



EMERGENCY EVACUATION PLAN

Code GREEN: Evacuation

Pioneer Manor, Long-Term Care Home
960 Notre Dame Ave, Sudbury



Code Green/Evacuation/Modified/June 2022

Emergency Evacuation Plan

Table of Contents

1.0	Introduction	1
2.0	Implementation of the Emergency Evacuation Plan	1
2.1	Training & Education	1
3.0	Types of Evacuation	1
3.1	Partial Evacuation	1
3.2	Complete Evacuation	1
3.3	Exits	1
4.0	Order of Evacuation	2
4.1	Persons	2
4.2	Rooms	2
5.0	Communication Procedures	2
5.1	Paging Procedures	3
6.0	General Evacuation Procedures	3
6.1	Upon Notification of a Code Green: Partial Evacuation	3
6.2	Upon Notification of a Code Green: Complete Evacuation	4
6.3	Post-evacuation Procedures	4
7.0	Emergency Transport of Persons	5
7.1	Ambulatory	5
7.1.1	Simple Assist	5
7.1.2	Walker/Wheelchair Assist	6
7.2	Non-Ambulatory	6
7.2.1	Extremity Carry	6
7.2.2	The Cradle Drop	6
7.2.3	The Blanket Lift	7
7.3	Evacuscape	7
	Chair	7
8.0	Evacuation Exercises	7
8.1	Table-Talk Evacuation Exercises	7
8.2	Mock Evacuation Exercises	7
FORMS		
	• Data on Incoming Evacuees= Health Status	
	• Temporary Discharge	

1.0 ***Introduction***

The Emergency Evacuation Plan is a component of the overall Emergency Plan and provides guidelines, processes, and techniques to facilitate an effective evacuation of any occupant of the Home during a disaster situation. Evacuation orders may be issued due to a fire, smoke, bomb threat, hostage taking situation, or other internal/external emergency.

Refer to section one of the Emergency Plan for more information regarding contact information, the building audit & systems, communication procedures, fan-out procedures, designated positions/locations, rescue markers, and the emergency kit.

2.0 ***Implementation of the Emergency Evacuation Plan***

2.1 **Training & Education**

Emergency Evacuation training for all staff and volunteers is delivered at a minimum bi-annually and may include but not be limited to in-class presentations, area/classification specific training, table-talk drills & discussions, and mock scenarios. All newly hired staff receive emergency evacuation education at orientation.

Residents/families, volunteers, students, and tenants receive emergency evacuation training by participating in the Home's bi-annual mock evacuation exercises.

3.0 ***Types of Evacuation***

The type of evacuation may vary depending on the situation and are classified as follows:

3.1 **Partial Evacuation**

A partial evacuation will be ordered to move occupants from one area of the Home to another area of the Home and/or outside. The evacuation may be:

- a) horizontal: moving persons from one area to another area on the same floor or outside; or
- b) vertical: moving persons from one floor to another floor using stairwells - **do not use elevators**

3.2 **Complete Evacuation**

A complete evacuation requires all occupants to be evacuated to the outside leaving the building vacant.

3.3 **Exits**

It is important that all exit doors of the building be kept clear of any obstacle at all times (especially in winter), and in good working order.

4.0 **Order of Evacuation**

4.1 **Persons**

Persons should be evacuated in the following order as realistically possible:

