

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
|--------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>             | Approved by:<br><b>Administrator</b>    | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

## INTRODUCTION

This “**Code Green – Evacuation Plan**” is Bob Rumball Home for the Deaf’s (BRHD) written<sup>i</sup> emergency evacuation plan that complies with the *Fixing Long-Term Care Act, 2021 (FLTCA)* and its regulation (*O Reg. 246/22*) including:

- measures for dealing with, responding to and preparing for the emergency, and procedures for **evacuating and relocating the residents**, and **evacuating staff and others** in case of an emergency;<sup>ii</sup> and
- Ensuring the Code Green – Evacuation Plan is **tested, evaluated, updated and reviewed** with the staff of the home as required in the regulations.

## Contents for the Code Green - Evacuation Plan <sup>iii</sup>

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- **Appendices** ~ Evacuation Facilities chart (1); Accounting for all Residents (2a/2b); Transportation Plan (3); Evacuation and Relocation of a Resident (4); Staff Members with Relocated Residents (5); Code Green Evaluation (6); Post Incident Debrief Recovery (7); Drug Provision Plan (8); Food and Fluid Emergency Plan (9); Emergency Evacuation Techniques (10); Administrator Checklist for Code Green/Evacuation (11).

#### HAZARDS AND RISKS that may prompt Code Green <sup>iv</sup>

- There are many types of emergencies *that occur within BRHD, and/or in the surrounding community*, as outlined in the Emergency Manual, that may trigger the need for evacuation of residents, staff and others, and/or relocation of residents, either at the beginning of the emergency, or if there is a significant change throughout the course of that emergency.
- Emergencies that may give rise to Code Green include but are not limited to: fire, gas leak, flood, loss of an essential service, tornado, a chemical spill, or a bomb threat.

#### PURPOSE

The purpose of the Code Green Plan is:

- To **facilitate a quick and appropriate response** to an emergency, requiring an evacuation of residents, staff and others, and a relocation of residents.
- To **protect the safety and well-being** of residents, staff and others, as much as possible, during an emergency, requiring an evacuation and/or relocation.
- To **complement** and be used in conjunction with other existing County of Simcoe Emergency Management Plans.<sup>v</sup>

#### DEFINITIONS: *(for purposes of this Code Green Plan)*

**Designated safe meeting place OUTSIDE the building:** is the **visitor parking lot closest to Royal Parkside Dr.**, or as otherwise directed by Fire/Incident Warden or emergency personnel.

**Emergency:** means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that require **immediate action** to ensure the safety of persons in the home.<sup>vi</sup>

**Evacuation:** means removing person(s) from, or leaving, a dangerous place.<sup>vii</sup>

- **Site Evacuation:** means **removing** residents *(and/or other persons)* from the **immediate area of danger**.
- **Horizontal Evacuation:** means the complete evacuation of all persons from the dangerous **site** to a safe area beyond fire walls/doors, **within the building**.
- **Total Evacuation:** means that **all persons** must **leave the BRHD building** as safely as possible, as per the directions of the Fire/Incident Warden and wait **outside** the building in the **designated safe meeting place**.

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**Entities - for Code Green**<sup>viii</sup>: include external agencies that may be involved in, or may provide emergency services in the BRHD area, which include but are not limited to: Fire Dept., Police, Ambulance Services, Emergency transportation services, Silver Fox Pharmacy, partner facilities, e.g., **evacuation facilities** with agreement (*Appendix 1*); and health service providers as defined in the *Connecting Care Act 2019, including Royal Victoria Hospital, Barrie and Area Ontario Health Team (BAOHT), and the Physiotherapist. Refer to the Emergency Contacts and phone numbers at the front of the Emergency Binder.*

**Fire/Incident Warden (FIW)**: is in charge of Code Green, until Emergency Personnel arrive, at which time the FIW takes direction from the Emergency Services, i.e., Fire Department and/or Police.

**Note: The most senior RN/RPN in charge of either CC1 or CC2, is the first person to act as the FIW. The on-site Administrator or designate will take over the FIW role in the event of a Total Evacuation, and at any time deemed appropriate.**

## COMMUNICATION<sup>ix</sup>

- The Fire / Incident Warden is the person in authority to Lead the Code Green emergency and will provide direction to staff and others as appropriate. The FIW will take direction from the Emergency Personnel once they arrive onsite.
- The Code Green plan outlines the **specific staff roles and responsibilities**, including but not limited to **communication** by designated persons or means, to residents, substitute decision makers (SDMs) if any, staff, students, volunteers, caregivers, the Residents' Council and Family Council, if any, **on the emergency in the Home at**:
  - the beginning of the emergency,
  - when there is a significant status change throughout the course of the emergency; and
  - when the emergency is over.<sup>x</sup>
- The BRHD Administrator/designate is the only person who communicates with the **media**.
- Emergency Manuals are located in the front reception area of the building, and in the nursing station of each Care Centre (CC). All "Emergency Plans" are also available electronically in the BRHD S-Drive, and on the BRHD website.<sup>xi</sup> For accessing the website, go to Home (B.R.H.D.) - Bob Rumball Organizations, then click on "BRHD Website information section".<sup>xii</sup>
  - Physical copies of Code Green are available upon request.<sup>xiii</sup>  
**Note: At the discretion of the Administrator/designate, a fee of \$0.20 per page, to cover the photocopying costs, may be applied.**
- At the front of the Emergency Manual, there is a list of emergency contact telephone numbers. "911" is used during an emergency for police, fire and / or ambulance personnel. All BRHD managers will have access to the "**Fan Out List**" to notify staff of the emergency and request their assistance.
- In the event there is a loss of communication please refer to **Code Grey ~ Loss of Communication (EMERG-I-06c)**.

