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| JOHN NOBLE HOME Emergency Manual | DIVISION: Emergency CATEGORY: Evacuation – Code Green | POLICY NO: 4-A-10 |
| ISSUED BY: Emergency Planning Committee | SUBJECT: Evacuation Order | PAGE NO: 1 of 1 |

POLICY: The Home shall have a plan for evacuation of residents and staff during an emergency situation.

PURPOSE: To ensure the safe and secure exit of residents and staff from an affected area during an emergency situation.

1. DEFINITIONS:

Unplanned Evacuation: an event occurs within the Home requiring immediate response to remove residents and staff from the area. Examples: Fire, Smoke, Flood, Explosion, Gas Leak, Bomb Threat, Arson Threat, Outside Occurrence (i.e. tanker truck explosion, plane crash).

Planned Evacuation: an event occurs within the Home that requires response, however there is time to plan and systematically execute an evacuation of residents and staff from the area. Examples: Loss of all power for extended period of time, flooding, contamination of food, disease outbreak.

Partial Evacuation: the evacuation from a room or area of the Home where an emergency situation has occurred.

Total Evacuation, the evacuation of all residents and staff from the Home due to the extensiveness of the situation.

2. ORDER TO EVACUATE:

The order to evacuate either partial or total may be given by the Administrator/Delegate or by the Emergency Response Team (Fire/Police).

In all instances of an Unplanned Evacuation the Fire Alarm will sound and a Code Green will be announced indicating the type of emergency and the location. In a Planned Evacuation the Fire Alarm system can be utilized or an announcement made using our PA system.

When a Partial Evacuation or Total Evacuation is ordered, residents and staff are to be moved to an area free of danger to wait transfer to an emergency shelter location. The Home has written arrangements with the following organizations to provide temporary shelter for our residents. (Refer to 4-A-40 Appendix A-Emergency Shelter Plan).

The Administrator or delegate will coordinate the relocation and transportation of residents and staff to the emergency shelters

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| JOHN NOBLE HOME Emergency Manual | DIVISION: Emergency CATEGORY: Evacuation-Code Green | POLICY NO: 4-A-20 |
| ISSUED BY: Emergency Planning Committee | SUBJECT: Responsibilities of Staff During an Evacuation | PAGE NO: 1 of 2 |

POLICY: The Home shall designate each staff member to specific responsibilities during an evacuation.

PURPOSE: To ensure the safety of all residents, staff and visitors.

EVACUATION CHARGE PERSON (Administrator or designate):

1. Determine the extent of evacuation- partial or total and notify John Noble Home authorities to give the **order to evacuate (partial or total) and if necessary, to activate the Emergency Staff Call-in System.**
2. Delegate a **Command Centre Charge Person.**
3. Go to and remain at the evacuation site.
4. Establish communication with Command Centre.

CHARGE PERSON OR DELEGATE RESPONSIBLE FOR RESIDENT CARE AREAS AND NON-RESIDENT CARE AREAS:

1. Remain at the evacuation site
2. Prepare residents for evacuation.
3. Choose exits or alternative escape routes and ensure that routes are clear of obstruction.
4. Assign staff members to activate evacuation of residents, staff and visitors.
5. Assign a staff member to check the floor for evacuation of all residents, staff and visitors.
6. Ensure that evacuated rooms are so indicated with the door closed and the door marker flipped to display only white. *Do not allow the resident to re-enter the room.*
7. Assign a staff member(s) to take an emergency census of all persons in the area(s). Send the emergency census to the Command Centre via runner.
8. Ensure that there is no unauthorized entry to the evacuation area.
9. Before leaving the evacuation area, secure the area and turn off or shut down the appropriate equipment, if possible.

COMMAND CENTRE CHARGE PERSON (to be delegated):

1. Stay at the Command Centre and maintain communication with the Evacuation Charge Person.
2. Call elevators to the 1st floor, if possible.
3. If evacuation is ordered, make the following public address system announcement, three times:
“CODE GREEN – ALL PERSONS WITHIN _____ AREA WILL RELOCATE TO (HOLDING AREA)”

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4. Give instructions/delegate tasks to ensure the front entrance is unlocked and main entrance is cleared of traffic likely to block arriving emergency vehicles.
5. Delegate an assistant and work with assistant to direct incoming staff.

