


Pending

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Code Green - Evacuation Procedures- NHNH

Introduction

The possibility of an internal or external disaster affecting the Nursing Home always exists, and with it, the potential need for evacuation of patients and/or staff from any given area of these buildings. To maximize efficiency and minimize confusion, a definitive organized plan must be followed to ensure the safety of both staff and residents.

Note: For Code Green procedures specific to Norfolk General Hospital (NGH), please refer to the "Code Green - NGH" policy in Policy Stat.

CODE GREEN - EVACUATION PROCEDURE

Homes are required under ss. 268(4) paragraph 3 of O. Reg. 246/22, to set aside the resources, supplies, personal protective equipment (PPE), and equipment vital for emergency response. At minimum, the stockpile must include hand hygiene products, cleaning supplies, and a process to ensure that required resources, supplies, PPE, and equipment are not expired.

During an emergency, traditional supply chains may break down and the demand for products may exceed supply, thereby preventing the Home from accessing essential items in a just-in-time manner to conduct business.

Goals and Objectives:

- To develop and maintain the eight-week stockpile of the critical supplies and PPE
- To develop a process to procure, store, and manage additional equipment and supplies

- To evaluate the existing system and establish a process to monitor consumption of supplies.

Internal Emergencies

The following emergency situations could result in the evacuation procedure being put into effect: fire, chemical spill, fuel, heating, water or power supply problems.

Three Stages of Evacuation

Internal Emergencies

The following emergency situations could result in the evacuation procedure being put into effect: fire, chemical spill, fuel, heating, water or power supply problems.

Three Stages of Evacuation

- Horizontal
- Vertical
- Total

Horizontal Evacuation

This refers to the movement of residents from affected area to a safer area on the same floor. The boundary between the affected area and the safe area in this case is a fire separation across the floor which has a fire resistance rating and which includes a self-closing door or doors, across the corridor.

Horizontal evacuation should be started without delay when it has been determined that the situation cannot be easily contained.

The order of evacuation should be as follows:

- Residents in immediate danger
- Ambulatory residents
- Non-ambulatory residents including wheelchair users

Vertical/Partial Evacuation

Vertical evacuation refers to the moving of residents from an affected area to a safe area on another floor below the affected floor. The boundary between the affected area and the safe area is typically determined by the fire separation between floors, such as fire-resistant walls, doors, or other structural elements designed to prevent the spread of fire and smoke. We will implement vertical/partial evacuation when it is not safe or feasible to evacuate individuals outside the building immediately, allowing for a controlled movement to a safer location within the building while waiting for further instructions or for conditions to improve

Total Evacuation

In the total evacuation every person in the building is evacuated to the outside of the building.

Control Centre

The Control Command Centre for Norfolk Hospital Nursing Home (NHNH) for will be situated in the meeting room at NHNH

Purpose

The purpose of the Evacuation Plan is to organize Nursing Home staff to mobilize with dispatch to evacuate given areas of the Nursing Home.

Initiation of the Evacuation Plan for NHHH

The decision to evacuate any floor area should be made in consultation with the Director of Care and President & CEO.

Leadership/ NHHH Director of Care , or their alternate, whenever possible. In the case of immediate, impending danger to patients and staff, a decision to evacuate an area should come from the person in authority, in the area, at the time (Incident Commander), and this decision communicated to the Hospital and/or Nursing Home President & CEO and Director of Care, or their alternate.

The Evacuation Plan may also be initiated by the Fire Marshall, the local Fire or Police Chief, or a person in authority at the Nursing Home if on off-hours, this will be the Administrative Representative On-Call).

ROLES & RESPONSIBILITIES

Chief Executive Officer or Designate

- Take complete charge in the event of evacuation.
- Put the evacuation procedure into effect in consultation with the Fire Marshall (as necessary).
- Have paged over the P.A. System: "Code Green" (to warn staff to prepare to evacuate)
- OR
- "Code Green Stat" - (crisis evacuation) and additional information as necessary. Overhead page announcement to include
 - nature of evacuation;
 - areas to be evacuated; -
 - route of egress

Contact resource people as needed stating the needs of the hospital (see External Resource List Section of the Emergency Plans Manual).

