaviour:

- inside the centre or on the property
- in the neighbourhood

Staff should:

1. Call 911
2. Notify the Executive Director (or Designated Alternate) immediately when aware of:
 - threatening behaviour inside the centre or on the property
 - threatening behaviour in the neighbourhood (either by seeing it or being told by the police)
 - a threat made in writing or received by telephone (do not move, touch or delete the evidence)
3. Call **911** for the police immediately if there is an immediate threat to safety.

Executive Director (or Designated Alternate) should:

1. Tell staff in the daily staff communication log book to contact the Executive Director (or designated alternate) immediately if a person who may become threatening arrives at the centre. For example, if a person has made a threat or is extremely upset such as:
 - a recently fired staff person
 - a parent concerned about a situation at the centre
 - a parent who has become angry, violent or made threats to take a child with respect to a custody dispute
2. If the threat is received in writing, by telephone or voice mail:
 - Call the police immediately. The police can help assess the level of risk to your safety and help you decide on next steps.
 - Do not touch, move or delete the threat or evidence so the police can investigate properly.

SHELTER-IN-PLACE PROCEDURES

Threatening Behaviour Inside Centre or On Property

Protective Spaces: All playroom doors can be locked with a key from the hallway side (easily openable from the inside) as protective space.

Code Words to indicate a threatening situation (use telephone to call room or use child care program to send message or intercom so other rooms are aware):

“Please tell Mrs Renton to come to a particular room (eg. Infant or Preschool Room 1/2/3/4).”

Executive Director (or Designated Alternate) should:

1. Call 911
2. Make the decision to enact *Shelter-in-Place Procedures*.
3. Direct Supervisors and Room Leaders to lead the *Shelter-in-Place Procedures*.
4. Tell Supervisors and Room Leaders where the threatening person is and whether they seem to have a weapon or not.
5. Talk to the person. Try to calm them down.
6. If the person has a weapon: Take cover in the closest protective space.
7. Follow directions from the police about what to do next.
8. Give the police floor plans and information about the number of children and staff and where they are.
9. As soon as possible, notify staff on outings to stay where they are or to look for indoor shelter.

Supervisors and Room Leaders should:

1. Quietly direct staff to gather with children into the closest playroom (protective space) as far away from the threatening person as possible.
 - If the threat is on the property, direct staff and children to quickly move inside, take cover or drop to the ground, depending on the situation.
 - If the threat is inside the centre, direct staff and children in the playground to go to the designated place of shelter immediately.
2. Lock the door to the room and cover door windows.
3. Assign specific staff to:
 - take attendance to account for all children and staff
 - help children who need additional assistance
 - take required medications and specialized equipment for children with additional support needs if essential to their immediate safety and it is safe to do so
4. If safe to do so, advise the Executive Director (or Designated Alternate) about the status of *Shelter-in-Place Procedures*.

Staff should:

1. Gather children in the nearest protective space away from the threatening person. Lock all doors into the room. Took out infant room upstairs
2. Turn off lights.
3. Close and lock exterior windows.
4. If the threat is inside the centre, DO NOT close exterior blinds or curtains. Police need to see inside the centre.
5. Stay in protective spaces that are out of sight from doors and windows.

6. DO NOT leave protective spaces until told by the Executive Director (or Designated Alternate).

After the event, the Executive Director (or Designated Alternate) should:

1. Notify Board Chairperson
2. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
3. Tell the Child Care Coordinator about the event.
4. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

SHELTER-IN-PLACE PROCEDURES

Threatening Behaviour in Neighbourhood

IMPORTANT DO NOT leave the centre until the police tell you it's okay.

If threat is more serious or in close proximity to centre – staff should move children into the hallways.

Executive Director (or Designated Alternate) should:

1. Direct Supervisor and Room Leaders to lead *Shelter-in-Place Procedures*. Tell them the threat is in the neighbourhood.
2. Notify staff and children in the playground to come inside immediately.
3. Make sure exterior doors are closed and locked.
4. Notify staff with children on outings to stay where they are (if safe to do so) or find the closest indoor shelter. Have staff call back to say where they are.
5. Look at attendance records provided by staff to make sure all children and staff are accounted for.
6. Call **911** to make sure police know about the situation.
7. Follow directions from the police about what to do next.
8. Tell staff when it is safe to leave the protective spaces as directed by the police.

Supervisors and Room Leaders should:

1. Direct staff to gather with children away from exterior windows and doors (If threat is more serious or in close proximity to centre – staff should move children into the hallways).
2. Assign specific staff to help children who need additional assistance.
3. Take attendance to account for all children.
4. Advise Executive Director (or Designated Alternate) of status of *Shelter-in-Place Procedures*.

Staff should:

1. Gather with children in areas away from exterior doors and windows.
2. Close and lock exterior windows. If possible, close blinds or curtains.
3. DO NOT leave centre until advised by the director (or designated alternate).