## PREPARATION for CODE GREEN<sup>xiv</sup>

- BRHD will:**
  - Develop and maintain** a copy of the emergency **Code Green – Evacuation Plan**, including the measures for dealing with, responding to, and preparing for the evacuation and relocation

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emergency, and procedures for evacuating and relocating the residents, and evacuating staff and others in case of a Code Green emergency. The plan includes an overview of responsibilities for specific staff, and templates to facilitate a timely and thorough response.

- **Consult** with the following in the development and updating of the Code Green Plan:
  - Residents' Council and Family Council, if any;<sup>xv</sup> and
  - Entities that may be involved in or provide emergency services to BRHD. BRHD will maintain a record of the consultations with the entities.<sup>xvi</sup>
- **Evaluate, and update as necessary, the Code Green "Plan" at least annually**, including the updating of all emergency **contact information of the entities** as outlined in the front of the Emergency Manual; and **within 30 days after each activated Code Green** is declared over.<sup>xvii</sup>
- **Train staff, volunteers and students** on Code Green – Evacuation Plan, **at orientation** based on their responsibilities, before they perform their responsibilities.<sup>xviii xix</sup>

**Note:** *In the event of an emergency or exceptional unforeseen circumstance, e.g., the new employee is being orientated on-site with another employee, the emergency and evacuation training must be provided within one week of when the person begins performing their responsibilities.*
- **Retrain staff, volunteers and students annually**, through Surge learning, or alternate method, as appropriate; when a staff, volunteer or student is assessed as not understanding the Code Green Plan; and, when the Plan is significantly revised. Alternate retraining method(s), e.g., 1:1 training will be provided as needed, at the discretion of their supervisor.<sup>xx</sup>
- Identify and to the extent possible have the **resources and supplies needed to respond** to the emergency.<sup>xxi</sup>
- **Conduct a planned evacuation (test)** at least once **every three years**, including arrangements with the entities that may be involved in or provide emergency services to BRHD.<sup>xxii</sup> Conducting the test, and subsequent evaluation, will help to identify and where approved, implement improvements to the plan, and will facilitate the implementation of a safe plan in an actual Code Green emergency.
 

**NOTE:** *For all planned evacuations ensure that the emergency services (fire, police and ambulance), MLTC, entities, etc. are notified of the emergency test approximately 24 hours PRIOR to conducting the test, using their Non-Emergency Service phone numbers.*

## DOCUMENTATION and RECORDS MANAGEMENT

- BRHD will maintain the records, current arrangements<sup>xxiii</sup>, and **documentation** related to the planned and actual **implementation of Code Green**, including evacuation facilities agreements, arrangements and consultations with entities, completion of relevant checklists, appendices, **and of changes made to improve the Code Green – Evacuation Plan.**<sup>xxiv</sup>

## ORDER OF EVACUATION

### Evacuate:

1. All persons **in immediate danger**
2. Ambulatory residents and residents require the assistance of not more than one person
3. Non-ambulatory *residents* requiring special assistance **not in immediate danger**, e.g., a 2-3 person assists to evacuate, on a life-support system, etc.
4. Resistive residents **are not in immediate danger.**

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## STAGES OF EVACUATION

### A. Site (*Immediate Danger*) Evacuation Procedure

- Remove the resident(s) from immediate area of danger.
- If the incident is in a resident's room:
  - Take a blanket from each resident's bed. Use the blanket as required, for resident warmth, to assist with an evacuation technique, e.g., "blanket pull"; or to apply to the resident's clothing if on fire.

#### **Notes:**

- . *One or more staff members may be needed to evacuate each resident safely.*
- . *If the immediate danger site is in a resident's bedroom with more than one resident, it is only necessary to move the first resident into the hall outside the room before returning for any other resident/persons **in immediate danger**.*
- After resident/persons are removed from immediate danger, check to **ensure the room is vacant**, e.g., if a bedroom area, check the adjacent washroom, closet(s) and under bed(s).
- Close the door. Near the bottom of the door, attach the magnetic strip to the metal door frame to show the word "Vacant".
- **Have someone sound the alarm, if it is not already done.**
- Once residents (and others) are out of immediate danger, move residents and others safety beyond the fire doors.

### B. CODE GREEN – HORIZONTAL EVACUATION (*Partial Evacuation*)

**Horizontal Evacuation** includes the complete evacuation of all persons from the dangerous **site** to a safe area beyond fire walls/doors, **within the building**.

