

<b>MANUAL:</b> HEALTH & SAFETY	<b>HOME SPECIFIC NAME:</b> <input type="radio"/> Fairfield Park <input checked="" type="radio"/> Brouillette Manor <input type="radio"/> LaPointe-Fisher Nursing Home <input type="radio"/> Corporate
<b>TITLE:</b> CODE GREEN – EVACUATION EMERGENCY PLAN	<b>SECTION:</b> EMERGENCY PREPAREDNESS
	<b>PAGES:</b> 7

**EFFECTIVE DATE:** JAN 2007 **REVISED:** SEPT 2013, JUNE 2014, JULY 2022

**POLICY:**

The home shall have an emergency plan for evacuation of the home.

**PROCEDURES:**

**TRAINING & EDUCATION**

Staff shall be trained on this plan upon hire and provided with refresher education annually thereafter.

Residents and/or their legal representative shall be provided with a copy of this plan upon admission

**TESTING OF PLAN**

This plan shall be tested annually.

**ACTIVATION OF PLAN**

Everyone shall be alerted to the activation of the evacuation plan, including additional staff notified to assist.

- ✓ A CODE GREEN announcement shall be made over the PA system.

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- ✓ Entities involved in or that may provide emergency services in the area shall be contacted to assist with the evacuation.
- ✓ The senior RN shall contact the Administrator immediately, if they are unaware.
- ✓ Staff will be notified of the emergency and the need for their immediate assistance. (Appendix A – Communications Contact List)

**A plan leader shall be appointed**

The person in overall charge of the emergency evacuation plan should be either the Administrator or a person delegated by the Administrator. In the absence of the Administrator or delegate, the Director of Nursing will become the plan leader. In the absence of either of the above, it will be the most senior RN on duty. The plan leader will need to obtain the yellow/orange vest and put it on, to be easily be identified.

**A control centre shall be established at emergency site**

The plan leader should designate an area in the home as the control centre until the home is evacuated (i.e. activity room, front lounge).

**Staff shall assist with the evacuation**

During office hours:

- ✓ The Administrator/Director of Operations shall be the Plan Leader or the Director of Care in their absence.
- ✓ The Director of Nursing shall assist with the evacuation or assume the Plan Leader role in the absence of the Administrator/Director of Operations.
- ✓ The RN shall gather emergency backpack and proceed to assist with evacuation. The RN shall assume the Plan Leader role in the absence of all of the above.
- ✓ All other managers and staff shall assist with the evacuation if not pre-assigned duties.

Outside of normal working hours:

The senior RN assumes the role of Plan Leader and shall designate someone to do the above tasks, until the Administrator, Director of Operations, or Director of Nursing arrive.

**A headcount shall be taken of those evacuated**

Everyone shall be evacuated to a designated gathering area initially and the location will be dependent on the circumstances (i.e. front of property by mailbox).

The plan leader will assign an RPN as a headcounter. The headcounter will take the resident list from the disaster bag to the designated gathering area and check off each resident who has been evacuated to ensure they are all accounted for.

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The headcounter will confirm that staff and visitors have evacuated by cross-checking work schedules and visitor sign in/out sheets.

**Arrangements for medical attention shall be made where needed.**

For those individuals requiring medical attention, transportation to the appropriate hospital shall be arranged. Medical documentation for residents transferring to hospital shall accompany the resident, if possible.

**Residents, staff and others shall be relocated to a pre-arranged location.**

The temporary evacuation site shall be contacted and advised the Home's evacuation plan has been activated. (Appendix B – Temporary Evacuation Site- Contact Information)

A command centre within the temporary evacuation site shall be established.

Plan Leader shall designate a person to be in charge of the temporary evacuation site and to establish a communication link. (Appendix A – Communications- Contact List).

A headcounter shall be stationed at the entrance to the temporary evacuation site and using a resident list from the disaster bag, check off the names of each resident upon arrival and once completed, confirm with headcounter from original gathering area once evacuation is completed, to ensure all residents are accounted for.

**Transportation shall be contacted to transport residents, as well as staff and others (if needed) to an alternate location.** (Appendix C -Transportation List).

The Headcounter shall document on the resident list which location the resident was transferred to: temporary evacuation site, hospital or to another location if deemed suitable.

Once all residents have been documented as having been transported out of the temporary gathering area, the two headcounters shall confirm that all residents are accounted for. Once this has been done, one of the headcounters must advise the plan leader that the evacuation is complete.

