**Using Sample Plans**

**These plans are just samples and will need to be altered to meet the facility’s needs and context.**

Some key items to consider include:

* The set up and operation of the facility’s systems (i.e. alarm systems, door assemblies, telecommunications, HVAC, etc.)
* The services and staff within the facility and their schedules
* The command structure used at the facility (e.g. who is in charge, who reports to whom, etc.)
* Guidance from first responders in the community
* Needs of the patients/residents at the facility
* The facility layout and operations
* Use of muster station, staff pools, rally points, etc.
* Other related plans/codes, e.g. Fire Plan Plan

The sample plan is a place to start, but the above consideration must be taken into account and the plan modified accordingly.

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| **Position/Team** | **Staff Assignments** | **Job Action Sheet Page** |
| Incident Commander | RN Supervisor Identified on each shift | 5 |
| Reception Desk Staff | Clerk | 6 |
| Nursing Unit Team | RN, 2 LPNs, 2 RCWs – 1 RCW may be used as a runner | 7 |
| Assembly Area Leader | As assigned by the Incident Commander | 8 |
| All Other Staff | 1 Clinical Nursing Lead/Manager (8-4 Monday-Friday) , 1-2 House Keeping (6am – 2pm and 10am – 6 pm overlapping), 2 Cooks (6am – 2pm and 10am – 6 pm overlapping), 1 Nutrition Service worker, 1 Laundry (Monday - Friday), Maintenance Person | 9 |
| Runner | **Any staff member may be assigned as a runner** | 10 |

**Basic Response Information – Evacuation**

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| --- | --- |
| **Plan name** | **“Code Green/Evacuation”** |
| **Plan purpose** | * To protect life, control the incident and protect property through a well organized evacuation of all or part of facility
 |
| **Reason for activation** | * The need to evacuate all or part of the facility to an internal or external assembly area
 |
| **Position(s) authorized to activate the plan** | * Incident Commander, in consultation with first responders if appropriate
 |
| **Incident commander** | * RN Supervisor assigned on each shift
 |
| **Safety Message** | * **Do not put yourself in undo danger, leave unsafe areas even if not instructed to do so**
* Evacuate residents/patients in the order of most ambulatory to least ambulatory or as identified by the Incident Commander
* People confined to bed are moved by 2 staff, remember proper lift procedures. Use chairs, evacuation canvases, blankets or other evacuation aids as necessary.
* During an evacuation residents/patients who resist become “the least ambulatory” and will be moved last
* If a resident/patient wanders once evacuated, do not leave others alone to pursue, stay with other residents/patients and inform the Incident Commander when possible
* Follow instructions of first responders with regard to facility entry/reentry
* Look for potential hazards when evacuating (i.e. smoke, slick floors, ice on walkways, traffic etc.)
* When completing an evacuation or accounting for residents/patients/staff during any code:
	+ Search the room,
	+ Confirm it is vacant
	+ Close the door
	+ Turn the red door tag to the up position to signify that the room is vacant to anyone searching the building after you
 |
| **Notification procedure**  | * The incident commander will determine the type of evacuation, the area(s) which are to be evacuated, the area which is the highest priority for evacuation and the appropriate assembly area
* The incident commander will relay the evacuation order and associated information via runner or two way radio
* The incident commander will assign one or more runners to deliver the Evacuation messages to all areas of the facility as necessary
 |
| **Deactivation** | * To deactivate the plan, the incident commander will notify staff by using runners or two way radios
 |
| **Method(s) of internal communication** | * Internal facility telephones
* Two way radios
* Runners
 |
| **Operational areas** | **Area Name** | **Location** |
| Priority area for evacuation | * This is the area which is to be evacuated first
* This area will be determined by the Incident Commander based on the type of threat causing evacuation, the type of evacuation and the location of the threat
 |
| Internal assembly area | Any area requiring evacuation may initially evacuate to the activities room adjacent to the main entrance**-Alternative area may need to be identified if this area is unsafe** |
| External assembly area | Front parking lot or other location as determined by the Incident Commander (take care not to obstruct emergency vehicles) |
| External short term shelter  | Community Recreation Centre and Administration Office |
| **Types of evacuation** | * Depending on the threat/reason for evacuation, these types of evacuation may take place individually, or may represent stages where one type of evacuation leads to the next. I.e. start with an urgent evacuation, leading to a partial evacuation eventually moving to a total evacuation.
 |
| * **Urgent evacuation:**
	+ *Removal of people from immediate danger*. Patients/Residents and other personnel in immediate danger are evacuated from the area and assembled in a safe distance from the threat/emergency (often beyond the nearest fire door).
 |
| * **Partial evacuation:**
	+ This will involve the evacuation of patients/residents, and other personnel from a unit, wing, floor or combination of areas to another part of the facility (alternative floor, wing or unit), or less commonly, out of the facility entirely. Ideally, in a partial evacuation patients/residents and other personnel are moved to safe areas which separate them from areas under threat by fire and smoke doors/barriers.
 |
| * **Total evacuation:**
	+ This involves the evacuation of all patients/residents and other personnel to the exterior of the building, preferably to predetermined assembly points away from potential threats then/or to an emergency shelter.
 |
| **External responding agencies**  |
| **Fire department:****Response:*** Will provide appropriate support depending on code or incident causing evacuation
* Assist with evacuation
* Can access transportation resources if necessary
* May restrict access to the building
* May call for further evacuation

