

Bob Rumball Home for the Deaf			
Manual: Emergency	Approved by: Administrator	Emergency Plan: Code Orange	Policy #: EMERG-I-09b
Community Disaster – Intake of Evacuees			Page 1 of 21
Orig: Jul/06	Revised: Aug/08; Aug/18; Jun/23; Sept/24		

Reviewed: Jan/24, Oct/25

Goal: Bob Rumball Home for the Deaf (BRHD) will accommodate a limited number of emergency evacuees for a short period of time with community assistance.

INTRODUCTION

BRHD has a reciprocal agreement with some LTCHs in the local area, whereby in an emergency, if either Home needs to evacuate some residents to the other Home, pre-authorization has been received. Due to a disaster in the community, ⁱ it may be necessary for BRHD to receive residents from another Long-Term Care Home (LTCH) that have entered into a reciprocal agreement with BRHD, and thus should be prepared. ⁱⁱ Refer to **Appendix A** for a list of LTCHs who have entered into a reciprocal agreement with BRHD to take evacuees in the event of an emergency.

Provisions are identified to accommodate the intake of evacuees for up to 24 hours, conditional on:

- The organization providing staff to accompany the evacuees to manage their care needs,
- Assistance from the community re sleeping cots / beds, blankets and other transportation or lifesaving equipment that may be required for the evacuees;
 - The Red Cross Disaster Management (Andrew Parsons, Simcoe County Coordinator (249-385-6381) could immediately supply beds, cots, bedding, personal hygiene kits etc., as required.
 - Salvation Army 705-725-7025 Ext. 2120 may assist with food, clothing etc., if needed.
 - Emergency Services (Police, Fire) have emergency access to transportation services.
- The ability of BRHD to maintain the care and well-being of the BRHD residents.

If BRHD is requested to accept any evacuees **other than those listed in Appendix A**, permission must be received from both the Administrator and the MLTC prior to acceptance.

ACTIVATION OF THE PLAN ⁱⁱⁱ

The FIW is the person in authority during the intake of evacuees' situation.

The **Fire Incident Warden** (FIW) is the manager in charge of the building, which in the absence of a manager in the building, would be the senior Registered Nurse in charge of a Care Centre.

EMERGENCY SUPPLIES and EQUIPMENT: ^{iv}

- This Plan, and emergency contact numbers, in the Emergency Manual binder.
- Command Centre Bag located in Resident Care Supervisor's office located across CC1's nursing station – master key required:
 - The Code Orange folder – Intake of Evacuees, will contain a copy of this Plan, including the Appendices, which can be copied as needed.
- **BRHD has the following emergency supplies:** Privacy separators (6 available in the Chalet); cots (2- one in each care centre storage room); Bedding (for ~ 10 beds and extra blankets); Food (~30 people for 24 hours); Wheelchairs (2-3); Portable Oxygen tanks (1); Transportation (wheelchair bus). **Note:** BRHD does not have extra beds available.

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REVIEW AND REVISION OF THE PLAN

The Manager of Nutrition and Environmental Services (MNES) / designate is responsible to ensure:

- That the **Code Orange Plan – (EMERG-I-09b)** is **tested** at least **every three years**,^v including arrangements with the entities, e.g., emergency personnel, that may be involved in or provide emergency services to BRHD; and
- That the reciprocal agreements with the LTC Homes are reviewed annually and updated as necessary.^{vi}

The Administrator/designate is responsible to ensure the **Plan is reviewed, evaluated**, and as required updated, including updating the emergency contact information of the entities (e.g., emergency services):

- (a) at least **annually**, and
- (b) **within 30 days** of the **Code Orange ~ Intake of Evacuees (EMERG-I-09b)** emergency being activated and declared over.^{vii}

MOCK EMERGENCY TEST

- If conducting a **MOCK EMERGENCY TEST**, you **must notify the appropriate emergency external entities** at least 24 hours **PRIOR** to conducting the Mock Test, e.g., **Barrie Police** 705--725-7025. The emergency entities/entity will inquire as to the details (e.g., time, type of test, other external entities involved, e.g., **Fire** – 705-728-3131, **Ambulance** – 705-726-8103, as appropriate.

