**Generic Facility Evacuation Plan**

***Evacuation – Table of Contents***

General Information pg 2-4

General Evacuation Procedures pg 5

Emergency Carries, Drags and Lifts pg 6-8

Evacuation Procedures for RN Supervisor/Incident Commander pg 9

Evacuation Procedures for Facility Administrator pg 10

Evacuation Procedures for LPNs pg 11

Evacuation Procedures for Nutrition Services Staff pg 12

Evacuation Procedures for Maintenance Staff pg 13

Evacuation Procedures for Health & Professional Services Staff pg 14

Evacuation Procedures for Hospice Staff & Volunteers Pg 15

Information In Case of Total Evacuation Pg 16

**General Information**

|  |  |
| --- | --- |
| **Plan name** | * **“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 evacuation location
 |
| **Position(s) authorized to activate the plan** | * RN Supervisor (with advice of first responders if applicable)
 |
| **Incident commander** | * RN Supervisor (may be delegated when necessary)
 |
| **Safety Message** | * Escape routes shall be kept free from obstructions at all times. *(Carts, resident lifts, chairs, etc.)*
* Residents can be transport in their beds as a **last resort**
* Do not put yourself in danger, leave unsafe areas even if not instructed to do so
* Avoid leaving a group of residents unattended if possible
* Follow instructions of first responders with regard to facility entry
* Look for potential hazards when evacuating (i.e. smoke, slick floors, ice on walkways, traffic etc.)
* Visitors are to remain with the person they are visiting and follow direction of Provincial Palliative Care Staff
* When completing an evacuation or accounting for residents/staff during any code, when a room has been searched **(search rooms thoroughly)** activate the red tag on the outside of the door:
	+ - **Red door tag UP - room is empty**
		- **Red door tag DOWN - someone is in the room**
* **Staff on site are responsible for visitors (including Staff)**
* **\*\*\*Remember, if evacuating the perimeter doors do not allow for re-entry\*\*\*\***
* **If re-entry is required a master key will be required**
* **If the fire alarm has been activated, key pads located at exterior doors will not function and will not allow for re-entry**
 |
| **Notification procedure**  | * The Incident Commander, in consultation with first responders (if on scene), will determine the need for partial or total evacuation and inform staff verbally as necessary (informing of staff can be delegated)
* Initial evacuation of an area under threat will be at the discretion of staff on scene and first responders
* Notification will include:
	+ Type of Evacuation
	+ Designated Assembly Point(s)
		- This may include areas internal to the facility
		- This may include external Muster Stations
 |
| **Deactivation** | * The Incident Commander can deactivate the Evacuation by notifying staff verbally (notification of staff can be delegated)
* The Incident Commander can also deactivate the Evacuation by assigning runners to deliver the message to areas throughout the facility if necessary
 |
| **Types of evacuation and possible assembly points** | * **Partial/Horizontal Evacuation:**
	+ Is the safe movement of residents from a hazardous area to a non-hazardous area beyond a fire door
	+ If necessary, this evacuation can continue to areas further away from the area under threat as necessary
 |
| * **Total evacuation:**
* This involves the total evacuation of residents and staff from the building
* The most appropriate exit doors shall be used and the Incident Commander will identify the emergency external assembly point to be used
 |
| * **External Emergency Assembly Points**
	+ Muster Station #1 – Staff Parking Lot
	+ Muster Station #2 – Visitor Parking Lot

**These Muster Stations are identified by signs** |
| * **Pre-arranged emergency shelter**
	+ GENERIC HOSPITAL Ambulatory Care Centre – through the emergency department

**Phone #: 902-555-5555** |
| **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 card

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

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

## General Evacuation Evacuation Procedures

***For all Evacuation Types:***

* Consideration must be given to those residents who are impaired with loss of hearing, vision, or other sensory functions to ensure that they receive notification, assistance, and immediate attention when an evacuation is being carried out.
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR you have accessed a master key from the Incident Commander or through the Fire Department (who would receive a master key from the Incident Commander).**
* Residents will be moved in the following order:
	+ Most ambulatory to least ambulatory
	+ Residents who are closest to the danger will be moved first
* Ambulatory Residents who are capable of their own evacuation shall be directed to the exit routes and assembly points (external or internal).
* Ambulatory residents shall be instructed to crouch below the smoke level (if applicable).