- Contact the Switchboard and direct them to call the Ambulance Dispatch Centre and inform them of the extent of the evacuation and if their assistance is needed and the emergency exit being used for evacuating patients or residents
- **Contact and liaise with the NHHH Board members** to keep them informed of the situation and evacuation status, ensuring they are updated regularly on critical actions and decisions.
- **Contact external resources** as needed, detailing the nursing home's specific needs
- **Inform family members** of the evacuation process, ensuring they are advised in a timely and compassionate manner. This includes communicating that the NHHH is evacuating and offering updates regarding their loved ones' safety.
- **Update the Leadership team** on the evacuation status and all actions taken, ensuring they are fully informed of the ongoing situation.

Director of Care

- Designate a staff member to call in off-duty staff from the short-distance list, following the action cards.
- Designate the Personnel Pool Manager and provide them with documentation forms from the

Clinical Service Office for reassignment of staff during evacuation.

- Assign one staff member to act as the recorder at all emergency exits used for evacuating residents, and at the Temporary Shelter.

The **Director of Care** will ensure that residents' files and staff time sheets are used to verify that all residents and staff have been evacuated, confirming the thoroughness of the evacuation process.

- Maintain records of all residents, ensuring up-to-date documentation.
- Ensure that all patients, staff, and residents are removed from immediate danger.
- Keep the CEO informed of the evacuation status of nursing home residents and any critical updates.

Managers/ Directors of Charge Nurse or Designate:

- Ensure the safety of residents, visitors, and staff on the nursing home units.
- Initiate and direct evacuation as necessary in the interest of occupant safety.
- Instruct staff on the IPU to open the Evacucheck markers to verify that the room has been evacuated once residents have been removed.
- Report to the Director of Care (or alternate) on the evacuation status of the nursing home unit.
- Gather residents' charts, staff time sheets, and remove them to a designated safe area.
- Conduct an accurate head count of residents and staff upon moving to a safe area.

Manager or Designate/ Director of Care or Designate

- A. Ensure the safety of residents, visitors, and staff on the nursing home units.
- B. Initiate and direct evacuation as necessary in the interest of occupant safety.
- C. Provide NGH switchboard with the residents' charts.
- D. Report to the Director of Care (or alternate) on the evacuation status of the nursing home unit.
- E. Gather residents' charts, staff time sheets, and remove them to a designated safe area.
- F. Conduct an accurate head count of residents and staff upon moving to a safe area.

Note: In the event of a fire, judgment may be necessary in deciding which action is most appropriate in any given situation. The selection should always be the one that achieves the greatest protection for residents.

Switchboard:

For both NGH and NHH, the process to reach switchboard is the same, dial 1-911 and Switchboard will follow the same procedures during an emergency evacuation:

- A. Call the Fire Department, report the emergency situation, and provide the location.
- B. Keep the patients' register Kardex, resident charts and condition sheet in your possession at all times.
- C. Keep telephone lines open for emergency calls.
- D. Place all calls as directed by the Chief Executive Officer (or alternate).
- E. Man the switchboard until the last patient or staff member leaves the building, unless the emergency directly threatens the switchboard department. If evacuation of the switchboard becomes imminent, call the Chief Executive Officer (or alternate) and report the status.

Maintenance and Facilities

- Turn on walkie talkies
- Contain emergency situation
- Inform the Chief Executive Officer of the extent of the situation and the type of evacuation and the direction of evacuation. (Dial 1-911 on any hospital telephone to get a message to switchboard. Switchboard will then relay the message to the Chief Executive Officer).
- If external air exclusion is necessary, all supply and exhaust air handling systems will be shut down

Other Department Heads

- Ensure the safety of patients, visitors and staff in your department.
- Appoint one staff member as messenger for interdepartmental communications.
- Initiate and direct evacuation of department as necessary in the interest of occupant safety.
- Report to the Chief Executive Officer (or alternate) of evacuation status. (control)
- Gather staff time sheets and patients' records (as practical) and take them to safe area.
- Assign all staff who are not involved in evacuation duties in the department to the Personnel Pool.