CONSULTATION AND UPDATING OF THE EMERGENCY PLAN ^{viii}

The following will be involved in the consultation and updating of the Code Orange emergency Plan:

- BRHD staff, including the registered nursing staff, and managers
- The Residents' Council (RC) and the Family Council (FC), if any, and
- The relevant external entity/entities. The external entity that would be involved in or provide emergency services related to the Intake of Evacuees would likely be the Police and ambulance, to assist with the emergency at the evacuees' facility, and transporting the evacuees to BRHD.^{ix}

Any changes to the Code Orange – Intake of Evacuees “Plan” will be identified and the following notified of the changes:

- The staff, volunteers and students
- The RC and FC if any, by bringing the updates to their respective meetings
- The entities, by providing a copy of the updated emergency plan for their review and feedback.^x

RECORD RETENTION:

BRHD will keep a record of the testing of all emergency plans, and the planned evacuation if required for the emergency; of changes made to improve the plans;^{xi} consultations, and the current contact information for relevant entities that may be involved in the emergency plans.^{xii}

Location of Emergency Manual: A copy of the Code Orange Plan- Intake of Evacuees, is available in the BRHD's Emergency Manual located in the front vestibule, and in each Care Centre (CC). In addition, BRHD's emergency plans are located in the Home's computer system on the S drive, and on the BRHD website. Physical copies of the plan are made available upon request.^{xiii}

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ACTIVATION OF THE PLAN *

When the FIW receives a request to accept evacuees into BRHD on a temporary basis (24 hours or less), the FIW will refer to Appendix A and make inquiries regarding:

- What LTC Home or alternate organization the evacuees are coming from, and the name and emergency number of the person in charge; and
- The number of external evacuees and their mobility status, e.g., the number of residents that are ambulatory with or without assistance; and/or immobile

The FIW/designate will:

- Ensure that the sending facility's caregivers/staff will be responsible for providing the appropriate care for their residents upon their arrival to BRHD
- Encourage the evacuated LTCH personnel to bring, the residents' urgent medication, mobility and life support equipment, and to have access to their residents' plans of care, including the residents' emergency contact information.

Notes:

- *The FIW will use Appendix A as a guide regarding the total number of evacuees accepted into BRHD.*
- *The caregivers for the evacuees are not included in the number of evacuees.*
- *BRHD does not have a secure unit, therefore no residents requiring a secure unit should be accepted.*
- *Refer to Appendix A for the list of BRHD emergency inventory supplies and equipment, and how to access additional emergency supplies, transportation, etc.*

Notifications:

After receiving a request for placement of evacuees in the BRHD, **the FIW/designate will:**

- Notify the BRHD Administrator/designate manager, if not already on the site of the Home.
- Initiate the Fan-Out list to provide additional human resources, as needed, e.g.
 - Managers to help co-ordinate activities and provide advice
 - Nursing staff to assist the evacuees with an intake assessment and any urgent care needs of the evacuees; and/or to care for the BRHD residents if some BRHD staff were pulled away from their duties to assist with the intake of evacuees.
 - Environmental staff (maintenance and housekeeping) to assist with placement of furniture, security, linen, bedding
 - Dietary staff, to ensure sufficient fluids and foods are prepared for the additional evacuees
 - Program staff for transportation
 - Medical Director of the number of evacuees expected, as a heads up.
- Notify BRHD residents of the emergency. Ensure that BRHD deaf residents receive the information via American Sign Language (ASL), as required.
- Notify the Ministry of Long-Term Care (MLTC) verbally by the after-hours pager, of the intake of evacuees' request and BRHD's plan for support. A Critical Incident System (CIS) report should be submitted as soon as possible, likely after the evacuees are received and the emergency declared over.

- **ONCE AN INTAKE OF EVACUEE IS DECLARED – 6 HOURS TO SUBMIT CIS. FIW/DESIGNATE TO SUBMIT**

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PREPARATION FOR INTAKE OF EVACUEES *(As time allows)*

The **FIW/designate** will direct staff to:

- Set up a **central receiving desk at Reception** to check in all evacuees.
- Ensure **identification** bands from the Command Centre bag (at reception) are available to identify evacuees if evacuee has no other visible identification on him/her self.
- Obtain one folder for each evacuee to hold all documentation, i.e., the evacuee's temporary chart.
- Make sufficient copies of:
 - **Appendix B** ~ "Intake and Placement of Evacuee", to write pertinent information about each evacuee once received. **(One copy for each evacuee)**
 - **Appendix C** ~ "Drug Record for Evacuee", for medication / treatments received and/or required for the evacuee. **(One copy for each evacuee – used if no other drug record.)**
 - **Appendix D** ~ "Evacuated Facility's Staff – Sign In & Out Sheet", for evacuated staff to sign in and out. **(Two copies; keep at reception area)**
 - **Appendix E** ~ "Code Orange - Intake of Evacuees Summary Report". Provide **one copy** to the FIW / designate manager to record the evaluation and recommendations of the emergency. (The information may be completed electronically if desired).
 - **Appendix F** ~ "List of Evacuees and their Status". Print **two copies** for FIW/designate, to ensure there is a compiled list of evacuees and their health status.
 - **Have additional paper available** to commence the evacuee's written care plan while the Home, if no other means of recording the evacuee's care is available.
- Organize the Home and equipment in preparation for the evacuees if opportunity available.
 - Clear space in the Chalet, as needed
 - Gather and have available BRHD's emergency equipment and supplies.
 - Retrieve the emergency Triage bag from , Resident Care Supervisor's office located across from, CC1's nursing station – master key required and have available if needed.
- Communicate the plan to intake evacuees, to the residents and staff.

RECEIPT OF EVACUEES

The **FIW/designate** will direct staff to:

- Ensure each evacuee has an identification bracelet on.
- Add the Evacuee's **name** to **Appendix F** – "List of Evacuees and their Status".
Note: *The evacuee's health status will be added after their intake assessment is conducted.*
- Make a folder for each evacuee.
- Commence **Appendix B** ~ "Intake and Placement of Evacuee" record. Complete Appendix B as much as possible, for each evacuee upon arrival.
If papers were brought with the evacuee, attach the information to Appendix B, or include in their folder / temporary chart.
Ensure all drugs or prescribed treatments that are received or required by the evacuee, are added to **Appendix C** – "Drug Record for Evacuee".

Notes:

- *Ensure that each evacuee is assessed by an RN or RPN.*
- *Encourage the registered nursing staff from the evacuated facility to conduct the intake assessment on their evacuees. BRHD registered nursing staff should only conduct the*

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intake assessments on evacuees if no nursing personnel from the evacuated facility are available.

- *Use the privacy separators in the Chalet, to provide as much privacy as possible. Assist with arrangements for safe storage of any drugs brought into BRHD. **Note:** If urgently needed, until such time as additional medication cart(s) arrive, one of BRHD treatment carts could be emptied into the Medication Room, and used by the evacuees for safe storage of their drugs.*

- Triage assessments of evacuees, i.e., the most urgent first.
 - Establish a care level for all evacuees received after their intake assessment:
 - **Red** (urgent care required)
 - **Orange** (unstable, requires close observation)
 - **Green** (stable, routine care and observations).
 - Record the evacuee's health status on **Appendix F** – “List of Evacuees and their Status”.
- If **additional staff** are required to assist the sending facility evacuees, offer to help with arrangements for extra staffing, e.g., from an agency, Red Cross, VON, etc., if possible.
- Assist the sending facility staff to manage any **urgent** medical issues, as required.
Note: *Evacuees with urgent medical issues should be sent to the hospital.*
- The sending facility may wish to:
 - Contact the Barrie Fire and Emergency Service (911) for emergency equipment and supplies from community resources, if needed.
 - Contact their pharmacy to request additional medication cart(s) be sent to BRHD for the evacuees, if needed.
- Inquire if the sending facility has notified their Medical Director or Attending Physician(s), as applicable, and whether one of their physicians will be providing medical assessments and care to their residents at BRHD.
- Notify the **BRHD** Medical Director about the intake of evacuees; giving an update on the total number of evacuees received, and whether medical services are required for any of the evacuees.
- Ensure that the sending facility has notified all the evacuees' POAs/loved ones of the evacuees' status, location, and a contact number of the sending facility to receive additional information on the evacuees.
- Ensure every evacuee has a folder / temporary chart with their information for staff reference.
- Ensure all staff from the evacuated facility sign in and out (**Appendix D**)
- Ensure staff and evacuees from the evacuated facility are orientated to the Home and given the appropriate phone numbers, as needed. Explain that the evacuees will need to abide by the BRHD rules and governing legislation.
- Update BRHD staff and residents of **the situation** regarding the intake of evacuees.
- Designate a staff member to immediately notify **MLTC** of the “Code Orange- Intake of Evacuees” emergency by the after-hours pager, if not done already.^{xiv}
- Check with the sending facility staff to determine if they anything, e.g., security, supplies, etc., and assist where possible.