After the event, the Executive Director (or Designated Alternate) should:

1. Notify Board Chairperson
2. Write and distribute a short letter telling parents about the event and any follow-up steps that will be taken.
3. Tell the Child Care Coordinator about the event.
4. If necessary, call WRHA Mobile Crisis Unit (940-1781) or Youth Mobile Crisis Unit (949-4777) to access the community crisis/trauma response team within 24 hours of the event for advice, resources or in-person support.

CONTROLLING VISITOR ACCESS

The following procedures describe how we control and monitor visitor access to ensure:

- staff are aware when parents and children arrive or depart
- All visitors are to report to the office.

PREPARATION

- There are policies that ask parents to tell staff when someone else will pick up their child. If staff are not familiar with the person, they will ask for ID.
- Staff are advised about custody arrangements and what to do if the non-custodial parent arrives at a time outside of the arrangements.
- Parents are informed in the parent policy manual that staff need to be told when there are changes to who is allowed to pick up their child. Staff then update the designated pick up list for that child and inform the Executive Director of the change.
- When visitors are expected, staff note it in communication program so all staff are aware. For example, this may include a different pick-up person, a utility repair person or practicum supervisor for an early childhood education student.
- If the visitor is unknown to the staff, staff must ask to see identification.
- Expected visitors are welcomed and directed to the appropriate area in the centre.
- When we learn during the enrolment process, in an Inclusion Support Program meeting or through observation, that a child has a tendency to leave areas unescorted or is not fearful of strangers, all staff are informed. Staff are also required to pay particular attention to make sure the child remains safe.

CONTROLLING AND MONITORING VISITOR ACCESS

1. All outside doors are locked throughout the day and monitored via camera both internally and externally – notices posted .
2. When arriving at the centre, all staff, parents and visitors must use the designated entrance (near the parking lot and driveway). This entrance is equipped with a video intercom_ and 360 camera as well as a key fob system for staff and parents.
 - a. The key fob system is controlled by the Executive Director or designate and parents and staff are assigned numbered key fobs that can be dis-armed 24 hours a day via website access. Staff and parents can only utilize the key fob system if the front door is unlocked and between designated hours Monday – Friday.
3. The interior intercom substations, monitors and remote door releases are located in all playrooms and the office..
4. Staff must identify the individual using the video monitor before opening the door. If the individual is unknown to staff, they must ask who they are, the purpose of their visit and request ID using the audio intercom before allowing access.
5. The Executive Director (Designated Alternate) is responsible for responding to the intercom or assigning the responsibility to particular playrooms.
6. Staff are required to welcome parents and children into the centre, share pertinent information and help the child to get involved in the centre's activities.
7. Staff are required to sign children in and out on the attendance record.
8. Parents are required to directly tell a staff member when they are leaving the building, with or without their children and to not allow other people into the centre when entering or leaving the centre.

9. The doors are equipped with chimes. Staff are required to visually check when they hear the chime to make sure a child is not leaving without an appropriate adult.
10. When children and staff are playing outside, the playground doors remain locked. Staff take key to re-enter the centre.

SAFE INDOOR AND OUTDOOR SPACE PROCEDURES

The following procedures describe how we ensure:

- safe indoor spaces
- safe outdoor spaces

Staff should:

- Watch for any safety concerns throughout the day.
- Correct the situation to the best of their abilities and document what was done.
- Bring concerns to the attention of the Executive Director (or Designated Alternate). Make sure action is taken, if needed.
- Note any safety concerns and related reminders about appropriate procedures in daily staff communication log book.
- Watch for suspicious activity in the neighbourhood and report it to the Executive Director and the police, if necessary.
- Stay alert to their surroundings when in the playground or on outings.
- Trust their instincts and, if they feel uncomfortable in a place or situation, to gather the children and leave immediately.

Staff on opening shift should:

1. Complete the *Daily Safety Checklist – Indoor* and *Daily Safety Checklist – Outdoor*.
2. Correct any safety concerns to the best of their abilities and document what was done.
3. Give the checklists to the Executive Director (or Designated Alternate).
4. Make sure the Executive Director is aware of any concerns and things that need to be done.
5. Note any safety concerns and related reminders about appropriate procedures in the daily staff communication log book.

Staff on the closing shift should:

1. Do a walk-through and make sure all appliances are unplugged, the stove is turned off, etc.
2. Note any safety concerns and related reminders about appropriate procedures in the daily staff communication log book or if urgent, contact the Executive Director or designate immediately.

Executive Director (or Designated Alternate) should:

1. Make sure monthly and annual inspections are completed and documented on the appropriate checklists (contact RM personnel as needed to ensure all inspections are completed).
2. Complete and document any required repairs or actions. Contact RM personnel if required repairs or actions are their responsibility.
3. Review enrolment forms, Inclusion Support Program intake and review meeting minutes and URIS *Individual Health Care/Emergency Response Plan* as applicable for any specific requirements for a child with additional support needs.
4. Make any necessary changes to indoor or outdoor spaces to make sure children with additional support needs are safe. Contact RM personnel if required changes are their responsibility.
5. Communicate safety concerns or changes to procedures to all staff:
 - Note concerns in the daily communication log book.
 - Review at a staff meeting and, depending on how serious the situation is, share with the board of directors.
6. Make sure safety concerns that relate directly to parents or require a change in their behaviour are posted in a prominent area. If the concern is serious, write a letter to each parent.