Security Team

- The Security person will be assigned to main lobby door and will be responsible to direct Fire department or Police to the affected area. Other teams will be stationed at perimeter doors to limit access.

All Staff on Duty

- Await instructions from your Department Head (or alternate).
- Assist in evacuation of staff and patients as instructed by Department head or alternate.
- Emergency Lifts and Carries Use the appropriate lifts and carries for evacuation of patients as demonstrated in "Emergency Lifts and Carries" classes.

Discharges

In the event of an evacuation, it may become necessary to discharge patients' home or into the care of relatives, thus reducing the number to be transferred to other Health Care facilities. Discharges during an evacuation will be handled through the NHH meeting room or the recreational room.

Relatives, who have been contacted to transport discharged residents, will be instructed to park in the Robinson St. parking lot until such time as the resident is ready to be transferred to their vehicle.

Residents transferring to vehicles will do so at the main entrance located on Robinson St. Vehicles will be directed to and from this exit in an orderly fashion so as not to disrupt traffic flow to the Hospital.

Should the Home be considered unsafe residents will be transferred to an interim location for pickup, as per the Resident Transfer section to follow.

Resident Transfers

- Residents requiring transfer to other facilities, and with no requirement for emergency treatment, will be assembled in NHH Activity Room, to await transportation to interim facilities, Bus and Wheelchair Van transport will then be loaded outside the main entrance off of Robinson Street.
- Residents requiring emergency medical treatment, or with serious medical conditions, will be transferred to the NGH Emergency Room area for transfer by ambulance to other Medical facilities. Ambulances will be loaded outside the Emergency Room Area or the West St. entrance of the Hospital, that is used for Patient Transfer ambulances
- In case In the Nursing Home, residents will be assembled in the lower floor activity room to await transport to other facilities by means of buses or wheelchair vans. Vehicles will be loaded at the entrance off of Elgin Ave. Should the Nursing Home be considered unsafe, residents will be evacuated to the Hospital Conference rooms in wing G, whichever is deemed appropriate at the time.

Resident Charts

As residents are being evacuated from a given area, and as time allows, each resident's chart and records should be placed in a large envelope clearly marked with the resident's name. Additionally, a current photo of the resident should be attached to the outside of the envelope for identification purposes. This package, including the resident's photo, should accompany the resident to the receiving institution to facilitate ongoing care and ensure proper identification throughout the evacuation process..

Where possible, sufficient supplies and medication should be drawn from stock to accompany the residents. This will prevent a drain on inventories at receiving facilities.

Transfer Facilities

The Admitting office staff will coordinate the arrangement of transfer facilities during the initial stages of the evacuation. The following is a list of possible transfer facilities that should be contacted in the event of an evacuation;

Hospital Facilities

- Hagersville Hospital 1-905-768-3311
- Tillsonburg Hospital 1-519-842-3611
- Brantford General Hospital 519-751-5544
- Haldimand War Memorial Hospital 1-905-774-7431

Nursing Home Facilities

- Norview Lodge 519-426-0902
- Cedarwood Village 519-426-8305
- Delhi Nursing Home 519-582-3400
- Port Dover Health Care Center 519-583-1422
- Norcliffe Life Care Center 1-905-768-1641
- Caressant Care Courtland 519-688-0710

Interim Facilities

- Royal Canadian Legion - Simcoe 519-426-3804
- Simcoe Armouries 519-426-3493
- Simcoe High School 519-426-4664

***Note** Other Medical and Nursing Home facilities are listed in the Hospital telephone directory.

Transportation

The following is a list of transportation facilities that will be contacted in the event of an evacuation:

- **Ambulances**
 - Norfolk Fire and EMS 9-911
- **Wheelchair Vans**
 - Norview Lodge 519-426-0902
 - Norfolk Association for Community Living 519-426-5000
- **Buses**
 - Sharp Bus Lines 519-426-0050
 - Overland Tours 519-426-4777
 - Wills Bus Lines 1-800-897-5150
 - Cardinal Tours 1-800-263-2016
- **Cars**
 - Royal Canadian Legion 519-426-3804

NORFOLK HOSPITAL NURSING HOME EVACUATION CONSIDERATIONS:

- ◦ If in the opinion of the Director of Care/Assistance Director of Care/ designate or Charge Nurse or representative of the Fire Department, it is necessary to evacuate residents from the entire building, Code Green will be paged 3 times.

- It is standard procedure to evacuate the immediate fire area to the area behind the first set of fire doors. The following steps are then to be taken:
- - Every room and washroom are to be checked for residents and staff.
 - When it is ascertained that no one is in the room, the evacucheck sign is turned at the bottom of the door.
 - It is essential that tub rooms and other non-resident rooms be checked as well

Residents are evacuated in an orderly fashion using the following criteria:

- Areas closest to the danger area are cleared first
- Residents are removed from the most ambulatory to the least ambulatory in sequence to save as many lives as possible (ambulatory, wheelchair, bedridden, aggressive/resistive)
- Residents who struggle and fail to co-operate will be left to last, again to ensure that as many residents as possible are rescued.
- One staff member or delegate shall remain outside the evacuation area to prevent panic and keep residents from returning to the building.
- One staff member shall assume responsibility for directing the evacuation and is given an area to minimize confusion and consequent danger vi. Identification of evacuated residents is essential to ascertain that all are accounted for – current resident list must be kept updated and accessible.

If evacuation of the home is to be prolonged, disaster plan for housing residents etc. Shall be initiated.

No staff or resident shall re-enter the building until the safety of the home is ascertained by the Fire Department

EVACUATING THE NHHH:

- - Notify the Ministry of Long-term Care AND Ontario Health (see emergency phone numbers)
 - Ensure that one person has overall charge of the plan (Director of Care or designate, i.e. Charge Nurse)
 - Designate the Command Centre which will be located in the NHHH meeting room area.
 - Staff Deployment: The Incident Commander/Admin- On Call or Designate may activate the hospital's Emergency Fan-Out Notification System at any time. Staff may be expected to respond to an incident after-hours. Upon confirmation of availability, the Incident Commander/ Admin- On Call or Designate will delegate a staff member to make calls according to the fan-out call list (which each department has a responsibility to maintain and keep updated every time a PAF is sent out upon hire and upon termination).
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- Staff will report to their assigned duty stations within the designated time frame established by the Incident Commander/ Admin- on Call or Designate.
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- In the event of multiple incidents requiring simultaneous deployment of personnel, the Incident Commander/ Admin- on Call or Designate will ensure fair and equal distribution of staff resources among the incidents.
- Call in staff as appropriate for evacuation assistance and as necessary to the command centre.
- Additional staff shall be sent from NGH to assist NHHH with the evacuation.
- Delegate one staff member in each area the responsibility of maintaining a resident head count.
- Find out where evacuees are to go and document their relocation.