## Move non-ambulatory residents via wheel chairs or stretchers.

## If wheel chairs or stretchers are unavailable, the resident can be moved in their bed as a last resort. There are also emergency carries, drags and lifts which can be employed as a last resort (see pgs 6-8 for emergency carries, drags and lift instructions).

***Horizontal Evacuation:***

This is the safe movement of residents, visitors and staff from a hazardous area to a non-hazardous area.

## Move residents, visitors and staff beyond the nearest fire doors to a safe area. The fire doors between the areas of the building will provide protection from smoke, heat and fire. Close all fire doors behind you.

***Total Evacuation:***

* This involves the complete evacuation of residents, visitors and staff from the facility
* Residents will be moved to the identified Muster Station first
* Residents will then be moved to the pre-arranged emergency shelter

## Emergency Carries, Drags and Lifts

**One Rescuer**



***Ankle Pull*** - The ankle pull is the fastest method for moving a resident a short distance over a smooth surface. This is not a preferred method of resident movement and should only be used in an extreme emergency.

Grasp the resident by both ankles and pant cuffs; pull with your legs, not your back. Keep your back as straight as possible, try to keep the pull as straight and in-line as possible. Keep aware that the head is unsupported and may bounce over bumps and surface imperfections.



***Shoulder Pull -*** The shoulder pull is preferred to the ankle pull. It supports the head of the resident. This method requires the rescuer to bend over at the waist while pulling.

Grasp the resident by the clothing under the shoulders; keep your arms on both sides of the head, support the head. Keep the pull as straight and in-line as possible.



***Blanket Pull -*** This is the preferred method for dragging a resident. Place the resident on the blanket by using the "logroll" or the three-person lift. The resident is placed with the head approx. 2 ft. from one corner of the blanket. Wrap the blanket corners around the resident. Keep your back as straight as possible; use your legs, not your back. Try to keep the pull as straight and in-line as possible.

**Two Rescuers**



***Two Person Crutch -*** For the conscious resident, this carry allows the resident to swing their leg using the rescuers as a pair of crutches. For the unconscious resident, it is a quick and easy way to move a resident out of immediate danger.

Start with the resident on the ground. Both rescuers place themselves on either side of the resident’s chest. The rescuer's hand nearest the feet grabs the resident's wrist on their side of the resident. The rescuer's other hand grasps the clothing of the shoulder nearest them. Pulling and lifting the resident’s arms, the rescuers bring the resident into a sitting position. The conscious resident will then stand with rescuer assistance. The rescuers place their hands around the resident’s waist.

For the unconscious resident, the rescuers will grasp the belt or waistband of the resident’s clothing. The rescuers will then squat down. Place the resident’s arms over their shoulders so that they end up facing the same direction as the resident. Then, using their legs, they stand with the resident. The rescuers then move out of the room, dragging the resident's legs behind.

 

***Four Handed Seat -*** This technique is for carrying a victim longer distances. This technique can support an unconscious resident. Pick up the resident by having both rescuers squat down on either side if the resident. Reach under the resident's shoulders and under their knees. Grasp the other rescuer's wrists then from the squat, with good lifting technique, stand. Walk in the direction that the resident is facing.



***Chair Carry -*** This is a good method for carrying residents down stairs or through narrow areas.

*Note: Use a sturdy straight back chair!*

Place the resident on the chair. The rescuer at the head grasps the chair from the sides of the back of the chair, palms in. The rescuer at the head then tilts the chair back onto its rear legs.

For short distances or stairwells, the second rescuer should face in and grasp the chair legs. For longer distances, the second rescuer should separate the resident's legs, back into the chair and, on the command of the rescuer at the head, both rescuers stand using their legs.