STAFF REPORTING TO THE COMMAND CENTRE MAY BE ASSIGNED TO:

1. Supervise in the holding areas.
2. Monitor each exit used as an evacuation route.
3. Operate elevators.
4. Load residents and equipment on buses.

SECURITY AND TRAFFIC CONTROL:

1. Staff are required to show their ID cards to enter the facility.
2. Police have agreed to assume all duties re external control, setting roadblocks (if required), and regulation of entry onto premises.

EVACUATION OF RECORDS:

Resident Care Coordinator/or delegate will coordinate the removal of records according to unit plans or the following plan.

Nursing supplies and records must be evacuated after the resident in the following priority:

1. Medical Records - Resident Chart (binder), Computer Tablet, Medication and Treatment Administration Records (MARS AND TARS).
2. Medication Cart
3. Resident Sign-Out Book
4. Other documentation, etc., as time permits.

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| JOHN NOBLE HOME Emergency Manual | DIVISION: Emergency CATEGORY: Evacuation- Code Green | POLICY NO: 4-A-30 |
| ISSUED BY: Emergency Planning Committee | SUBJECT: Evacuation Techniques | PAGE NO: 1 of 2 |

POLICY: The Home will maintain written instruction on how to evacuate residents, visitors, and staff.

PURPOSE: To ensure the safe and quick evacuation of the Home.

ORDER OF EVACUATION:

1. Remove residents in immediate danger.
2. Remove ambulatory residents. Under the supervision of designated staff members, ambulatory residents may be walked to the most remote safe zone on the same floor (**Horizontal Evacuation**) and will be in a position for (**Vertical Evacuation**), if necessary.
3. Remove wheelchair residents to a predetermined safe zone.
4. Remove non-ambulatory resident via stretchers, etc., to a predetermined safe zone. (Stretchers are hanging on the stairway walls)

Note: The person in charge of the affected unit will be responsible for resident safety. The person in charge will communicate with and receive direction from the Command Centre, as long as it is safe to maintain contact.

METHOD OF EVACUATION:

If time permits, residents should be evacuated with a blanket and appropriate clothing. Residents will be evacuated according to their physical condition, in the following order.

1. Independent ambulatory.
2. Assisted ambulatory.
3. Requiring wheelchair.
4. Bed resident.
5. Uncooperative.

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TYPES OF EVACUATION:

Horizontal Evacuation is the most common form of evacuation. It is moving the residents from an affected area to the nearest safe zone/areas beyond the fire doors on the same floor. Fire doors have a resistance rating of 45 minutes, in the event of a fire. Movement of residents will be horizontal, rather than vertical, wherever possible.

Vertical Evacuation, should be the exception. It is the moving of residents to a floor below the danger area, but never to a basement level. This should only become necessary when an entire floor is threatened. Elevators are not to be used unless authorized by the Administrator or designate. If at all possible, a stairwell should be reserved for upward movement of emergency personnel.

Total or Premise Evacuation, is the most serious. It is the complete removal of residents and staff from the building to another facility. The order to evacuate the premises will come from the Administrator or delegate. Along with the order to evacuate will come relocation instructions, i.e., a local hospital, another long term care facility, and transportation instructions, i.e., Day & Stay Centre bus.

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| JOHN NOBLE HOME Emergency Manual | DIVISION: Emergency CATEGORY: Evacuation- Code Green | POLICY NO: 4-A-40 |
| ISSUED BY: Emergency Planning Committee | SUBJECT: Evacuation - Holding and Relocation Areas | PAGE NO: 1 of 1 |

POLICY: The Home shall have a plan for placement of residents during an evacuation.

PURPOSE: To ensure the safety and security of residents during an emergency situation.

JOHN NOBLE HOME HOLDING AREAS: If possible, residents will be evacuated to holding areas within the Home, then to the outside, if necessary.

The following are possible holding areas:

1. Noble Hall
2. Day & Stay Centre
3. Bell Court empty end of unit
4. Bell Lane Terrace Community Rooms, Floor 1 & 2
5. Davis Court Courtyard
6. Outside, lawn adjacent to the Bell Court parking lot
7. In inclement weather the Home may choose to utilize the services of a busing company to temporarily hold residents

RELOCATION CENTRES OUTSIDE THE HOME: Permission has been received from the proper authorities to use outside holding areas as outlined in Appendix A. The Evacuation placement Form (Appendix B) will be utilized to report emergency placement to the governing bodies listed on the form.

