

## DEARNESS HOME POLICIES AND PROCEDURES

<b>MANUAL:</b> Emergency Management Plan	<b>INDEX NO:</b> EMP04-001		
<b>SECTION:</b> Code Green - Evacuation	<b>PAGE</b> 1 of 6		
<b>SUBJECT:</b> Code Green - Evacuation Emergency Response Plan	Implemented M / D / Y 07 01 22	Reviewed M / D / Y	Revised M / D / Y
<b>APPROVED BY:</b>			
<b>DOCUMENT APPLIES TO:</b> All Staff			
<i>A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Emergency Management Plan on Surge Learning.</i>			

### **POLICY**

To ensure the safety and continued provision of services for residents a LTCH will follow the Code Green - Evacuation Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences an emergency situation forcing the complete evacuation of the home.

### **AUTHORITY TO ORDER EVACUATION**

The Administrator (or designate as authorized by the Administrator), or the Chief Warden in consultation with emergency crews has the authority to order a total building evacuation.

### **CIRCUMSTANCES FORCING AN EVACUATION**

- Fire or smoke
- Gas leak
- Bomb threat
- Occurrences outside the home, for example:
  - Environmental spill
  - Toxic or flammable gas escape
- Natural disaster, for example:
  - Flood
  - Tornado
- Major mechanical problems, for example:
  - Loss of heat
  - Loss of water/boil water advisory
  - Loss of electricity
- Chemical spill

### **PROCEDURE**

Roles and responsibilities are detailed in this section and on the Code Green Evacuation Emergency Response Plan, Appendix 'A'.

### **EVACUATION SIGNAL**

Evacuation of the building due to a Code Red emergency will be signalled by the Chief

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Warden by activating the stage 2 alarm for the fire alarm system and followed by a “Code Green” announcement.

1. The Chief Warden will activate the stage 2 alarm by inserting the evacuation key into a nearby fire alarm pull station and turning the key to activate the stage 2 alarm.
2. Once activated, the stage 2 alarm for the fire alarm system will sound at a more rapid pace (120 strokes beats per minute (temporal pattern)).

An order to evacuate will follow any of the other emergency codes when the situation requires a full evacuation of the building. This will be communicated to the occupants of the building by the Chief Warden by announcing “Code Green” over the public address system.

### SEQUENCE OF EVACUATION

In order to ensure a timely evacuation of residents the following sequence of evacuation will be followed if practical.

1. Residents in immediate danger
2. Ambulatory residents
3. Non-ambulatory residents, including wheelchair users
4. Resistive residents

### GUIDELINES

1. Evacuate away from the area of concern. Do not go through an unsafe zone
2. Direct visitors to the nearest exit
3. Determine the best sequence for evacuating residents
4. Ensure Room Indicators are being used to identify rooms that have been evacuated
5. Assess the most appropriate methods of evacuation for each resident
6. All areas of the home may be used as temporary holding areas during a horizontal evacuation
7. Do not use elevators during an evacuation due to a Code Red emergency unless directed by the Chief Fire Official

### ADVANCED EMERGENCY EVACUATION TECHNIQUES

During a Code Green Evacuation every effort shall be made to evacuate residents as quickly and safely as possible.

There are a number of advance emergency evacuation techniques that can be used to safely assist in the evacuation of residents requiring additional assistance including:

1. Gentle Persuasive Approach (GPA) techniques
2. Emergency lifts and carries
  - i. Side-by-Side technique for semi-ambulatory residents
  - ii. Bear Hug technique for semi-ambulatory residents

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- iii. Cradle Drop, Blanket Pull for non-ambulatory residents
- iv. Extremity Carry for non-ambulatory residents

### 3. The use of evacuation aids (Evacusleds)

Only staff trained in the use of advanced emergency evacuation techniques should be assigned to evacuate residents requiring additional assistance such as non-ambulatory or resistive residents.

Never use the resident's bed during an emergency Code Green evacuation

### **EMERGENCY OPERATIONS CENTRE (EOC)**

Immediately upon implementation of a Code Green evacuation, an Emergency Operations Centre (EOC) will be established to control evacuation and communication.