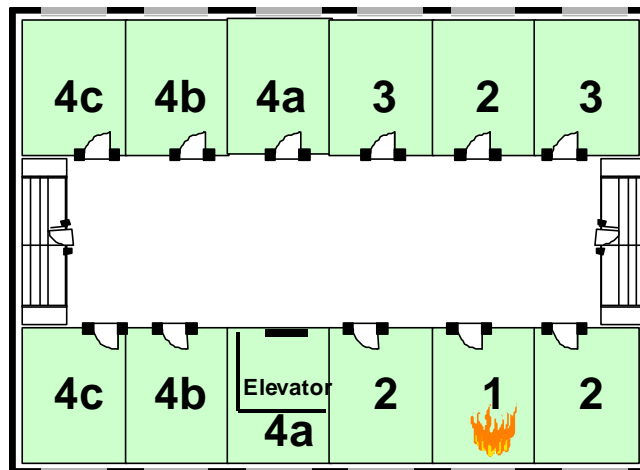
1. Persons in immediate danger
2. Persons who are ambulatory (can ambulate on their own or with little assistance)
3. Persons in wheelchairs
4. Persons who are non-ambulatory
5. Persons who are resistive who are not in immediate danger

Pets: The priority for evacuation is to remove all persons from immediate danger. Once all persons are safely evacuated, pets may be evacuated provided this does not put anyone at risk of harm.

4.2 **Rooms**

In the event of a fire, rooms should be evacuated in the following order (refer to the diagram herein):

1. The room that is affected by fire/smoke, bomb, hostage taking, or other disaster, including any room that is adjoined by a bathroom.
2. The rooms adjacent to the right and left and across from the disaster affected room.
3. The rest of the rooms following the order as shown in the diagram below.



5.0 **Communication Procedures** - Refer to section 7.0 of the Emergency Plan.

Code Green will communicate an evacuation order. If the affected area is Cedar for example, the area will be announced over the paging system **three times** as follows:

Partial Evacuation: "Code Green, Cedar, horizontal to Cranberry"
Complete Evacuation: "Code Green, Complete Evacuation Outside"

5.1 **Paging Procedures**

- a) Lift the receiver and dial 5558
- b) Dial 00 and two beeps will sound - the paging system is now activated
- c) Speak loudly and clearly while making the announcement
- d) Hang up

6.0 **General Evacuation Procedures** - Refer to Appendix A of the Emergency Plan for detailed information on the assignment and roles of designated persons responding to a fire/smoke.

The assessment and issuance of evacuation orders will be done generally by the Nursing Supervisor who is the designated Emergency Control Officer. Refer to each emergency code protocol for procedures on issuing evacuation orders as these will differ dependent on the situation, e.g. fire/smoke, bomb threat, hostage taking, internal/external emergency.

Depending on the severity and the time of day the disaster occurs, the fan-out procedures may be initiated to assist in the evacuation of residents (refer to the *Fan-Out Procedures* section of the Emergency Plan).

If there is a need to evacuate outdoors, ensure persons exit the building to the outside perimeter - do not evacuate persons into courtyards or onto balconies unless there is absolutely no other safe means of exiting the building.

The Manager of Resident Care or the Nursing Supervisor contacts the pharmacy and oxygen service providers to initiate the delivery of medication and/or oxygen to evacuated site/s. Providers emergency procedures and contact information kept in the on call binder

6.1 **Upon Notification of a Code Green: Partial Evacuation**

1. The Emergency Operations Team (as available) will assist staff in the affected area to evacuate persons to the receiving area.
2. Depending on the severity of the situation, staff in the affected area evacuate residents according to the room evacuation order diagram, over one set of smoke barrier doors or down the stairs to the next level and then return immediately to the affected area to evacuate others in the same fashion. If residents need to be evacuated outdoors, they should be wrapped with a blanket if available.
3. Members of the Emergency Operations Team and other staff, students and volunteers available at the scene will then move evacuees in groups beyond the next smoke barrier doors (if any) or to the receiving centre directly if possible.
4. After each room is evacuated, the door is closed and both rescue markers are positioned to indicate the room has been evacuated. (Refer to the *Rescue Marker* section of the Emergency Plan).
5. The registered staff in charge of the area being evacuated will (or designate someone to):