**Required support:*** Will require information on cause and location of the incident
* Will require information on the type of evacuation being carried out
* Will require information regarding evacuation locations
* May require assistance in coordination of transportation

**Police department:****Response:*** Will provide crowd control

**Required support:*** May require a staff member to identify staff that have been called in and forgotten their facility identification

**Emergency medical services EMS:****Response:*** Triage residents/patients
* Treat injured
* Coordinate transport of residents/patients

**Required support:*** Will require information on cause and location of the incident
* Will require information on injured/priority residents/patients
* Will require assistance with coordination of resident/patient transport
* May require additional transportation resources
 |

**Incident Commander - Job Action Sheet - Evacuation**

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| --- | --- |
| **Position** | Incident commander |
| **Position assignment** | Nursing supervisor, who may designate alternative staff |
| **Tasks:*** Contact 911 (can be delegated) if first responders are not already notified
* Put on Incident Commander Vest, retrieve two way radio and ensure it is tuned to channel 4
* Determine the priority area(s) to be evacuated and what type of evacuation is necessary:
	+ Partial
	+ Horizontal
	+ Total
* Determine where to evacuate to. This can include:
	+ Internal assembly area
	+ External assembly area
	+ External short term evacuation shelter
* Communicate evacuation type, priority area for evacuation and the chosen assembly area by two way radio or by assigning a runner(s) to deliver the message in person
* Assign a staff member to be in charge of the chosen assembly area
* Remain in front lobby (for partial and horizontal evacuations) or the designated assembly area (if front lobby is unsafe or the evacuation is total) and establish connect with first responders as necessary
* Remain in contact with the Nursing Unit Team and relay any necessary instructions via two way radio or runner
* **During some events, nursing staff may be asked to evacuate and the Fire Department may take over evacuating residents/patients (this will be upon the direction of the Fire Department)**
* Carry out or delegate duties assigned by first responders
* Reassess situation and type of evacuation/assembly area as necessary
* Any changes in evacuation type, priority areas and/or assembly area should be communicated using two way radios or runners, if safe to do so
* Request resident/patient count from Nursing Unit Team Leader via two way radio or runner, when safe to do so
* Activate administrative fan-out
* Activate emergency staff fan-out (if deemed necessary)
* Assign a Staff Pool Area as necessary *(if partial or horizontal evacuation Staff Pool may be inside, if total evacuation, staff pool should be outside)*
* Ensure MAR, resident/patient charts, medications and oxygen are removed from the building if necessary and safe to do so
* Report to identified assembly area once priority area(s) have been evacuated
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**Reception Desk Staff - Job Action Sheet – Evacuation**

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| **Position** | Reception Desk Staff |
| **Reports to** | Incident commander |
| **Position Assignment**  | Clerk |
| **Tasks:*** Complete any tasks associated with any code which may have led to the calling of a “Evacuation”
* Evacuate to the designated assembly area and take facility Emergency Box (if safe to retrieve)
* Direct first responders to the incident commander when they arrive if necessary
* Retrieve Emergency Sign in Sheet and have arriving staff sign in (Located in facility Emergency Box)
* Initiate fan outs if requested by Incident Commander
* Support the Incident Commander as necessary, this could include, but may not be limited to:
	+ Acting as a runner
	+ Placing phone calls
	+ Recording information
* Accessing information Evacuate as necessary or directed
 |