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ACTIVITIES AFTER the EMERGENCY is DECLARED OVER

After receipt, assessment and placement of evacuees, the **FIW/designate will:**

- **Declare the emergency over** to residents, staff and others in the Home,^{xv} and ensure the Administrator is notified, if not already on the site of the Home. ^{xvi}
***Note:** It is understood that additional activities are required while the evacuees are in the Home, and after they leave, but the emergency of the intake of evacuees, should be declared over at this point.*
- Gather **a copy of** the following, for review at the evaluation discussion:
 - the completed **Appendix F** – List of Evacuees and their Status;
 - the current copy of **Appendix D** – Evacuated Facility’s Staff- Sign In & Out Sheet; and
 - **Appendix E** - the Code Orange – Intake of Evacuees Summary Report for completion.
- **Invite the following persons** to participate in the evaluation discussion and ensure the information reflects the accurate details of the event, feedback from those involved, and potential areas of improvement:
 - Administrator, and on-site managers, representatives from the BRHD staff, students, volunteers; and
 - Any **entities** involved in the emergency,^{xvii} e.g.,
 - The sending facility’s management staff and representatives from their staff who assisted with the intake of evacuees at BRHD, and
 - Emergency personnel (Police, Ambulance), as applicable and available.***Note:** It may be necessary to have the Administrator/designate and the sending facility’s management attend by teleconference.*
- Complete **Appendix E** - “Code Orange - Intake of Evacuees Summary Report” to the extent possible.
- Ensure a completed copy of Appendix **E** is retained for reference by the person in charge of the Home while the Evacuees are still at BRHD. The original completed **Appendix E** - “Code Orange - Intake of Evacuees Summary Report” should be forwarded to the Administrator.
- As soon as possible after the evaluation discussion, **amend the CIS report to MLTC, regarding the Code Orange / Community Disaster**, that resulted in the “Intake of Evacuees” emergency.^{xviii}
***Note:** Use the ‘critical incident’ section and ‘emergency’, Community Disaster / intake of evacuees, if available in the CIS template.*

The Administrator / designate will:

- Review the **Appendix E** - “Code Orange - Intake of Evacuees Summary Report” and follow-up on any outstanding issues, and ensure documentation is completed as required.
 - If any external entities (e.g., emergency services) were involved in an emergency response, ensure the entities, and the RC, and FC, if any, are provided an opportunity to offer feedback, if their representative was unable to attend the post emergency evaluation discussion.^{xix}
 - Determine if any of BRHD staff experienced **distress** during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support.^{xx} BRHD has an EAP, for eligible staff.

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- Review the Code Orange- Intake of Evacuees **Plan** (*EMERG-I-09b*), and add any recommendations for change to the Plan, to the written recommendations for improvement as outlined in the ‘**BRHD’s Intake of Evacuees Summary Report**’.
- Bring **recommendations for improvement** of the Code Orange - Intake of Evacuees Plan to the Management Team meeting for discussion and determine which recommendations for improvement are approved or rejected. Record decisions on **Appendix G** – “Administrator Checklist for Code Orange- Intake of Evacuees”.
- Update the Code Orange- Intake of Evacuees **Plan**, with any approved recommendations for improvement, within 30 days after the event was declared over.^{xxi}
Note: *If any changes were made to improve the plan, maintain a written record of the changes made.*^{xxii}

WHILE EVACUEES ARE IN BRHD

- The BRHD Administrator/designate with the DONPC/designate should conduct daily meetings/debriefs with the management from the sending LTCH, until all their residents have returned safely. Keep minutes of meetings.
 - Obtain an update on:
 - the status of the evacuees, and
 - when the evacuees can be returned back to their Home, or alternate location.
 - Ensure there is a tracking of BRHD’s supplies, equipment and human resources used for reimbursement.
 - Identify and discuss any issues or concerns requiring resolution.
- Amend the CIS report with any significant updates, as applicable.
- Ensure that a copy of all written records is retained by BRHD prior to the evacuee leaving BRHD, including but not limited to:
 - Appendices B, C, D, E and F with any written information on the forms.

RETURN OF EVACUEES

All evacuees from another LTCH should be safely returned to their Home, in an organized manner, as quickly as possible. The sending LTCH is expected to coordinate the associated activities, including keeping BRHD informed as to the status.