- a) retrieve all resident charts and transport them to a safe area using available bins (laundry carts, clean garbage bins, pillow cases, sheets..);
 - b) retrieve the medication cart and MAR sheets if possible;
 - c) shut off oxygen and plan for alternate means of providing oxygen to residents in need;
 - d) Upon arrival at the receiving centre, s/he will assist in assessing the health status of all evacuated residents and document on emergency forms and coordinate the temporary discharge of residents taken home by families ensuring that each resident is properly identified and medications accompany the resident (refer to the Forms section herein).
6. Upon arrival at the receiving centre, residents will be identified with a stick on name tag. Each evacuee's health status will be assessed by a registered staff person. Those in need will be referred to the attending physician. Those requiring acute care will be transferred to hospital.
 7. All staff, volunteers, students, and visitors who assisted in the evacuation will report to the receiving centre for a census and health status assessment. The RN/RPN in both the affected and receiving areas will conduct the census to ensure all persons are accounted for and are appropriately attended to. Employee schedules and assignment sheets as available may be used to facilitate this process.
 8. An Emergency Operations Team member will retrieve the emergency kit and after distributing supplies to the receiving centre, s/he will report to the Emergency Operations Centre.
 9. Food services will provide hot and cold beverages initially and will evaluate and coordinate the delivery of food services accordingly.
 10. The Communication Officer will continue to page "*Everyone is to remain on Code Green alert*" until the code is cancelled.
 11. The Emergency Operations Team and emergency response personnel will coordinate with the assistance of local community partners, necessary transportation and lodging of residents.

Contingency evacuation plans will vary depending on the severity of the disaster, the time of day and time of year the disaster occurs. Available means and resources will be utilized to assist in maintaining the health & safety of all residents and staff post-evacuation.

6.2 Post-Evacuation Procedures (to a partial evacuation)

The Emergency Operations Team will convene in the Emergency Operations Centre and assist emergency response personnel. A member will retrieve a copy of the Emergency Plan & drawings (located in locked boxes at the Notre Dame and the Mallard entrance).

If the affected area cannot be re-occupied within a reasonable time frame, the Team will assess the need for:

- a) equipment and supplies for the receiving centre (beds, commodes, privacy screens, linen, medication, records, personal clothing, etc.)
- b) food services for the evacuees & putting food suppliers on stand-by
- c) communication to families and media

- d) temporary discharges of evacuees to families
- e) security at entrances/exits and monitoring flow in and out of the building
- f) conducting hourly head counts
- g) obtaining resident mobility reports to assess transportation needs pending orders for complete evacuation
- h) putting community partners on stand-by for potential evacuation orders, e.g. hospital, ambulance & other transportation companies, community receiving centres (Data Taxation Centre, local long-term care facilities), other.
- i) assigning volunteer wardens to the receiving area(s) with a fluorescent vest to monitor the flow in and out of the area
- j) conduct regular meetings to ensure all areas receive accurate updates
- k) provide crisis intervention services for residents and staff

The Emergency Operations Team will assign a Volunteer Coordinator to coordinate and assign tasks to staff, volunteers and other persons coming in to assist with the emergency. Tasks may include guarding exits/entrances and floors (as wardens), assisting with moving furniture, delivering supplies/linens, communicating information to all areas, contacting families, etc.

7.0 ***Emergency Transport of Persons***

7.1 AMBULATORY PERSONS

7.1.1 **The Simple Assist** (one and two person technique)

When there is room for two people to move side by side and the resident can support his/her weight but needs support and help to move quickly, this simple method can be used.

- a) Standing beside the resident, wrap his/her nearest arm behind you WAIST and pull it snug towards your waistline;
- b) Place your free arm firmly around the resident's waist. In this way you can move quickly with little danger of falling. Use a transfer belt if readily accessible.



7.1.2 Walker and Wheelchair Assist

Residents who have walkers with seats can be seated on their walker or placed in their wheelchair and wheeled out. Ensure the resident is holding on to the handles of the walker for safer transport.

Do not evacuate residents down the stairs in their wheelchair or on a walker. Use the Blanket Lift technique (see below).