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APPENDIX A

Brant County LTC Emergency Shelter Plan 2018-2021

| Facility & Address | Emergency Contact | Alternate Contact | Square ft. | # of residents | Provide Food Y/N | Provide Beds | Provide Bathrooms | Other |
|---|--|---|------------|----------------|------------------|---------------|-------------------|--|
| Brierwood Gardens Seniors Community 425 Park Road N. Brantford ON N3R 7G5 Facility: 519-759-1040 Fax: 519-759-5343 | Brenda Nadeau, Executive Director Facility: 519-759-1040 ext 2002 | Paula Duarte, DOC Facility: 519-759-1040 x 2003 | 1225 | 15 | Yes | No | Yes | |
| St. Joseph's Lifecare Centre 99 Wayne Gretzky Parkway Brantford ON N3S 6T6 Facility: 519-751-7096 Fax: 519-753-7006 | Facility: 519-751-7096 x3410 Cell: Ruby Toor, Executive Director Facility: 519-754-0000 Email: ruby@amberleaplace.com | Susanne Testani Facility: 519-751-7096 x3424 Cell: 519-717-2843 Keith Barrett Facility: 519-754-0000 Email: keith@amberleaplace.com | 3000 | 15 | Yes | No | Yes | |
| Amber Lea Place Retirement Home 384 Saint Paul Avenue, Brantford, ON, N3R Facility 519-754-0000 Fax: 519-754-1401 | Ruby Toor, Executive Director Facility: 519-754-0000 Email: ruby@amberleaplace.com | Keith Barrett Facility: 519-754-0000 Email: keith@amberleaplace.com | | 5 | Yes | | Yes | # of residents based on availability. Must be suited to retirement living ambulatory not bed ridden. If beds are not available in rooms then relocated residents would be sheltered in lounge spaces with mattresses Non Smoking Home |
| Telfer Place 245 Grand River St. N. Paris ON N3L 3V8 Facility: 519-442-4411 Fax: 519-442-6724 | Darleen Barber Executive Director Facility: 519-442-4411 x2002 Cell: 226-920-8499 On-call manager 519-722-8702 | Julia Fauce, Director of Care 519-442-4411 ext 2003 Facility: 519-759-4666 ext 2123 Cell: 519-209-5693 Cell: 905-774-0334 Home: 905-774-4519 Stephanie Galambos Facility: 519-484-2500 Home: 519-750-0276 | 500 | 6 | Yes | 1 | Yes | |
| Fox Ridge 389 West Street Brantford ON N3R 3V9 Facility: 519-759-4666 Fax: 519-759-0200 | Sandy Croley, Executive Director 519-759-4666 ext 2127 Cell 604-612-7167 | William Vaughan Facility: 519-759-4666 ext 2123 Cell: 519-209-5693 Cell: 905-774-0334 Home: 905-774-4519 Stephanie Galambos Facility: 519-484-2500 Home: 519-750-0276 | 1250 | 10-12 | Yes | No | Yes | Need to discuss availability of assistive living devices as needed with sending facility depending on residents needs. |
| Hardy Terrace 612 Mt. Pleasant Rd RR#2 Brantford ON N3T 5L5 Facility: 519-484-2500 Fax: 519-484-2590 | Deb Langluis Administrator Facility: 519-484-2500 Cell: 519-771-4038 | Stephanie Galambos Facility: 519-484-2500 Home: 519-750-0276 | 700 | 10 | yes | No-see other | Yes | Relocated residents would be sheltered in lounge spaces with mattresses and in the home's palliative room. |
| John Noble Home 97 Mount Pleasant St. Brantford ON N3T 1T5 Facility: 519-756-2920 Fax: 519-756-7942 | Jennifer Miller, Administrator Facility: 519-756-2920 x 4222 Cell: 519-717-5729 | Mary Cox, Director of Care Facility: 519-756-2920 ext.4232 Cell: 226-387-0943 | 350 | 10 | Yes | No | Yes | 10 relocated residents would be sheltered in Noble Hall or Bell Court |
| Park Lane Terrace 295 Grand River St. N., Paris, ON, N3L 2N9 Facility: 519-442-2753 Fax: 519-442-6176 | Sandy Hall, Administrator Facility: 519-442-2753 ext.222 Cell: 647 280-4423 Fax: 519-442-6176 | Jessica Marcotte Facility: 519-442-2753 ext.223 Cell: 519-240-3442 | | 10 | Yes | Yes-See other | Yes | 3 beds + 7 mattresses on floor (Infirmary -1, Palliative Suite - 1, Lounges GRC-2, SRC-2, TRC-2, SRR-2) |
| Brucefield Manor 657 Mt Pleasant Rd, Mount Pleasant, ON N0E 1K0 Phone: 519-484-2793 | Barb Ashley, General Manager 519-484-2793 Cell: 519-774-1044 | Karen Ashley, Assistant GM 519-756-0479 | 0 | 0 | N | 0 | 0 | |
| Iroquois Lodge 1755 Chiefswood Rd Oshweken, ON 519-445-2224 | Holly Cowan Administrator/DOC Facility: 519-445-2224 Ext.2522 Cell: 519-732-8387 | Lisa Bombery, Acting Administrator | | 5 | yes | 0 | yes | |
| Brantwood 25 Bell Ln, Brantford, N3T 1E1 519-753-2658 | Joanne Flood Administrator jflood@brantwood.ca | Bridgette O'Neil 519-753-2658 ext.157 519-732-2751 | | 6 | yes | yes | yes | |

