

MANUAL:	Emergency	Policy No.:	4-A-10
SECTION:	Evacuation- Code Green		
SUBJECT:	Evacuation Order		

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

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

The Administrator or delegate will follow all policies and procedures under the Fixing Long Term Care Homes Act, 2021 when considering temporary and long term placement. Guidelines, information, instructions and supporting materials can be found on the Ministry of Long Term Care website.

DATE APPROVED:	July 2001
DATE REVIEWED:	July 2026
DATE REVISED:	March 2022

MANUAL:	Emergency	Policy No.:	4-A-20
SECTION:	Evacuation- Code Green		
SUBJECT:	Responsibilities of Staff During an Evacuation		

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.

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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)”**

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:

Manager of Resident Care/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.

DATE APPROVED:	October 2001
DATE REVIEWED:	August 2026
DATE REVISED:	March 2019

MANUAL:	Emergency	Policy No.:	4-A-30
SECTION:	Evacuation- Code Green		
SUBJECT:	Evacuation Techniques		

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.

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5. Uncooperative.

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.

DATE APPROVED:	July 2001
DATE REVIEWED:	August 2026
DATE REVISED:	March 2019

MANUAL:	Emergency	Policy No.:	4-A-40
SECTION:	Evacuation- Code Green		
SUBJECT:	Evacuation- Holding Areas and Community Placement Agreements		

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. Skylight Café
4. Bell Lane Terrace Community Rooms, Floor 2
5. Davis Court Courtyard
6. In inclement weather the Home may choose to utilize the services of a busing company to temporarily hold residents

RELOCATION CENTRES OUTSIDE THE HOME:

The Home will maintain agreements with community partners for appropriate placement of residents in the event of an evacuation.

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.

SUBJECT:	Evacuation- Holding and Relocation Areas	Policy No.:	4-A-40
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PROCEDURE:

- Community Placement Agreements will be updated annually by the Emergency Planning Committee.
- The Community Placement List will be kept current and located in the Admin On Call binder
- A test of the Community Placement List will be performed annually

DATE APPROVED:	July 2001
DATE REVIEWED:	August 2026
DATE REVISED:	September 2025

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DATE APPROVED:	July 2001
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MANUAL:	Emergency	Policy No.:	4-A-50
SECTION:	Evacuation- Code Green		
SUBJECT:	Major Emergency Evacuation- Family Role		

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 Director of Resident Programs will prepare volunteers that have committed to being a volunteer during the time of the emergency.

DATE APPROVED:	July 2009
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MANUAL:	Emergency	Policy No.:	4-A-60
SECTION:	Evacuation- Code Green		
SUBJECT:	Evacuation Supplies		

Policy Statement

The Home is committed to ensuring that appropriate infection prevention and control (IPAC), personal protective equipment (PPE), and essential care supplies are readily available during a Code Green (Evacuation) to support the safety, dignity, and continuity of care for residents, staff, and visitors.

In accordance with the Fixing Long-Term Care Act, 2021 and O. Reg. 246/22, the Home maintains emergency preparedness measures, including access to necessary supplies, to respond effectively to emergency situations while ensuring infection prevention and control standards are upheld.

Purpose

To establish a framework for:

- Maintaining readiness for evacuation-related supply needs
- Ensuring access to appropriate PPE and IPAC resources during emergencies
- Supporting a scalable response based on the nature, location, and scope of the emergency
- Aligning with legislative requirements for emergency planning, infection prevention, and continuity of care

Scope

This policy applies to all staff involved in emergency preparedness, supply management, and evacuation response, including:

- IPAC Lead
- Ward Clerk
- Nursing Leadership
- Environmental Services
- Emergency Response Team Members

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Guiding Principles

Because evacuation scenarios vary significantly, the Home does not maintain a fixed list of supplies.

Instead, supplies are determined using a risk-based approach, considering:

- Type of emergency (e.g., fire, flood, infrastructure failure, outbreak-related relocation)
- Number of residents affected
- Duration of displacement
- Location of relocation (internal vs. external site)
- Infection risks and transmission precautions required
- Resident acuity and care needs

This flexible model ensures compliance with FLTCA expectations while allowing clinical judgement and situational leadership.

Legislative Alignment

This policy supports the Home's obligations under the Fixing Long-Term Care Act, 2021, including:

- Maintaining an Emergency Plan that provides for the health, safety, and well-being of residents
- Ensuring access to infection prevention and control measures during emergencies
- Providing continuity of care and essential services during evacuation or relocation
- Maintaining supplies, equipment, and resources necessary to respond to emergencies
- Ongoing evaluation, drills, and readiness planning

Responsibilities

IPAC Lead

- Collaborates in determining IPAC and PPE supply requirements based on risk assessment.
- Provides guidance on required precautions during evacuation.
- Ensures supplies support outbreak prevention and control when applicable.
- Participates in emergency planning, review, and drills.

Ward Clerk

- Maintains inventory tracking systems for emergency PPE/IPAC supplies.

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- Coordinates ordering, rotation, and stock maintenance.
- Monitors and documents expiry dates.
- Ensures supply readiness aligns with emergency preparedness planning.

IPAC Lead and Ward Clerk (Joint Responsibility)

- Conduct routine review of emergency supply readiness.
- Ensure stock is maintained at levels appropriate for surge or evacuation scenarios.
- Adjust supply strategy based on seasonal risks, outbreak activity, or identified hazards.
- Participate in emergency exercises to validate supply processes.

Nursing Leadership

- Identifies clinical care supply needs during an evacuation event.
- Communicates resident-specific requirements.

Environmental Services

- Ensures access to cleaning and disinfection resources required to maintain a safe environment in relocation areas.

Supply Readiness Approach

The Home maintains a **scalable emergency supply model** that includes:

- Readily accessible PPE and IPAC resources.
- Ability to mobilize additional supplies rapidly.
- Processes for transport of supplies to evacuation locations.
- Vendor access and emergency procurement pathways.
- Integration with municipal and regional emergency supports where required.

Monitoring and Quality Improvement

- Supply readiness is reviewed at least annually as part of Emergency Plan evaluation.
- Drills and exercises include validation of supply access and deployment.
- Gaps identified during exercises or actual events will inform continuous improvement.
- Documentation is maintained in accordance with FLTCA record-keeping expectations



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