- The **order of evacuation should be followed** as much as possible: immediate danger, ambulatory, non-ambulatory, and resistive residents, to facilitate timely evacuation of persons from the danger area.
 

**Note:** *Bring resident's **critical** medical equipment /supplies with resident, if possible, e.g., mobility aid, oxygen, G-tube feed, etc.*
- When the staff member has checked to **ensure the entire room is vacant**, apply the strip at the bottom of the door to identify that the room is vacant.
- Close the door, attach the magnetic strip at the bottom of the door to the metal door frame to identify that the room is "vacant".
- Move residents and others to a safe area beyond the fire doors.
- **One staff member must remain in the safe holding area to offer reassurance and support to residents.** All other available staff must return to the evacuation site to assist with the evacuation.
- Continue evacuating area away from danger to a safe area beyond the fire doors, or as directed, until danger area has been completely evacuated horizontally.

**Note:** *For details regarding moving residents within the Home for alternate accommodation, refer to the section below (after "Specific Roles and Responsibilities"), titled "**Plan for Alternate Accommodation Within the Home**"*

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### C. CODE GREEN – TOTAL EVACUATION

***Total Evacuation*** means that all persons must leave the BRHD building as safely as possible, as per the directions of the Fire/Incident Warden and wait **outside the building** in the **designated safe area**.

- **Administrator / designate must be notified of the intent to evacuate** prior to evacuation.
- A total evacuation of the Home should **only be carried out upon the direction from the Fire Department and/or** the Administrator/designate, or Fire/Incident Warden.
  - **Stage two fire alarm** is triggered by a key – located on the RN/RPN key ring. The **2<sup>nd</sup> stage fire alarm will initiate a rapid continuous ring to notify persons that a total evacuation needs to be conducted.** The 2<sup>nd</sup> stage fire alarm has an *audible alert that will sound at 60 beeps per minute vs. 20 times per minute in Stage one*). *BRHD's Stage one and Stage two fire alarms also have flashing strobe lights to notify persons who are deaf of a fire alarm.*

#### **Notes:**

- *The frequency of the flashing strobe lights does not increase when the 2<sup>nd</sup> stage fire alarm is triggered. Therefore, once the 2<sup>nd</sup> stage fire alarm has commenced, it is **important to inform residents and staff who are deaf** of the need to **totally evacuate**, since they are unable to hear the change in frequency of alarm beeps/minute.*
- *To **inform deaf** residents and staff of the **need to evacuate**, use the ASL emergency sign “E” with both hands and shake hands from side to side, and point in the direction of where they need to go.*
- *To **inform deaf-blind** residents of the need for evacuation, draw an ‘X’ on their back, which is the universal sign for ‘Emergency.’*
- Totally evacuating all residents from the building should be done only when it is deemed that there is **no safe place within the home that the residents can be moved**; i.e., residents remaining in the building are deemed to be at an extremely high-risk; and the only option available is to move the residents outside the building to keep them safe from the danger that is inside the building.
- **Remove all residents from the immediate danger site to a safe area beyond the fire doors.**
  - One staff member must remain in the safe holding area to offer support to residents, and to check off the residents' names once they arrive to safe area. Use the prepared resident list (Appendix 2a and 2b) found in the command centre bag. **Put the verified resident's identification lanyard on each resident, e.g., premade nametag on a lanyard.** If a prepared name tag is not available, use a name sticky label. Ensure the nametag has the resident's name, the CC and indicate if the resident is deaf or hard of hearing, if applicable.  
**Note:** *The Nursing Administrative Assistant Coordinator will ensure 2 prepared copies of Appendix 2a and 2b; and the prepared name tags on lanyards are kept current and placed in the Command Centre Bag. The name tags on lanyards will be divided in 4 Ziplock bags that correspond with the 4 units (i.e., CC1 – 2 Units (100's, 200's); and CC2 -2 Units (300's and 400's).*
  - All other staff must return to their respective area and continue to evacuate all persons from their area, unless otherwise directed by the Fire/Incident Warden.
  - Ensure that all bedrooms, adjacent lounges, kitchen, and other areas are vacant.
  - Follow the direction of the Fire/Incident Warden to assist with an **orderly complete evacuation of all persons from the building, if required.**

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## EVACUATION FACILITIES <sup>xxv</sup>

- In the event an emergency evacuation at BRHD requires the **relocation** of residents, BRHD has entered into an agreement with the facilities as outlined in Appendix 1 ~ “*Evacuation Facilities Chart*.” These facilities will provide temporary shelter for the evacuated residents until other shelter/accommodation can be arranged. Minimize the number of relocation sites for residents to facilitate BRHD staff assistance at the relocation sites.