Coordinating recommendations for return of residents with their home facility:

- Communication plan – notifications, memos and direct communication with evacuee residents/SDMs/ power of attorneys (POAs), their staff, Ministry Long-Term Care (MLTC), Barrie and Area Ontario Health Team (OHT), etc.
- Ensure adequate staffing for their residents who were evacuated to BRHD
- Prior to the evacuees return back to their Home
 - Conduct safety pre-occupancy checks of their Home, e.g., operation of equipment, and obtain any required approvals from Fire Department, building inspector, service contractors (hydro, gas), MLTC, etc., as appropriate
 - Ensure adequate staffing for the return of evacuees back to their Home

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- Notify evacuees, staff, physicians, pharmacy, and residents' POA, etc. for the date and time of return to their Home, or alternate location.
- Make transportation arrangements
- Coordinate departure activities with BRHD
- Notify MLTC of the return of their residents back to their Home or alternate location.
- Gather equipment, drugs, and documents to be returned with the residents back to their Home.
- Review and **document** with the staff of the evacuees, what equipment and supplies remain at BRHD after the evacuees leave BRHD

When the Evacuees Return to their Home/Alternate Location

The **Administrator/designate** will address the **recovery** from the emergency.^{xxiii}

- Ensure MLTC were notified via a CIS report of the return of the evacuee.
- **Debrief** the residents, their SDMs, if any, staff, volunteers, and students after the emergency, as appropriate, e.g., the fact that the Emergency Plan was tested (mock or actual), the return of the evacuees, if applicable, and the recovery, i.e., recommendations for improvement, changes to be implemented. **Note:** *Maintain a written record of the debrief.*
- Clean and return to normal, the rooms used by the evacuees.
- Resume normal operations of the Home
- Prepare and send an invoice for supplies and equipment used by the evacuees, that require replacement.
- Arrange for staff **training/retraining** to be updated and conducted, as required. (*Refer to the sections below.*)
- Complete the “**Administrator Checklist for Code Orange-Intake of Evacuees**”, (**Appendix G**), as outlined.

TRAINING – Emergency Plan ^{xxiv}

- BRHD **staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.^{xxv xxvi}
- The training will be based on that staff member's responsibilities, prior to that person performing his/her responsibilities.^{xxvii}
Note: *In the event of an emergency or exceptional unforeseen circumstances, e.g., the new employee is being orientated on-site with another employee, the emergency training must be provided within one week of when the person begins performing their responsibilities.*^{xxviii}

STAFF RETRAINING ^{xxix}

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As.^{xxx} If staff at that time, or at any time, are assessed as requiring further retraining, this will be done by the employee's supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..^{xxxi}

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- During the testing of the emergency procedure (every 3 years), any staff assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.^{xxxii}

Related Plan

- EMERG-I-02- Code Green*
- Emergency Menu*

Appendices

Appendix A ~ Reciprocal Agreement for Intake of Evacuees * (1 copy)

Appendix B ~ Intake and Placement of Evacuee * (2 copies)

Appendix C ~ Drug Record for Evacuee * (2 copies)

Appendix D ~ Evacuated Facility's Staff – Sign In & Out Sheet * (1 copy)

Appendix E ~ Code Orange - Intake of Evacuees Summary Report

Appendix F ~ List of Evacuees and their Status * (2 copies)

Appendix G – Administrator Checklist for Code Orange- Intake of Evacuees

* Please make the identified number of copies of appendices for the Command Centre Bag. In addition, please make 1 copy of the "Activation of the Plan" section of this plan (pages 3-5 inclusive) for the Command Centre Bag, Code Orange – Intake of Evacuees (EMERG-I-09b) folder.

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Appendix A ~ Reciprocal Agreement for Intake of Evacuees

- BRHD has a reciprocal agreement with the following LTC Homes.

*** See Code Green, Appendix 1 ~ Evacuation Facilities Chart on Page 26**

- In the event of an emergency, BRHD can accommodate the following total number of *residents* for 24 hours or less:

Level of Care	24 hrs or Less
Ambulatory	30
Mobile with assistance	15
Immobile	15

Special Conditions: All resident coming to BRHD would be in one big room (Chalet).

NOTE: *There is only 1 emergency call button in the Chalet located near entrance.*

Documentation Required

- Intake of residents:** Each resident's plan of care, including his/her medication and treatment administration records, as applicable and available.