Evacuation Placement Form



Source LTC Home: _____
Home Number: _____
Source Home Licensee: _____
SAO: _____
HCCSS: _____
Licensee has Direct Funding
Agreement and insurance?
YES/NO _____

Recipient LTC Home

Recipient LTC Home Name: _____
Home Number: _____
Address: _____
SAO: _____
HCCSS: _____
Administrator Name: _____
Admin Contact (email/phone#): _____
Recipient Home Licensee Name:
Licensee's Signing Authority
Title and First and Last Name: _____
Position: _____
Email: _____
Licensee has Direct Funding
Agreement and insurance?
YES/NO _____
Current licensed capacity:
Any beds above the licensed
capacity? YES/NO + How many? _____

- OR -

Stand Alone Temporary Unit (Non LTC)

Name: _____
Address: _____
HCCSS: _____
SAO: _____
Contact Information for
individual at the location: _____
How many beds? _____

**Placement Coordinator
(PC) Name:**

Today's Date:

Instructions:

NOTE: A form must be completed for each receiving home/unit.

1. PC must clearly complete form up to Part 1.
2. Once complete, PC forwards form to SAO and HCCSS.
3. Once reviewed, SAO forwards form to LU.
4. LU will issue a Temporary Emergency licence.
5. PC must complete Part 2 once resident is transferred or placed and notify the LU, SAO, HCCSS, and FMB.

Abbreviations:

***Accommodation Type**

- S** – Semi
B – Basic
P – Private

****Type of Transfer**

- SHRB** - Same Home:
Regular Bed
BSH - Back to Source Home
OH - Other LTC Home

***** Funding to:**

- R** – Recipient Home Licensee
S – Source Home Licensee

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| JOHN NOBLE HOME Emergency Manual | DIVISION: Emergency CATEGORY: Evacuation- Code Green | POLICY NO: 4-A-50 |
| ISSUED BY: Emergency Planning Committee | SUBJECT: Major Emergency Evacuation – Family Role | PAGE NO: 1 of 1 |

POLICY: The John Noble Home shall have in place a procedure for responsible party/substitute decision maker/POA for care to assist the Home at the time of a major emergency necessitating evacuation.

PURPOSE: To have an option to utilize those who are willing and able to assist the Home should a major emergency situation arise that requires an evacuation of some or all of the residents in the Home.

PROCEDURE:

1. At the time of an emergency arising that requires an evacuation of residents from the Home, the family members will be asked if they are willing and able to assist the Home in the event the Home is forced to evacuate some or all of the residents.
2. The responsible party/substitute decision maker/POA for care will given the following choices for commitment which will be recorded and forwarded to the control group responsible for handling the emergency situation:
 - Indicate they are able to take their family member Home for one or more days
 - Indicate they are able to take their family member Home, but require assistance
 - Indicate they are unable to take their family member Home, but will volunteer time to help at the Home.
 - Indicate they are unable to take their family member home and unable to volunteer.
3. At the time an Emergency Evacuation is declared, the Financial Services Department will place the calls to commence implementation.
4. The DOC/designate will assess the needs of the resident in preparation for the transfer home.
5. The coordinator of Resident Programs will prepare volunteers that have committed to being a volunteer during the time of the emergency.

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