## SYSTEM TO ACCOUNT FOR RESIDENTS, STAFF AND OTHERS <sup>xxvi</sup>

- With any initiation of Code Green, after residents are evacuated from immediate danger and moved to a safe area beyond the fire doors, always complete “*Accounting for all Residents*” – the prepared Appendix 2a [CC1] and 2b [CC2] lists of residents. which are located in the **Command Centre Bag**. Use resident directory list and/or residents’ profiles found in **yellow binder** titled “**For Emergency**” at the **reception desk**, for additional resident information, as needed.  
*Note: If using more than one prepared resident list (Appendix 2a and 2b) for each CC to account for residents, ensure the lists are **consolidated prior to reporting any missing residents**.*
- If any residents are **not** accounted for, inquire if resident(s) was absent from the home (e.g., *medical, vacation, casual leave*). Mark “on leave”, if you are sure the resident is on leave.
  - If any residents are **not** present and are **not** deemed to be on a leave from the Home at the time of the emergency, the Fire/ Incident Warden must immediately notify the appropriate Emergency Personnel, to conduct a search for the missing resident(s), internally and externally, to ensure they have evacuated the building, are safe, and accounted for.
  - **Note:** All resident room doors under the door handle should have a “vacant” sign showing, with the magnetic strap attached to the metal door frame. When searching for a missing resident, pay particular attention to any door that does **not** have the magnetic strip across the door frame, as a resident may have re-entered the room after the magnetic strip was placed on the door frame, or crossed over through the adjoining bathroom after the room was checked.
- If the evacuated resident is **relocating** to an alternate facility ensure completion of **Appendix 4 A and B**. Appendix 4-Part A is sent with the resident. Appendix 4-Part B is retained for BRHD’s records. If the nurse has a cell phone with a camera, it may be helpful to take a picture of the resident and the completed Appendix 4-Part A and B form. Send both the picture and the form to the FIW’s phone.
  - Ensure every resident to be evacuated has their identification name tag on, complete with their **first and last name, CC1 or CC2, and whether the resident is deaf, if known**. (*Pre-made lanyards and extra name stickers can be found in Command Centre bag.*)
  - Update **Appendix 2** (2a or 2b as appropriate) with resident’s relocation site, as applicable.

## SUPPLIES AND EQUIPMENT TO COMMAND CENTRE and TRIAGE AREA <sup>xxvii</sup>

- Gather emergency supplies and equipment and bring to the Command Centre and Triage area, as appropriate.
- **Command Centre:**
  - **Emergency Manual** - Located in each Care Centre and in binder holder in Front Reception area.
  - **Emergency Command Centre Bag** – Located in Reception Area

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- Contents: Premade nametags on lanyards and extra label stickers (divided by unit in 4 Ziplock bags), White sticky tags, markers (1 box), pens (1 box), lined note pads (4), clipboards (2); Small Flashlights (4); Batteries (4); Foil Blankets (64); Directional arrows; Caution tape (1 Roll); Extra copies of Emergency Manual Appendices (package for each code), medical masks (1 box), a bottle of alcohol based handrub (ABHR); and a door stopper.

**Note:** Any additional urgent items to be picked up with the Command Centre bag, e.g., Yellow Binder, defibrillator, phone charger, etc., will be listed on the emergency package.

- If time allows and it is safe to do so, **after residents are safely evacuated**, bring Drug carts (2) with attached Tablets.  
**Note:** Ask at least one manager to bring their laptop and cord to the command centre. (Ideally, 3 laptops are required).
- Food and water, if safe to do so.

- **Triage Area:**

- **Emergency Triage Bag** (like a first aid bag without drugs) - Located in **Reception Area**, including: Gloves (1 box); Medical masks (2 boxes); ABHR (2 bottles); Disinfectant wipes (1 bottle), clean dressings; Kling; gauze, medical tape, etc. A note will be on bag to also pick up the following:
  - **Defibrillator** (located in Reception area on wall)
  - If oxygen required, and as soon as time allows, assign a staff member, to roll out at least one main large oxygen concentrator, located in D2 on CC1: and in D3 on CC2. Bring to **Triage area**. (Contact Pro-resp for additional oxygen supplies, as needed).

- **At least quarterly:**

- The **Nursing Administrative Assistant Coordinator** is responsible to audit the emergency **Command Centre Bag** for current content, and to ensure that any product with an expiry date has not expired.
- The **RN/RPN on nights** is responsible to audit the emergency **Triage Bag** for content and to ensure that any product with an expiry date has not expired.

## ACTIVATION OF THE PLAN \*

### SPECIFIC ROLES AND RESPONSIBILITIES <sup>xxviii</sup>

#### NOTES:

- When **ALL STAFF** hear the fire alarm, or an announcement of an emergency, they **MUST** stay in the building and assist with the emergency as per their specific role.
- Where responsibilities are listed for a specific individual and that individual is absent and/or not able to be onsite to complete all responsibilities, the specific individual or the Fire/Incident Warden may designate the responsibilities to another staff member.
- Ensure documentation throughout the evacuation, to the extent possible.

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#### **FIRE/ INCIDENT WARDEN:**

- The “**Fire/Incident Warden**” (FIW) is automatically the **Registered Nursing staff person in charge**. The FIW is in charge of the emergency, until Emergency Services arrive at which time the FIW takes direction from the Emergency Services, i.e., Fire Department and/or Police.
- The FIW would continue to be responsible for Code Green activities to ensure completion of tasks and responsibilities during the evacuation as listed below.