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Appendix B. ~ Intake and Placement of Evacuee *(Complete one per evacuee upon arrival.)*

Name of evacuee _____; Date _____; Time _____
 From Evacuation Location: _____; Evacuated Facility's Ph # _____; Ext: _____
 Person who accompanied evacuee: _____; Relationship: _____
 Placement site: a) Chalet (Y/N) _____; or b) Other _____
 An identification bracelet with the evacuee's name was applied to the evacuee. (Y/N) _____

Intake Assessment *(by evacuated facility nursing staff if possible):*

- Does the evacuee have any injury? (Y/N) _____ If yes, describe: _____

- Is the evacuee at risk of **elopement**? (Y/N) _____ If yes, evacuee requires a secure unit arrange for placement of evacuee **in an alternate location**, unless the evacuee has one person staying with the resident at all times.

- Pertinent information about the evacuee if possible, and as applicable.

Physician _____ Diagnosis _____ Diet: _____

Safety equipment required, (e.g., oxygen, mobility aids, requires C-PAP, Tube feedings) and if received with evacuee.

Evacuee's Required Equipment / Supplies	Received with Evacuee

- Evacuee requires medication +/- treatment? (Y/N) _____ If yes, complete **Appendix C** 'Drug Record for Evacuees'.
- If evacuee has a record of medications / treatments attach record.

- Check the status of evacuee after assessment** (e.g., **Red** (urgent care required) _____; **Orange** (unstable, requires close observation) _____; **Green** (stable, routine care and observation) _____)

Explain evacuee's Red or Orange assessment needs, if identified: _____

- Emergency contact person: Name: _____ # _____ POA (Y/N) _____
 Emergency person contacted by the evacuated facility staff (Y/N) _____; or by BRHD staff (Y/N) _____;
 Response of Contact Person: _____

The DONPC/designate will follow-up on every evacuee received with sending facility DONPC/designate, to ensure ongoing communication with evacuated facility's representative.

When is the expected **date/time of return** to evacuated facility / alternate location? _____

Evacuated Facility's Contact name _____ **Emerg Phone #** _____

BRHD's Staff name who completed form: _____ **Position** _____

***Upon completion of this form, add evacuee's health status to Appendix F- List of Evacuees and their Status.**

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Appendix D. ~ Evacuated Facility's Staff - Sign In & Out Sheet

***Staff from the evacuated facility must sign IN and OUT**

[illegible]

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Appendix E ~ Code Orange Intake of Evacuees Summary Report

Instructions:

This report template is available for completion electronically, and should be completed to the extent possible, by the onsite FIW, as soon as possible after the emergency is declared over. The following additional persons *if involved* in the emergency, are encouraged to participate and provide feedback: Administrator/designate, on-site manager(s), external entities^{xxxiii} e.g., emergency services, and representatives from involved staff, student, volunteers, residents, and family, from both BRHD and the sending facility, as applicable.

Attendees:

NAME	Position		NAME	Position

List **external entities**, e.g., emergency services, **not** in attendance, so they can be given the opportunity for feedback:

The following when completed will provide a brief summary of the **Code Orange-Intake of Evacuees emergency event**: (who, when, where, what, action taken, observations made, and comments for improvement)

TEST: Actual Emergency (Y/N) _____; Mock Emergency (Y/N) _____ (Intake of Evacuees-to be tested every 3 years)
Date of emergency: _____ Time emergency started: _____ hours

Name of FIW: _____ (Manager, Senior registered nurse in charge of the Home in the absence of a manager.)

Description of Emergency

Who requested BRHD intake evacuees from (person's name & position):

Name of Sending Facility: _____; Ph # of Sending Facility: _____

Was the **Administrator/designate manager** notified of the emergency? Y/N _____

Was the **fan-out for additional staff** required? Y/N _____

If yes, names of staff who came to assist with the Emergency?

Preparations – Was there time to prepare for intake of evacuees? (Y/N) _____

Comments: _____

First evacuee arrived: Date: _____; Time: _____ hours

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Total # of evacuees that arrived: _____ (Refer to **Appendix F- List of Evacuees and their Status**)

Total # of evacuees assessed as **Red** (urgent care required) _____;

Total # of evacuees assessed as **Orange** (unstable, requires close observation) _____;

Total # of evacuees assessed as **Green** (stable, routine care and observation) _____

Evacuees arrived by: _____

Total # of staff from evacuated facility that arrived with & stayed to care for evacuees: _____

Were all emergency contacts of evacuees notified of the person's location and updated on their health status? Y/N _____

Time the emergency was declared over by the FIW? _____ hours

Did anyone sustain one or more injuries during the emergency? Y/N ____ If yes, please complete chart below.

Name (First / Last)	Position - resident, staff, visitor, etc.	Describe Injury	Treatment Provided

What went well?