The EOC will be established in a safe area having ready access to major resident areas, ease of exit and surveillance of same, and access to major communication and life-safety system controls.

The reception area of the home will serve as the default location for the EOC.

In the event that the reception area is not a safe location the Chief Warden will establish an alternate location for the EOC.

### **COMMUNICATION**

See Appendix 'C' Communication Plan

### **BUILDING ACCESS**

Access by friends and relatives and the public shall be prohibited during the emergency.

### **EMERGENCY MANAGEMENT PLAN**

1. Evacuate an EMP if possible to be referenced outside as needed

### **OFFICE RECORDS**

Office records are to be evacuated only as time and circumstances allow in the following order:

1. Time and attendance/exception sheets
2. Cash and un-deposited cheques
3. Invoices and accounts payable files
4. Receipt books
5. Administrator's personal files
6. Manager files –including employee files

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### RESIDENT CARE RECORDS

Resident Care Records must be evacuated with the resident in the following priority order:

1. Resident Admission Record Binder
2. Medication Records
3. Clinical Records
4. EMARS and ETARS documentation will acquired from an alternate site (LTCH)

### RESIDENT IDENTIFICATION

Residents will be identified by the following:

1. Each resident should be wearing an identification wrist band on evacuation.
2. The identification of the resident should include the resident's name, the home and the RHA

### MEDICATIONS

All emergency drugs, narcotics, and stock drugs will be removed by the Registered Nurse from their stored location and transferred to a safe holding area.

### MEETING AREAS

Outside meeting areas will be established for each RHA and administration area in the home. The outside meeting area established by the home should be:

1. Easily accessible from the home's emergency exits
2. Easily accessible for emergency transportation
3. Clear of egress for emergency crews responding to the home
4. Easy to monitor residents (clear of bushes, trees or other obstructions that hinder visually monitoring a group of residents with minimal staff)

### PRIMARY RELOCATION CENTRES

See Appendix 'D' Reciprocal Relocation Agreements

### EMERGENCY TRANSPORTATION

See Appendix 'E' Transportation Plan

### RELOCATION GUIDELINES

1. Residents shall be relocated to receiving facilities in the order of priority as assessed by the Chief Warden and in home staff. Those demonstrating increased anxiety, intolerance or medical need will be relocated first.
2. Handoff procedures between the evacuating and receiving home shall include staff from the evacuating facility remaining with each group of evacuated residents.
3. Resident emergencies during transport will be first responded to by staff on the transport and by calling 911 if required or the situation increases in urgency.

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4. Infection control, information security and privacy shall be maintained at all times.
5. Psychosocial support will be offered throughout the emergency.
6. Staff shall be re-assigned to relocation facilities as part of their regular position for the duration of resident relocation.

### TEMPORARY EMERGENCY LICENSES

A Temporary Emergency Licence (TEL) is issued by the Director set out in section 115 of the Fixing Long Term Care Act (FLTCA), either by email or letter, where there are emergency situations affecting a licensed LTCH that makes it necessary to move one or more residents from a “source home” to a “recipient home” to protect the health and safety of the residents.

A TEL is issued to a recipient home in two circumstances:

1. If residents are accommodated above the licensed capacity of a licensed LTCH.
2. At a New Stand Alone Temporary LTC Unit:

A TEL will be issued if residents are expected to be out of their source home for more than 24 hours. In the event of an emergency and temporary housing is needed, this temporary emergency licence remains effective until such time as the source home is safe for residents to return (for a maximum term of up to a one year).

The Administrator (or authorized designate) will arrange Temporary Emergency Licences as required.

### DOCUMENTATION

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response.

Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of 2 years.

### REPORTING

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

#### Immediately

1. An emergency within the meaning of section 268 of the FLTCA, including fire, unplanned evacuation or intake of evacuees.

#### Report Submission

Where a licensee is required to make a report immediately as identified above and it is

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after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List.