**Note:** The on-site Administrator / designate, as the person in charge of the Home, will **take over as the Fire/Incident Warden, if a Code Green- Total Evacuation** command needs to be given, or at any time before that, if deemed necessary.

**FIRE/INCIDENT WARDEN (FIW) Responsibilities** – most senior RN/RPN in charge of CC1 or CC2 / onsite Administrator if total evacuation. RN Cell # 705-321-4630; Administrator's cell # 705-321-0728.

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments, assigned person, etc.                                                                                                                                                                                                   |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <b>Person in charge, until Emergency Personnel arrives. If evacuation of an area is required, Code Green should be initiated. Put on Emergency Vest</b> <ul style="list-style-type: none"> <li>FIW ensures resident safety during evacuation process, and helps to manage the incident that prompted the evacuation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                     | <i>FIW must have a portable phone<br/>Retrieve Code Green Plan and follow directions.</i>                                                                                                                                         |
|                    | <b>Direct staff to Announce/Page x 3 “Code Green “Horizontal” (or “Total”) Evacuation, XXX location”, and call “911” to notify Emergency Personnel of the need to evacuate.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>All staff should follow their specific R&amp;R, unless otherwise directed.</i>                                                                                                                                                 |
|                    | Direct <b>staff</b> to evacuate residents <b>from</b> immediate danger zone, to safe area beyond fire doors, then continue evacuation of residents till entire area to be evacuation is done. <ul style="list-style-type: none"> <li>Staff to bring residents’ <b>CRITICAL</b> personal supplies/equipment with resident, if possible, wheelchair, walker, oxygen equipment. G-Tube, etc.</li> <li><b>Visitors</b> – must leave building, or stay with resident (<i>their choice</i>)</li> <li><b>Students and Volunteers</b>, should only be assisting residents in a <b>SAFE</b> area, and follow direction of their supervisor.</li> </ul>                                                                       | <i>Order of evacuation to a safe area beyond the fire doors - done calmly and quickly</i>                                                                                                                                         |
|                    | <b>Assign one onsite manager/ senior staff, to be the Emergency Assistant (EA).</b> <ul style="list-style-type: none"> <li>EA’s &amp; others <b>responsibilities chart in the Command Centre Bag</b>. As the tasks are completed, check off.</li> <li><b>Clarify where the Command Centre should be set up</b> – e.g., front lobby if it is a safe area.</li> <li><b>Ensure the EA has the FIW’s phone #.</b></li> </ul> <b>Direct EA to notify Administrator /Manager on Call of emergency requiring Code Green evacuation.</b> <ul style="list-style-type: none"> <li><b>Administrator to initiate fan-out and request on-site assistance of managers and Medical Director if not on site already.</b></li> </ul> | <i>If there are no managers onsite, when the first onsite manager arrives, the manager should take over as the EA (or the FIW as appropriate). If taking over as the FIW, the RN/RPN in charge could be assigned the EA role.</i> |
|                    | Determine type of evacuation required, <b>Horizontal or Total Evacuation.</b> <ul style="list-style-type: none"> <li><b>Emergency evacuation type</b> is usually <b>declared</b> by Fire Dept/ Administrator and/or Person in charge of the building<sup>xxix</sup></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |
|                    | If <b>total evacuation</b> is declared: <ul style="list-style-type: none"> <li><b>Direct staff member to initiate 2<sup>nd</sup> stage alarm</b> by inserting the key (<i>on RN/RPN key ring</i>) into fire alarm pull station.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>2<sup>nd</sup> stage (<b>total evacuation</b>) decision made by Fire Dept. /Admin /Person in Charge</i>                                                                                                                        |