STAFF TRAINING

The enhanced safety plan will be reviewed and specific responsibilities will be discussed with the Executive Director (or Designated Alternate) when a staff member is given responsibilities for fire safety or emergency response procedures.

TRAINING FOR NEW STAFF

New staff are required to:

1. Read the enhanced safety plan and discuss it with the Executive Director (or Designated Alternate).
2. Review the *Daily and Monthly Indoor Safety Checklists* with the Executive Director (or Designated Alternate) to learn how to control fire hazards and their responsibility to address any fire safety issues that they see. Staff are instructed to bring fire safety issues to the attention of the Executive Director. Issues not resolved by the Executive Director can be taken to the Board.
3. Review *Individual Health Care Plan/Emergency Response Plans* for all children enrolled with anaphylaxis (life-threatening allergies). Be trained in the use of a child's auto-injector and child-specific avoidance strategies detailed in each individual plan.
4. Review several practice drills with the Executive Director (or Designated Alternate) to learn how to improve their participation and to have their questions answered.

The Executive Director (or Designated Alternate) will show new staff the locations of:

- staff communication log book containing important information to read daily)
- emergency phone number list including:
 - the centre's location address
 - designated place of shelter
 - contact information for RM personnel
- fire alarm pull stations
- fire extinguishers
- emergency backpacks that contain child information records and staff emergency information
- first aid kits
- a copy of the enhanced safety plan
- *Individual Health Care Plan/Emergency Response Plans* for all children enrolled with anaphylaxis (life-threatening allergies) or other applicable health conditions
- adrenaline auto-injectors for children with anaphylaxis

The Executive Director (or Designated Alternate) will discuss and demonstrate to new staff:

- when to use a fire extinguisher
- how to use the PASS method in the use of a fire extinguisher

TRAINING FOR ALL STAFF

All staff will:

1. Review their actions, as well as the actions of the children, after each practice evacuation or shelter-in-place drill and discuss ways for improvement.
2. Review how to use a fire extinguisher at least once a year.
3. Be retrained in the use of a child's auto-injector and child-specific avoidance strategies detailed in each *Individual Health Care/Emergency Response Plan* for children with anaphylaxis (life-threatening allergies) at least annually.
4. Be retrained in specific plans detailed in each *Individual Health Care/Emergency Response Plan* for children with other applicable health conditions at least annually.

BOARD OF DIRECTORS ROLES AND RESPONSIBILITIES

The roles and responsibilities of Board members are outlined in our Board orientation package indicating:

1. New Board members are required to read the enhanced safety plan and to discuss it with the Executive Director (or Designated Alternate).
2. The board will review and discuss the enhanced safety plan at board meetings at least annually.
3. Board members will review annual fire, public health and child care centre inspection checklists to ensure that the Executive Director (or Designated Alternate):
 - addresses any fire safety issues
 - monitors that all procedures to control fire hazards are completed
 - makes sure all required inspections and maintenance of fire safety equipment are completed and documented as required
 - addresses any public health concerns
 - addresses any child care licensing non-compliance issues or other concerns
4. The Board will encourage staff to bring fire safety or other safety issues to their attention as stated in personnel policies, during employment orientations and during annual reviews of enhanced safety plan with all staff.

STAFF AND BOARD ANNUAL REVIEW

The enhanced safety plan will be reviewed annually at the board meeting in November by:

- all supervisory staff and Designated Alternates
- the Board of Directors

Any necessary changes or revisions will be made including:

- increases or decreases in staffing levels
- increases or decreases of licensed number of children
- changes to rooms or floor spaces occupied by the child care centre
- changes to emergency procedures

If revisions are made, new copies will be printed with the revision date and submitted to the child care coordinator for review and approval. If the revisions are related to fire safety or fire evacuation procedures, a copy will also be submitted to the fire inspector for review and approval.

The revised enhanced safety plan will be:

- distributed to all supervisory staff and designated alternates
- posted in the child care centre for reference by the fire authority
- kept in the staff communication area for easy access and review by child care staff
- reviewed by child care coordinator
- reviewed by the fire authority

The enhanced safety plan will be reviewed annually with all staff at the staff meeting in February or after revisions have been approved.

Individual Health Care Plan/Emergency Response Plans

Plans will be reviewed every year for each child enrolled with anaphylaxis (life-threatening allergies) or other applicable health conditions.

The Executive Director (or Designated Alternate) will monitor expiry dates for individual plans and epipens by ensuring program supervisors and room leaders check them regularly. As well in September of each year, at a staff meeting, the Executive Director will review all plans with all the staff and discuss if updates are necessary for the upcoming school year.