**Evacuation Procedures for RN Supervisor/Incident Commander**

**Complete or delegate the following:**

* Determine type of evacuation (full/partial) to be performed based on the situation (may be done in conjunction with first responders)
* Communicate the type of evacuation required and the assembly area to staff verbally **(see pg 18 for information on temporary relocation of residents)**
* Delegate responsibility for the movement of records, oxygen and medications
* Notify first responders if necessary
* Make contact with, provide requested information to and take direction from emergency first responders as necessary (Fire, Police, EMS)
* Assist with evacuation if necessary
* Request confirmation of evacuation of all residents, visitors and staff from all areas of the facility
* Notify the Administrator on call. (After normal business hours)
* Activate facility fan out procedures to obtain available persons to assist in evacuation and management of residents if necessary.
* Direct staff movement as necessary and ensure staff safety
* Designate a person to manage the assembly area
* Designate a person to manage the emergency shelter when appropriate
* Designate a person to manage transportation, in coordination with EMS, of residents to the emergency shelter when appropriate via:
	+ Face to face contact on scene
	+ Call to 9-911
	+ Call to EMS dispatch
* Identify a command post from which to direct evacuation operations as necessary
* Notify resident’s family members/next of kin of the evacuation
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR staff have access to a master key.** Master key can be accessed through:
	+ Assistance from the fire department if they have been given the master key
	+ Use of the RN’s master key if it hasn’t been given to the fire department
	+ Accessing an additional master key from the facility safe and giving it to staff

**Evacuation Procedures for Facility Administrator**

* Assist RN Supervisor/Incident Commander in the fulfillment of Evacuation Procedures as requested
* Ensure Director and Executive Director are informed of the situation
* Take direction/assignment from and provide assistance to the RN Supervisor
* Potential Duties **may** include (based on assignment of the RN Supervisor/Incident Commander):
* Assisting with evacuation
* Acting as spokes person
* Acting as Incident Commander
* Manage the assembly area
* Manage the emergency shelter when appropriate
* Staff the Incident Command Post

**Evacuation Procedures for LPNs**

* Move residents, visitors and staff to designated emergency assembly area
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR you have accessed a master key from the Incident Commander or through the Fire Department (who would receive a master key from the Incident Commander).**
* Residents will be moved in the following order:
	+ Most ambulatory to least ambulatory
	+ Residents who are closest to the danger will be moved first
* Ambulatory Residents who are capable of their own evacuation shall be directed to the exit routes and assembly points (external or internal).
* Ambulatory residents shall be instructed to crouch below the smoke level (if applicable).
* Move non-ambulatory residents via wheel chairs or stretchers.
* If wheel chairs or stretchers are unavailable, **the resident can be moved in their bed as a last resort.** There are also emergency carries, drags and lifts which can be employed **(see pgs 6-8 for emergency carries, drags and lift instructions).**
* At the direction of the Incident Commander/RN Supervisor take oxygen, charts and medication to evacuation assembly area.
* When checking or evacuating room if time allows and it is safe to do so close windows and shut off fans and air conditioners.
* When completing an evacuation or accounting for residents/staff during any code when a room has been searched **(search rooms thoroughly)** activate the red tag on the outside of the door:
	+ - **Red door tag UP - room is empty**
		- **Red door tag DOWN - someone is in the room**
* Account for residents, visitors and staff from your area once evacuated and be prepared to provide this count to the RN Supervisor/Incident Commander upon request
* Tag residents with name as they/if they exit the building
* Continue care for residents as necessary
* Be prepared to take instruction from the RN Supervisor/Incident Commander and first responders

**Evacuation Procedures for Nutrition Services Staff**

***All Situations:***

* Gather dietary supplies if safe to do so (i.e. diabetic grab bag)
* When completing an evacuation or accounting for residents/staff during any code when a room has been searched **(search rooms thoroughly)** activate the red tag on the outside of the door:
	+ - **Red door tag UP - room is empty**
		- **Red door tag DOWN - someone is in the room**

***If there are no residents or visitors in your area:***

* Report to identified emergency assembly area
* Account for staff in your area once evacuated and be prepared to provide this count to the RN Supervisor/Incident Commander upon request
* You may be requested to assist with resident and visitor evacuation