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|  | <ul style="list-style-type: none"> <li>• <b>Direct EA</b> to update Administrator/Manager on Call, if changes to evacuation type, e.g., horizontal to total evacuation</li> <li>• <b>Administrator/ designate</b>, as FIW must initiate <b>Transportation Plan</b> (including buses for shelter); contact <b>Evacuation Facilities</b> for relocation of residents; ensure Medical Director, Board Chair, and MLTC, are notified.</li> <li>• <b>Note:</b> Administrator's personal C#s are on the Fan out list if unable to reach through their business #.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Appendix 3 (Transportation Plan); Appendix 1 – Relocation Sites                                                                                                                                                                                                |
|  | <p><b>Direct EA to:</b><br/> <b>Establish a Command Centre and Triage area</b>, to be determined at time of emergency depending on affected area(s)</p> <ul style="list-style-type: none"> <li>• <b>If horizontal evacuation</b>, set up Command Centre in Front entrance Lobby, if possible, and Triage area near the Command Centre</li> <li>• <b>If total evacuation</b>, set up Command Centre <b>outside in</b> designated evacuation area, close to, but not obstructing front doors, to control persons going in and out. Triage area should be near Command Centre. Account for all persons evacuated from the Home. Use Appendix 2a &amp; 2b for residents. Use lined paper for staff, visitors and others.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>. Designated outside evacuation area - <b>Visitor parking lot, nearest Royal Parkside Dr.</b>, unless otherwise directed.</p> <p>. Appendix 2a &amp; 2b for residents; Lined note pad/pen for staff/others, vest.</p>                                       |
|  | <p><b>FIW to direct EA to:</b></p> <ul style="list-style-type: none"> <li>• Retrieve 2 emergency bags – Command Centre <b>Bag</b>, and the <b>Triage Bag</b> from Reception office area and bring both bags to Command Centre, <i>located in Front Lobby if front lobby is a safe zone. If a nurse is available for Triage area, leave Triage Bag with nurse in Triage Area.</i></li> <li>• <b>Assign a staff member to stay at the Command Centre</b> (safe area, inside or outside as appropriate)<br/> Ensure <b>all persons</b> evacuated are checked through the Command Centre, and recorded. Check off residents on Appendix 2a (CC1) &amp; 2b (CC2), and all others (staff, visitors, students etc.) on lined note pad. <ul style="list-style-type: none"> <li>○ Ensure <b>all residents</b> have identification (bracelet or sticker with name, CC &amp; deaf, if applicable and known.)</li> <li>○ Update Fire Dept and Administrator/designate upon arrival.</li> <li>○ Ensure all residents are accounted for, and report results back to FIW.</li> </ul> </li> <li>• Obtain a manager laptop - if EA not a manager, EA to ask manager to get their laptop if safe to do so, to access PCC, e-MAR, the scheduling software, and other information as required.</li> </ul> | <p>Refer to "Supplies and Equipment to Command Centre and Triage Area" section in plan.</p> <p>Appendix 2a &amp; 2b, Command Centre Bag and Triage Bag (stored at reception area)</p>                                                                          |
|  | <p><b>FIW to direct EA to:</b></p> <ul style="list-style-type: none"> <li>• <b>Assign a Triage Nurse</b></li> <li>• Direct <b>Triage nurse</b> to: <ul style="list-style-type: none"> <li>○ <b>Assess</b> all injured <b>residents</b> (and other injured persons) to determine if any emergency medical assistance is required.</li> <li>○ Arrange for resident's (and others) <b>emergency transfer</b> to hospital by <b>ambulance</b> (911), if required (ensure <b>Appendix 4</b> info completed if possible;</li> <li>○ <b>Account for all residents</b> in Triage area &amp; any relocation to hospital (Appendix 2a, b)</li> <li>○ After residents are evacuated, request staff to obtain one large oxygen concentrator for resident use, if needed and safe to do so.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Appendix 2a &amp; 2b – Account for all residents</b><br/> <b>Appendix 4 – Evacuation &amp; Relocation of Resident to Alternate Facility (Part A goes with resident. Retain Part B).</b> Take picture of /copy Part A prior to sending with resident.</p> |

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|  | <ul style="list-style-type: none"> <li>Notify affected residents' <b>family</b> /SDM, of injury/hospital transfer, as soon as possible</li> <li>Keep EA apprised of outcomes.</li> </ul> | Lg Oxygen concentrator:<br>CC1 – beside D2 hall; &<br>CC2 beside D3 hall. |
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|  | Direct EA to <b>keep FIW apprised</b> of resident assessment status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |
|  | Determine if any <b>contractors</b> are required on-site, to remedy or minimize the danger. <ul style="list-style-type: none"> <li>Direct EA/designate to call as required, using emergency contact information.</li> </ul>                                                                                                                                                                                                                                                                                                                                        | Staff person (maintenance if possible) should accompany any contractors when in building. |
|  | <b>Make a final check to ensure that all persons are out of evacuated area/building.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|  | <b>Ensure all residents and staff are accounted for against the list of residents</b> (Appendix 2 a, b). Yellow Binder "For Emergency" has additional resident info e.g., POA/SDM #, etc. Conduct search for any missing persons, if required.                                                                                                                                                                                                                                                                                                                     | If delegated to Command Centre staff, check with them.                                    |
|  | <b>For a total evacuation: Administrator/designate to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                           |
|  | <ul style="list-style-type: none"> <li>Contact <b>alternate facilities for relocation</b> of residents and staff</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        | Appendix 1 – Group 1 first                                                                |
|  | <ul style="list-style-type: none"> <li>Ensure <b>transportation</b> arrangements for shelter and transporting residents to relocation sites</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                             | Appendix 3                                                                                |
|  | <ul style="list-style-type: none"> <li>Ensure <b>emergency services</b> are contacted to provide for relocation site set up (beds, chairs etc.) Refer also to Transportation Plan &amp; Emerg. contact #s</li> </ul>                                                                                                                                                                                                                                                                                                                                               | Appendix 3<br>Emergency Contact #s                                                        |
|  | <b>FIW directs EA / designate to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Designate would depend on the EA's position                                               |
|  | <ul style="list-style-type: none"> <li>Complete <b>resident transfer papers</b> as much as possible. Ensure <b>Appendix 4 Part B</b> is completed and <b>retained</b> by BRHD, to keep track of residents' location</li> </ul>                                                                                                                                                                                                                                                                                                                                     | Appendix 4-Part A & B                                                                     |
|  | <ul style="list-style-type: none"> <li>Update lists of where residents are relocated (Appendix 2a/2b); and what staff are accompanying which relocated residents (Appendix 5)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                           | Appendices 2a/2b and 5                                                                    |
|  | <ul style="list-style-type: none"> <li><b>Ensure scheduling managers are notified</b> (Programs Manager &amp; ADONPC) – obtain scheduling info from their own or the emergency laptop</li> </ul>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |
|  | <ul style="list-style-type: none"> <li>Enact <b>Drug provision plan</b> if necessary (DONPC)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Appendix 8                                                                                |
|  | <ul style="list-style-type: none"> <li>Enact <b>Food and Fluid plan</b> if necessary (MNES). <b>Note:</b> Contact MNES for ordering supplies for emergency menu, if needed.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             | Appendix 9                                                                                |
|  | <b>If Fire Department declare the Emergency over and you want to return residents who are outside the building back inside the building, refer to the information in Code Green Plan below titled "BRHD Building Safe for Return of Evacuated Residents", and follow that procedure.</b><br><b>Note:</b> This does not apply to residents who were <b>relocated to an alternate site</b> . If returning residents from an alternate relocation facility site, refer to "Bringing Residents Back to BRHD, After Relocation to an Alternate Facility" section below. |                                                                                           |
|  | FIW must participate in <b>Code Green evaluation</b> ASAP after emergency is declared over. Invite key individuals involved in emergency, including key staff, entities and resident & family reps., to join the debrief and provide feedback. <sup>xxx</sup>                                                                                                                                                                                                                                                                                                      | Appendix 6                                                                                |
|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