**Nursing Unit Team - Job Action Sheet – Evacuation**

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| **Team** | Nursing Unit team |
| **Reports to** | Incident Commander |
| **Team Leader**  | RN Supervisor not assigned as Incident Commander |
| **Team assignments**  | All staff on the Unit (1 RN, 2 LPN, 2 RCW – 1 RCW may be a used as a runner) 24/7 |
| **Tasks:*** **Return to the Nursing Unit if safe to do so**
* Turn on two way radio and ensure it is tuned to channel 4
* The Nursing Unit Team Leader will notify staff in the nursing Unit of the “Evacuation”
* The Nursing Unit Team Leader will initiate a roll call to account for their staff
* Nursing Unit team leader will undertake or assign the following tasks to Nursing Unit Staff prior to or as residents/patients are evacuated:
	+ Begin attaching resident/patient name tags
	+ Using the resident/patient census check off each resident/patient’s name
	+ Once resident/patient count is complete note any names missing on the resident/patient census and have it delivered with the first resident/patient evacuated
* If the Nursing Unit is not identified for evacuation, staff will begin preparing resident/patient for possible evacuation (e.g. accounting for residents/patients, moving residents/patients to wheel chairs – if available, gathering a blanket for each resident/patient, securing necessary medical information and medication, etc.)
* The Nursing Unit Team Leader will oversee and direct the Unit evacuation as necessary
* **During some events, nursing staff may be asked to evacuate and the Fire Department may take over evacuating residents/patients (this will be upon the direction of the Fire Department)**
* In other instances, Nursing Unit Staff and other staff assigned will evacuate residents/patients in order from most **ambulatory to least ambulatory** oras directed by Nursing Unit Team Leader to the designated assembly area
* The Nursing Unit Team Leader will remain on the nursing Unit until all residents/patients have been evacuated, or they are otherwise directed by the Incident Commander or Fire Department to evacuate
* Staff will leave evacuated residents/patients at the designated assembly area and return to the nursing Unit to evacuate another resident/patient (if safe to do so)
* This process will continue until the nursing Unit is completely evacuated
* Nursing Unit Team Leader will gather the med profile, charts, kardex and oxygen and take those items with them when they leave the nursing Unit

**REPEAT THIS PROCESS AS THE TYPE OF EVACUATION CHANGES.** **Continue evacuation:*** Once the Nursing Unit is evacuated the Nursing Unit Team Leader or Incident commander may assign Nursing Unit Team members new tasks including but not limited to:
	+ Remain with residents/patients in the designated assembly area
	+ Assist with further evacuation (e.g. total evacuation or to a short term shelter)
	+ Runner
 |

**Assembly Area Leader- Job Action Sheet – Evacuation**

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| **Position** | Assembly Area Leader |
| **Reports to** | Incident commander |
| **Position assignment** | As determined by the Incident Commander |
| **Tasks:*** Complete any tasks associated with any code which may have led to the calling of a “Evacuation”
* Retrieve two way radio from reception, turn on and ensure it is tuned to channel 4
* Report to the designated assembly area once assigned by the Incident Commander
* Provide overall oversight and coordination of the designated evacuation receiving site, including monitoring residents/patients, monitoring the area’s safety, accounting for staff as they arrive and directing staff
* Assign tasks to staff as they report to the area **including but not limited to:**
	+ Accounting for residents/patients as they arrive using the resident/patient report sheet **(should be with the first resident/patient arriving from an evacuated nursing Unit)**
	+ Supporting residents/patients as they arrive
	+ Sign in called in staff as they arrive and assign them tasks
	+ Act as a runner
	+ Perform other duties as required
* Relay instructions from the incident commander to staff as required
 |

**All Other Staff - Job Action Sheet - Evacuation**

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| --- | --- |
| **Team/taskforce/position** | Maintenance , Housekeeping, Laundry, Nutrition, Activities |
| **Reports to** | Incident Commander |
| **Team Leader** | Centre Manager  |
| **Team assignments** | 1 Clinical Nursing Lead/Manager (8-4 Monday-Friday) , 1-2 House Keeping (6am – 2pm and 10am – 6 pm overlapping), 2 Cooks (6am – 2pm and 10am – 6 pm overlapping), 1 Nutrition Service worker, 1 Laundry (Monday - Friday), Maintenance Person |
| ***When onsite, the Centre Manager will oversee this team and take and relay direction and information to and from the Incident Commander*****Tasks:*** Complete any tasks associated with any code which may have led to the calling of a “Evacuation”

**Secure your area if necessary/not already done and safe to do so, including:*** Return to your area
* Turn on two way radio and ensure it is tuned to channel 4
* Clearing hallways and entrance ways of any obstructions
* Shut down equipment and sources of ignition in your area (e.g. propane, pilot lights, kitchen exhaust fans, washers/dryers, additional equipment, etc.)
* Search Rooms and close all doors and windows in your area (but do not lock)
* Assist any residents/patients in your area to the assembly area (if safe to do so)

**Once your area is secure:*** Report to the designated assembly area and take direction from the assembly area leader

**This could include but not be limited to:*** + Caring for residents/patients who have been evacuated
	+ Assist with evacuation of residents/patients
	+ Assist with further transportation of residents/patients
	+ Act as a runner
 |

**Runner Job Action Sheet – Evacuation**

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| **Team/taskforce/position** | Runners (can be individual resources or part of a team) |
| **Reports to** | Individual which assigned them |
| **Team assignments**  | * Any individual can be assigned as a runner as necessary
* Ideally they will not be completing another task at the time of assignment
* They will be a runner until they are informed by the individual who originally assigned them that they no longer need to fulfill the function.
 |
| **Tasks:*** Deliver verbal or written messages as required
* Deliver any return message
* ALWAYS return to the individual who provided the initial message whether a return message was given or not
 |