What didn't go well?	Recommendation for improvement?

To be Notified (If needed and not yet done, please assign if possible)

. **MLTC notified of the emergency and was a CIS report submitted?** Y/N _____

If no, assigned to: _____

. **WSIB, MLITSD?** Y/N Not applicable? _____ If required, assigned to: _____

. **Evacuee's POA?** Y/N? _____ If required, assigned to: _____

. **Evacuee's Physician?** Y/N Not applicable? _____ If required, assigned to: _____

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In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced/disinfected and/or returned. Identify who will complete that task.

Supplies/Equipment Used	Replace or Disinfect & Return	Assigned to:
Command Centre Bag supplies?		

Did any person(s) experience distress as a result of the emergency? Y/N ____

If yes, list names of person(s) who experienced distress, and indicate whether emotional support was provided.

Person's name who experienced distress	Emotional Support Provided	Follow-through required

Signature of FIW: _____

Signature of the FIW / designate completing the report: _____

Ensure this report and supporting documentation are forwarded to the Administrator.

Note: A copy of the above Summary Report should be available for the person in charge of the building, if evacuees are still in the Home.

The remainder of the evaluation is to be completed by the Administrator/designate.

- Review the CIS report related to the emergency, and submitted to the MLTC.
 - Make any amendments as required.
- Does WSIB, MOL/ MLITSD, or any other government body or entity need to be notified? Y/N _____. If yes, identify who will notify which entity. _____
- Were the entities (e.g., *Emergency services & sending facility staff*) who were involved in emergency response provided an opportunity to offer feedback.^{xxxiv} Y/N _____. If no, who will contact them and inquire if they have any feedback?

The **Administrator** will ensure the review of the existing Code Orange- Intake of Evacuees Plan **annually**, and discuss any recommendations for improvement **with the Management Team**. (Refer to recommendations as listed above, and any additional recommendations that were received.)

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The following are the Authorized Recommendations for Change

#	Authorized Recommendations for Change, including any changes to the Plan, if any:	Assigned to	Date of Implementation
1.			
2.			

Note: Authorized changes for improvement are to be promptly implemented and documented.^{xxxv}

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change
1.		
2.		

Code Orange- Intake of Evacuees Plan (EMERG–I–09b)

Within 30 days after the test is declared over, the emergency plan must be **reviewed and updated**, if necessary, based on the authorized recommendations.^{xxxvi}

Name of person updating the Plan (EMERG–I–09b), if required _____

If changes were made to the Plan indicate how staff, volunteers, students, RC, FC if any, and external entities were involved / informed of **changes**, and will be given any **training/retraining**, as required.

Retain all supporting documentation, e.g., completed templates, changes made to the Plan, training records, etc.

- _____ New staff / volunteers & students will review updated emergency Plan as part of their **orientation**
- _____ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant external entities given an opportunity for feedback and **advised of changes to the emergency plan**; as available on website, & internally in Emergency Manual, as appropriate.
- _____ If changes were made to emergency Plan, the revised Plan was updated in the Home's Emergency Manuals, and the electronic emergency Plan was sent to Fred /IT Specialist, for posting on the BRHD website and the former version of the Plan removed.

After a review of this form, is there any additional follow-through required? Y/N_____

- If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	Assigned to:

Retain this record as part of the Home's quality management activities.

Name of person(s) completing report:

Administrator / designate: _____ (Print); _____ (Signature)

Date of completion: _____ (within 30 days after the emergency was initiated).

Ensure the Administrator has a copy of the completed evaluation.

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Appendix G: Administrator Checklist for Code Orange – Intake of Evacuees

The **Administrator/designate** will ensure:

- The Manager of Nutrition and Environmental Services (MNES):
 - **tested** the Code Orange – Intake of Evacuees Plan **at least every three years** (Y/N) _____
- The Administrator/designate reviewed, evaluated, and **updated** as necessary, **the Code Orange-Intake of Evacuees “PLAN”**:
 - (a) at least **annually**, including the updating of all emergency contact information of the entities, (Y/N) _____; and
 - (b) **within 30 days** of the emergency being activated and declared over.^{xxxvii}

Note: If the Code Orange Plan- Intake of Evacuees is changed, ensure the Emergency Manuals and the website have the most current version of the Plan.