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### EMERGENCY ASSISTANT (EA) Responsibilities

EA is assigned by FIW to: e.g., **onsite** Manager if available first, or if none, an RN or RPN  
RN Cell # 705-321-4630; Administrator's cell # 705-321-0728.

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments, assigned person, etc.                                                                                                  |
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|                    | Follow appropriate Code Green emergency procedures until <b>assigned as EA</b> <ul style="list-style-type: none"> <li>Ensure EA has FIW's phone number if different from above.</li> <li>EA is the 2<sup>nd</sup> in command after the FIW. EA ensures associated emergency activities are assigned and completed, which allows the FIW to manage direct the evacuation and manage the incident that prompted the evacuation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EA must have a portable phone.                                                                                                   |
|                    | <b>The following activities will be directed to the EA by the FIW:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |
|                    | <b>Notify Administrator</b> / Manager on Call of emergency requiring Code Green evacuation and type of evacuation required. <ul style="list-style-type: none"> <li>Administrator Responsibilities outlined in chart below. If on site, give chart.</li> </ul> <b>Note:</b> Administrator/Manager on call to initiate fan-out. Request on-site assistance of Administrator, managers and other required staff, if not on site already. If <b>total evacuation</b> , request <b>Medical Director/PA</b> to be onsite.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |
|                    | <b>Update</b> Administrator/Manager on Call, if evacuation type changes, e.g., horizontal to <b>total evacuation</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |
|                    | Retrieve 2 emergency bags – Command Centre bag and Triage bag, and any other supplies as listed on the bags (e.g., yellow binder and defibrillator), from the reception area, and bring to Command Centre. <b>Note:</b> If Triage area is set up, bring Triage bag to Triage area. <ul style="list-style-type: none"> <li>Put on emergency vest found in Command Centre Bag</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Refer to Supplies and Equipment to Command Centre and Triage Area<br><br>Use extra emergency vest                                |
|                    | Establish a <b>Command Centre</b> and <b>Triage area in a safe area</b> , to be determined at time of emergency depending on affected area <ul style="list-style-type: none"> <li>If <b>horizontal evacuation</b>, set up Command Centre in Front entrance Lobby if a safe zone; near but not obstructing main doors. Set up Triage area near the Command Centre.</li> <li>If <b>total evacuation</b>, set up Command Centre <b>outside</b> in designated evacuation area, close to, but not obstructing front doors, to control persons going in and out. Triage area should be near Command Centre.</li> </ul>                                                                                                                                                                                                                                                                                                                                         | Command Centre – to have Command Centre emergency bag.<br>If Triage Area not set up, leave Triage Bag at Command Centre.         |
|                    | <b>Assign a staff member to the Command Centre</b> <ul style="list-style-type: none"> <li>Ensure the Command Centre staff person has their <b>responsibilities chart</b>. Command Centre person to: <ul style="list-style-type: none"> <li>Ensure <b>all persons</b> evacuated are checked through the Command Centre, and recorded. Check off resident names on Appendix 2a/2b, and all others (staff, visitors, students etc.) write name on lined note pad, when in a safe area.</li> <li>Ensure <b>all residents</b> have identification (name tag on lanyard, with name, CC &amp; deaf, if applicable and known.)</li> <li>Update Fire Dept and Administrator/designate upon arrival.</li> <li><b>Ensure all residents are accounted for</b>, and report results back to FIW ASAP, especially if a resident is missing.</li> <li>Provide <b>security</b> for emergency supplies, as necessary, e.g., laptop, phone chargers.</li> </ul> </li> </ul> | If possible, assign a manager or staff member that can communicate in ASL.<br><br>Wear an emergency vest (in command centre bag) |