***If residents are in your area:***

* Move residents, visitors and staff to designated emergency assembly area
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR you have accessed a master key from the Incident Commander or through the Fire Department (who would receive a master key from the Incident Commander).**
* Residents will be moved in the following order:
	+ Most ambulatory to least ambulatory
	+ Residents who are closest to the danger will be moved first
* Ambulatory Residents who are capable of their own evacuation shall be directed to the exit routes and assembly points (external or internal)
* Ambulatory s residents shall be instructed to crouch below the smoke level (if applicable)
* Move non-ambulatory residents via wheel chairs or stretchers.
* If wheel chairs or stretchers are unavailable, the resident can be moved in their bed as a **last resort**.There are also emergency carries, drags and lifts which can be employed **(see pgs 6-8 for emergency carries, drags and lift instructions).**
* Account for residents, visitors and staff from your area once evacuated be prepared to provide this count to the RN Supervisor/Incident Commander upon request

**Evacuation Procedures for Maintenance Staff**

* Report to the area being evacuated
* Assist with evacuation of residents, visitors and staff as necessary
* Move residents, visitors and staff to designated emergency assembly area
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR you have accessed a master key from the Incident Commander or through the Fire Department (who would receive a master key from the Incident Commander).**
* Residents will be moved in the following order:
	+ Most ambulatory to least ambulatory
	+ Residents who are closest to the danger will be moved first
* Ambulatory Residents who are capable of their own evacuation shall be directed to the exit routes and assembly points (external or internal)
* Ambulatory residents shall be instructed to crouch below the smoke level (if applicable)
* Move non-ambulatory residents via wheel chairs or stretchers.
* If wheel chairs or stretchers are unavailable, the resident can be moved in their bed as a **last resort**.There are also emergency carries, drags and lifts which can be employed **(see pgs 6-8 for emergency carries, drags and lift instructions).**
* When completing an evacuation or accounting for residents/staff during any code when a room has been searched **(search rooms thoroughly)** activate the red tag on the outside of the door:
	+ - **Red door tag UP - room is empty**
		- **Red door tag DOWN - someone is in the room**
* Account for residents, visitors and staff from your area once evacuated be prepared to provide this count to the RN Supervisor/Incident Commander upon request

**Evacuation Procedures for Health & Professional Services Staff**

|  |  |  |
| --- | --- | --- |
| **This includes:** | * Physicians
* Administrative Assistants
* Chaplin/Spiritual Care
* Environmental Service Worker
 | * Occupational Therapist
* Epidemiologist
* Social Worker
* Clinical Resource Nurse
* Dietary Staff
 |

***All Situations:***

* Gather blankets, linens from Clean Supply Room (room # 135) if safe to do so
* When completing an evacuation or accounting for residents/staff during any code when a room has been searched **(search rooms thoroughly)** activate the red tag on the outside of the door:
	+ - **Red door tag UP - room is empty**
		- **Red door tag DOWN - someone is in the room**

***If there are no residents or visitors in your area:***

* Report to identified emergency assembly area
* Account for staff in your area once evacuated and be prepared to provide this count to the RN Supervisor/Incident Commander upon request
* You may be requested to assist with resident and visitor evacuation

***If residents are in your area:***

* Move residents, visitors and staff to designated emergency assembly area
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR you have accessed a master key from the Incident Commander or through the Fire Department (who would receive a master key from the Incident Commander).**
* Residents will be moved in the following order:
	+ Most ambulatory to least ambulatory
	+ Residents who are closest to the danger will be moved first
* Ambulatory Residents who are capable of their own evacuation shall be directed to the exit routes and assembly points (external or internal)
* Ambulatory s residents shall be instructed to crouch below the smoke level (if applicable)
* Move non-ambulatory residents via wheel chairs or stretchers.
* If wheel chairs or stretchers are unavailable, the resident can be moved in their bed as a **last resort**.There are also emergency carries, drags and lifts which can be employed **(see pgs 6-8 for emergency carries, drags and lift instructions).**
* Account for residents, visitors and staff from your area once evacuated be prepared to provide this count to the RN Supervisor/Incident Commander upon request

**Evacuation Procedures for Hospice Staff & Volunteers**

***All Situations:***

* When completing an evacuation or accounting for residents/staff during any code when a room has been searched **(search rooms thoroughly)** activate the red tag on the outside of the door:
	+ - **Red door tag UP - room is empty**
		- **Red door tag DOWN - someone is in the room**
* Volunteers report to site staff in the area you are in and take direction from them