The Code Orange - Intake of Evacuees Plan may not be tested/activated every year, but when the Plan is reviewed each year, ensure to retain the following records of the annual Code Orange – Intake of Evacuees Plan review:

- Date of discussion _____
- Persons in attendance of discussion: _____;
- _____;
- _____.
- Recommendations for Improvement: _____
- _____
- _____
- If recommendations are **approved** identify the changes; person to make the changes in the Plan; and save the changes made to the Plan (changes in red font)
- If recommendations for changes to the Plan are **rejected**, identify the recommendations rejected, and the reason why they were rejected.
- _____
- _____
- The **related documentation** for **all activations** of the Code Orange-Intake of Evacuees Plan that **occurred in the year** are completed, compiled, and retained as per the retention requirements, including but not limited to:
 - the **Code Orange-Intake of Evacuees Summary Report (Appendix E)**
 - **Note:** **Tested at least every 3 years**, but may be activated during any year.
 - the **debriefing** of staff, and volunteers and students, if any; ^{xxxviii}
 - any **changes made to the Code Orange-Intake of Evacuees Plan** (when reviewed at least annually and 30 days after the emergency is activated), and
 - **when the emergency plan is changed, consultation with the entities**, ^{xxxix} e.g., emergency personnel, LTC Homes in a reciprocal agreement, and the RC and FC, if any, as appropriate; and
 - any related training/retraining records.

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Number of **Code Orange – Intake of Evacuees** emergencies **activated or tested** in the year? _____
 (at minimum every 3 years) **Note:** Ensure that the records of the **last** Code Orange- Intake of Evacuees **test**, are available on site, since it may have only been tested 3 yrs. ago.

Identify any recommendations for improvement that will be **carried over to the next year** for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				

Signature of the Administrator: _____

Date: _____

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Endnotes

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- ⁱ O. Reg.246/22 s.268 (3)(b).
 - ⁱⁱ O. Reg.246/22 s.268 (4) 2. ii.
 - ⁱⁱⁱ O. Reg. 246. s.268(5)1.
 - ^{iv} O Reg. 246/22. s.268. (4)3.
 - ^v O. Reg. 246. s.268(10)(b).
 - ^{vi} O. Reg. 246. s.268(12).
 - ^{vii} O. Reg.246/22 s.268 (8).
 - ^{viii} O. Reg. 246/22 s.268 (3)(6).
 - ^{ix} O Reg. 246/22. s.268. (4)4 and 5.
 - ^x O. Reg.246/22. s.268.(9).
 - ^{xi} O. Reg.246/22. s.268.(10)(d).
 - ^{xii} O. Reg.246/22 s.268 (3)(4)4 and 5.
 - ^{xiii} O. Reg.246/22 s.268 (7).
 - ^{xiv} O. Reg. 246. s.115 (1)1.
 - ^{xv} O. Reg.246/22 s.268 (6).
 - ^{xvi} O. Reg. 246. s.268(5)1.
 - ^{xvii} O. Reg.246/22. s.268.(9).
 - ^{xviii} O. Reg. 246. s.115 (1)1.
 - ^{xix} O. Reg.246/22. s.268.(9).
 - ^{xx} O. Reg.246/22. s.268.(13) (c).
 - ^{xxi} O. Reg.246/22. s.268.(8)(b).
 - ^{xxii} O. Reg.246/22. s.268.(10) (d).
 - ^{xxiii} O. Reg.246/22. s.268.(13).
 - ^{xxiv} O. Reg.246/22. s.268.(14) (a).
 - ^{xxv} FLTCA. s. 82(2)8; and s.82(4).
 - ^{xxvi} O. Reg.246/22. s.260.(1).
 - ^{xxvii} FLTCA s.82(6).
 - ^{xxviii} FLTCA. s, 82(3).
 - ^{xxix} O. Reg.246/22. s.268.(14)(b).
 - ^{xxx} O. Reg.246/22. s.260.(1).
 - ^{xxxi} O. Reg.246/22. s.260.(3).
 - ^{xxxii} O. Reg.246/22. s.260.(3)(b).
 - ^{xxxiii} O. Reg. 246/22 s.268(9).
 - ^{xxxiv} O. Reg.246/22. s.268.(9).
 - ^{xxxv} O. Reg. 246/22. 168.(2) 6. ii.
 - ^{xxxvi} O. Reg.246/22. s.268.(8).
 - ^{xxxvii} O. Reg.246/22 s.268 (8).
 - ^{xxxviii} O. Reg.246/22 s.268 (13).
 - ^{xxxix} O. Reg.246/22. s.268.(3).