7.2 NON-AMBULATORY PERSONS

7.2.1 The Extremity Carry (two person technique)

The extremity carry is a fast method for two people to move a resident through a narrow exit passage.

- a) One rescuer brings the resident to a sitting position and from behind the resident, wraps his/her arms under the resident's axilla and grabs his/her own wrists above the resident's chest;
- b) The second rescuer positions him/herself between the resident's legs back facing the resident; then grabs each leg.
- c) With all persons facing the same direction, the resident can now be carried forward.



- d) To unload the resident, the rescuer holding the resident's legs stoops with one foot about 6 inches back of the other and lowers the resident's legs to the floor;
- e) The other rescuer allows the person to slide down until the person's buttocks and then back are on the floor.

7.2.2 The Cradle Drop (one and two person technique)

The Cradle Drop technique is useful if a rescuer is alone.

- a) The rescuer locks the bed and places a blanket on the floor parallel with the bed;
- b) The rescuer slips one arm under the person's neck, grasping the far shoulder; and slips the other arm under the person's knees;
- c) With both feet on the floor about 6 inches apart, the rescuer pulls the person closer to the edge of the bed;
- d) At the moment when the person's lower extremities start to drop off the bed, the rescuer drops to one knee (the knee closest to the person's knees is bent to the floor);
- e) The rescuer's knee that is closest to the person's torso is raised and ready to accept the person's body as it slides down onto the raised knee;
- f) The person is then slowly positioned onto the blanket;
- g) To transport, the person's shoulders and head must be lifted off the surface of the floor.

7.2.3 **The Blanket Lift - for vertical evacuation** (two person technique)

This Blanket Lift should be used as a last resort. The lift is an effective method for transferring persons down stairwells if elevators cannot be used and evacuation to another floor is necessary.

- a) The person is placed on a blanket or other bed linen as available;
- b) Both sides of the blanket are rolled up close to the person's body to simulate a stretcher;
- c) One rescuer grasps the blanket on both sides close to the head of the person and the other rescuer does the same at the person's feet;
- d) The person is then dragged to the stairwell and very slowly, head first, the rescuer positioned at the head of the person begins to descend the stairs using gravity to assist in the transfer while the other rescuer guides the feet.

The rationale for going down head first is to avoid the person from grabbing and getting their arms stuck in the railings if they panic and begin to flail their arms around. The rescuer who goes down first has the majority of the person's weight at their waistline which minimizes the risk of back injury to the rescuer and provides balance.

7.3 **Evacuscape Chair – for vertical evacuation down a set of stairs**

The evacuscape chairs are located throughout the building stairwells and can be used to evacuate residents down flights of stairs in a safe and comfortable manner. They are designed to carry up to 362 LBS and managed by one staff member.

For training and proper use of the chair, the video can be found in ELinks under Staff Training/Training Videos, or use this link: [Evacuscape Chair Training](#)

8.0 ***Evacuation Exercises***

8.1 **Table Talk Evacuation Exercise**

Table talk evacuation exercises are conducted by members of the Emergency Preparedness Team. Team leads conduct class-room type training with staff and tenants in their work areas. Topics may vary depending on identified training needs required by staff throughout the year. Table talk evacuation exercises involve verbally leading staff through a disaster scenario and discussing appropriate responses according to the emergency evacuation plan. Staff roles and responsibilities are discussed and staff have the opportunity to ask questions and share their concerns or suggestions to improve the plan.

8.2 **Mock Evacuation Exercise**

Mock evacuation exercises are conducted every year. The evacuation forms part of the annual inspection required described in the Fire Code. The Emergency Preparedness Team coordinates the event with the assistance of local schools, and emergency services. The type and extent of the evacuation exercise is determined based on the training needs of the staff and on the availability of emergency response services.

FORMS

- [*Data on Incoming Evacuees: Health Status*](#)
- [*Temporary Discharge*](#)