Critical medication, supplies and equipment shall be transported, if possible, to the evacuation location.

**Critical medication, supplies and equipment shall be gathered and transported, if possible, to the evacuation location.**

The plan leader shall assign a person responsible to see to the safe removal and transportation of critical medication, supplies and equipment to the evacuation location, in the absence of the Director of Care who is designated this role (Appendix D - Vital Supplies List).

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**Arrangements shall be made to ensure residents have timely access to medications that have been prescribed for them.**

Following an assessment on the extent of damage or loss of medications, the Pharmacy may need to:

- ✓ Prepare a set of MAR Sheets
- ✓ Determine which medications are required at once and fill those first
- ✓ Supply remaining prescription medications
- ✓ Supply any necessary stock drugs
- ✓ Assist in determining the best method of safekeeping medications

The Director of Nursing, Administrator or RN in Charge will then ensure MAR Sheets are given to wherever the residents are being kept i.e. evacuation site, family, hospital Food and fluid provision shall be arranged.

Following completion of the evacuation, a complete building check will be done in consultation with emergency services.

- ✓ Unauthorized persons should be excluded from the building.
- ✓ When the evacuation is complete the building should be checked to ensure that all areas are empty.
- ✓ All equipment should be turned off and the heat lowered.
- ✓ All doors and windows should be locked.
- ✓ A sign identifying the relocation area and phone number shall be posted on front & back door

The incident shall be reported to the required authorities

- See critical incident/mandatory reporting procedure to clarify if/when MOHLTC needs to be notified, along with current contact information.

**COMMUNICATION**

A media spokesperson shall be designated.

- ✓ In the absence of the Director of Operations, Administrator/Delegate, Director of Care, the Fire co-coordinator and/or Plan Leader will be in charge of handling the media.
- ✓ Factual statements shall be released to the media periodically, or in one organized press release and only by the designated spokesperson.
- ✓ Unauthorized people shall not be allowed in the building or evacuation site. (Appendix E – Media List)

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The Home shall communicate to residents, substitute decision-makers, staff, volunteers, students, caregivers, the Residents' Council and the Family Council (if any) on the emergency in the home

- ✓ at the beginning of the emergency,
- ✓ when there is a significant change throughout the course of the emergency
- ✓ when the emergency is declared over

Other individuals and entities the Home shall communicate to include but are not exclusive to:

- ✓ Resident Families/Representatives
- ✓ Ambulance/Police/Fire Department
- ✓ Hospital
- ✓ Medical Director
- ✓ Attending Physicians
- ✓ NLOT
- ✓ Pharmacy
- ✓ Ministry of Health
- ✓ Placement Services
- ✓ Media

**REPORTING**

- ✓ Complete & submit Critical Incident/Mandatory Report
- ✓ It may be necessary to complete some individual reports, depending on injuries & circumstances:
  - Situation involving resident – complete Resident Incident Report
  - Situation involving staff – complete Staff Incident Report
  - Situation involving volunteer or visitor – complete Occurrence Report

**RECOVERY**

A debrief is provided for residents, substitute decision-makers, staff, volunteers and students involved.

The Administrator or delegate will ensure resumption of regular operations of the home takes place (i.e. coordinate with managers, service providers and support workers to ensure all essential services are in place). Some guidelines to help resume operations include but are not exclusive to:

- ✓ inspecting home & approving for resident occupancy by appropriate individuals or authorities.
- ✓ notifying the Ministry about return

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- ✓ checking all operational equipment
- ✓ notifying families about time and date of return; scheduling readmission of residents who have been with families last.
- ✓ contacting staff regarding schedules for readmission
- ✓ notifying medical director and attending physicians of return date and time
- ✓ gathering up all lists of residents and equipment to be returned
- ✓ designating a central control area for returning residents, staff and equipment.
- ✓ completing a headcount of residents as they disembark from the various means of transportation and return to the home.
- ✓ ensuring that residents and equipment are returned to the appropriate areas.
- ✓ investigating any missing items immediately.

Coordination with Social Services to meet with residents, families and staff who may have experienced distress during the emergency, to offer support and resources.

## EVALUATION

The emergency plan shall be evaluated annually and updated, if needed. If the plan has been activated, it shall be evaluated within 30 days of the emergency being declared over and updated, if needed.

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