- Assign staff being relocated to residents being evacuated to accompany residents to their receiving home.
- Establish liaison with administration of receiving home.
- Ensure those residents requiring special medical attention are designated to go to the appropriate home.
- Ensure sufficient medical documentation accompanies residents. (Charts, medication lists, care plans)
- Keep residents completely informed of the situation.
- Decide how the individual residents are to be transported.
- Assign necessary personnel to the appropriate means of transportation.
- Assign personnel as appropriate to inform families of situation, by telephone.
- Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident receive the necessary medications and equipment and are requested to leave a forwarding address.
- All persons entering and/or leaving an emergency shelter will be checked in and out to maintain control and knowledge of people there. Implement sign in and out sheets.
- Residents may be picked up and signed out by family members at the relocation site.
- Make a list, by department, of the necessary equipment to be evacuated
- Contact Roulston's Pharmacy immediately to inform them of the evacuation and request any necessary medications, supplies, or pharmaceutical support for the evacuated residents. Ensure that the pharmacy is aware of the number of residents being evacuated and any specific medication requirements.
- Coordinate with the pharmacy to ensure that medications accompany residents during the evacuation or are provided at the receiving institution as needed.
- Double check all evacuated areas to ensure they are cleared.
- Restrict building to authorized persons only. ID must be provided to enter the home.
- Assign personnel as appropriate to handle telephone inquiries from families. Ensure proper messaging has been received from head office (VP Ops or designate.)
- Notify Medical Director and attending physician(s) of the situation.
- Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.
- Ensure residents being evacuated are properly clothed and covered as appropriate.
- Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
- Ensure that all evacuated areas are sealed off, appropriately secured, and barricaded as necessary.
 - Residents located on Level 2, North side during inclement weather shall be evacuated through the south corridor.

Residents located on Level 2, North side during non-inclement weather shall be

evacuated through stair 1 exit or south corridor.

- Residents located on Level 2, South side for both inclement and non-inclement weather shall be evacuated through stair 2, pedestrian walkway, or north corridor.

Residents located on Level 3, North side for both inclement and non-inclement

weather shall be evacuated through stair 1 exit or south corridor.

Residents located on Level 3, South side for both inclement and non-inclement weather shall be evacuated through stair 2, pedestrian walkway, or north corridor.

- - Notify police that building is evacuated or with minimal staff on duty.
 - Post signs on door indicating whereabouts and phone number.

EQUIPMENT AND NECESSITIES TO BE CONSIDERED FOR EVACUATION OF RESIDENTS:

- Medications (charts, carts, etc.)
- Resident Care Plans
- Resident Medical charts
- Adequate blankets and bedding, towels, wash cloths etc.
- Resident's medical care appliances as necessary (oxygen, wheelchairs, canes, walkers etc.)
- Resident's personal clothing and grooming aides
- Adequate supplies of food
- Staff phone lists
- Family phone number lists
- Adequate recreational supplies and physiotherapy equipment
- Ensure that all records and documents left behind are properly secured

RETURNING TO THE EVACUATED HOME:

- Building must be inspected and approved for resident re-occupancy by appropriate individuals or authorities.
- Notify Ministry of Long-Term Care and Ontario Health about return.
- Check all operational equipment to ensure all make-up air/HVAC units are operating normally.
- If possible, arrange for a meal or snack for returning residents.
- Notify families about time and date of return.
- Schedule re-admission of residents who have been with families, last.
- Contact staff regarding scheduling for re-admissions.
- Gather up all lists of residents and equipment to be returned.
- Notify Medical Director and attending physicians of return date and time.
- Designate the command centre for returning residents, staff, and equipment.

- The Director of Care/Assistance Director of Care or delegate should be made responsible for returning traffic.
- Double check and identify residents as they disembark from the various means of transportation.
- Ensure checklists of residents and equipment are continually updated.
- Ensure that residents and equipment are returned to the appropriate area.
- Investigate missing items immediately.
- Establish regular routines as soon as possible

RECOVERY:

Thank everyone:

- residents who have been inconvenienced
- staff who helped
- volunteers
- families
- media
- government agencies
- receiving facilities
- ambulance, police, and fire bus service
- Notify Ministry of Long-Term Care of residents with updates
- Take inventory of all linen, supplies and equipment to assess loss and ensure adequate supplies.
- Establish additional staffing costs and costs of evacuation
- Residents will be assessed as necessary, and support will be provided to any residents, team members or anyone who experienced any distress due to the emergency.

References:

- WHGH Code Green Policy
- Code Green Evacuation Procedures-NHNNH
- IMS Policy-NGH
- NGH Code Green Policy
- NHNNH Disaster Management Plan
- Belmont House Emergency Plan
- Cambridge County Manor Emergency Preparedness Plan