***If there are no residents or visitors in your area:***

* Report to identified emergency assembly area
* Account for staff in your area once evacuated and be prepared to provide this count to the RN Supervisor/Incident Commander upon request
* You may be requested to assist with resident and visitor evacuation

***If residents are in your area:***

* Move residents, visitors and staff to designated emergency assembly area
* **If moving residents out of the building and re-entry is required, ensure either an additional staff member is positioned at the door to allow for re-entry OR you have accessed a master key from the Incident Commander or through the Fire Department (who would receive a master key from the Incident Commander).**
* Residents will be moved in the following order:
	+ Most ambulatory to least ambulatory
	+ Residents who are closest to the danger will be moved first
* Ambulatory Residents who are capable of their own evacuation shall be directed to the exit routes and assembly points (external or internal)
* Ambulatory s residents shall be instructed to crouch below the smoke level (if applicable)
* Move non-ambulatory residents via wheel chairs or stretchers.
* If wheel chairs or stretchers are unavailable, the resident can be moved in their bed as a **last resort**.There are also emergency carries, drags and lifts which can be employed **(see pgs 6-8 for emergency carries, drags and lift instructions).**
* Account for residents, visitors and staff from your area once evacuated be prepared to provide this count to the RN Supervisor/Incident Commander upon request

**Information In Case of Total Evacuation**

**Primary Evacuation Location:** Generic Hospital Ambulatory Care Centre (for up to 48 hours).

**Activation:**

* Generic Facility Incident Commander (or delegate) will contact Generic Hospital **(902-555-5555)** and inform them of the situation.
* Ask them to page the Nursing Supervisor (day) or Director on Call (night).
* Inform Nursing Supervisor or Director on Call of the situation and make arrangements to begin planning transfer of residents as appropriate.

**Transportation:**

* Arrangements for transportation to the alternate site will be made in conjunction with EMS and the onsite Transportation Coordinator.
* RN Supervisor/Incident Commander can make the decision to begin moving residents if deemed necessary with available resources.
* Residents will be received at the Emergency Department/ambulance bay unless otherwise determined in conjunction with Generic Hospital Incident Commander and EMS.

**Equipment Needs: *If safe to do so,*** in addition to resident records, oxygen and medication, gather and take to evacuation site:

* **Equipment:**
	+ - * + IV pumps
				+ O2/Suction
				+ Oxygen Regulators
				+ Commodes
* **Supplies/consumables:**
	+ - * IV supplies
			* SC Butterflies
			* Suction Catheters
* **Drugs/Medication:**
	+ Short term supply (if possible)
* **Information:**
* List of required drugs/medication (items should be available at GENERIC HOSPITAL pharmacy)
* Information regarding resident dietary needs

**Possibly Available Resources at GENERIC HOSPITAL:**

* 13 resident care spaces in bays
* Up to 9 stretchers (in bays)
* Up to 4 Treatment Chairs (in bays)
* Up to 2 private rooms (1 stretcher each)
* Up to 2 isolation rooms (1 stretcher each)
* GENERIC HOSPITAL distributes drugs/medication for Generic Facility so notification of GENERIC HOSPITAL Pharmacy is necessary
* GENERIC HOSPITAL already manages laundry for Generic Facility so notification to GENERIC HOSPITAL Laundry Department of site change is necessary

**Note on Staffing:**

* PPCC staff will be expected to travel to the alternate site and continue to provide care for PPCC residents.
* RN supervisor/Incident Commander or PPCC Administrator/Manager will arrange for contacting incoming staff and informing them of alternate site arrangements and expectations.

**Additional Arrangements:**

* RN Supervisor or PPCC Administrator/Manager will work with GENERIC HOSPITAL staff to provide additional information and notification to:
	+ GENERIC HOSPITAL Security
	+ GENERIC HOSPITAL Pharmacy
	+ GENERIC HOSPITAL Laundry
	+ GENERIC HOSPITAL Housekeeping
	+ GENERIC HOSPITAL Nutrition Services
	+ GENERIC HOSPITAL Information Desk

**Note on Site Access and Security:**

* Generic Facility staff will be provided information regarding day to day access to the site, security protocols and other necessary information as it becomes available.