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|  | <p><b>Assign a Triage Nurse</b> - Ensure the Triage <u>Nurse</u>, has their responsibility checklist</p> <p>Direct <b>Triage nurse</b> to:</p> <ul style="list-style-type: none"> <li>Retrieve Triage Bag from Command Centre, if not yet received.</li> <li><b>Quickly assess</b> all injured <b>residents</b> (and others, as applicable) to determine if any emergency medical assistance is required (onsite or at hospital)</li> <li>Complete <b>paper work</b> if any residents need to be transferred to hospital</li> <li>Arrange for resident's <b>emergency transfer</b> to hospital <b>by ambulance</b>, if required;</li> <li>Notify affected residents' <b>family</b> /SDM, re any changes to the resident's condition, including any transfer to hospital, as soon as possible</li> <li><b>Preparing documents</b> for resident relocation, as time allows. (Appendix 4)</li> <li>Request staff to fill small oxygen cylinders from the large oxygen concentrator, for resident use, if needed.</li> <li>Keep EA apprised of outcomes.</li> </ul> | <p>Triage Bag may be at Command Centre.<br/>Nurse should have a portable phone, if available.</p> <p>Appendix 4-Part A&amp;B<br/>Appendix 2a/2b</p> <p>Lg oxygen concentrator will be brought to Triage area, if time allows.</p> |
|  | <p><b>EA to do, or designate, the following activities:</b></p> <ul style="list-style-type: none"> <li>Update Fire Dept and Administrator/designate upon arrival.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   |
|  | <ul style="list-style-type: none"> <li>Direct <b>all persons</b> evacuated to be checked at the Command Centre, and recorded.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Appendix 2a & 2b & Emergency Command Centre Bag supplies                                                                                                                                                                          |
|  | <ul style="list-style-type: none"> <li>Ensure all <b>residents</b> (and staff and others) <b>are accounted for</b>. Consolidate Appendix 2a/2b resident lists from Command Centre/Triage Area, as applicable.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Appendix 2a/2b                                                                                                                                                                                                                    |
|  | <ul style="list-style-type: none"> <li><b>Keep FIW and Administrator apprised</b> of resident assessment status.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |
|  | <ul style="list-style-type: none"> <li>Direct at least one manager to obtain their laptop and I-pad, if safe to do so, to access PCC, scheduling, e-Mar, dietary, maintenance &amp; other information, as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | May leave emergency equipment, e.g., laptop at Command Centre.                                                                                                                                                                    |
|  | <p>If a <b>total evacuation is NOT required:</b></p> <ul style="list-style-type: none"> <li>Follow direction of FIW.</li> <li>After the all clear is announced, assist in return residents back to their rooms, and when it is safe to do so.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |
|  | <p>If a <b>total evacuation is required, EA to ensure:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   |
|  | <ul style="list-style-type: none"> <li><b>Resident transfer papers are completed</b><br/>Ensure <b>Appendix 4 Part B</b> is completed and <b>retained</b> by BRHD, to keep track of residents' location. Take picture of resident and completed Appendix 4 if time. Send both pics to FIW.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Appendix 4-Part A & B                                                                                                                                                                                                             |
|  | <ul style="list-style-type: none"> <li><b>Lists of where residents are relocated</b> (Appendix 2) are updated, as assigned; including what <b>staff</b> are accompanying which relocated residents (Appendix 5)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Appendices 2a.b, and 5                                                                                                                                                                                                            |
|  | <ul style="list-style-type: none"> <li><b>Scheduling managers are notified</b> (Programs Manager &amp; ADONPC) – obtain scheduling info from their own or the emergency laptop</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |
|  | <ul style="list-style-type: none"> <li><b>Drug provision plan is enacted, by DONPC</b> / designate if necessary</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Appendix 8                                                                                                                                                                                                                        |
|  | <ul style="list-style-type: none"> <li><b>Food and Fluid plan is enacted, by MNES</b> / designate if necessary</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Appendix 9                                                                                                                                                                                                                        |
|  | <ul style="list-style-type: none"> <li>EA should participate in <b>evaluation</b> ASAP after emergency is declared over.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Appendix 6                                                                                                                                                                                                                        |
|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |

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## ADMINISTRATOR / DESIGNATE Responsibilities

*Becomes the FIW in a total evacuation. RN Cell # 705-321-4630; Administrator's cell # 705-321-0728.*

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments, assigned person, etc. |
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|                    | <b>If onsite</b> <ul style="list-style-type: none"> <li>Go to emergency area and assist with removing persons from immediate danger at the site under direction of FIW.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |
|                    | <ul style="list-style-type: none"> <li><b>Determine type of evacuation, in consultation with Fire Dept. if FD is onsite, e.g., horizontal or total</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |
|                    | <b>If onsite during a horizontal evacuation:</b> <ul style="list-style-type: none"> <li>Initiate fan-out calls and request on-site assistance of managers and staff.</li> <li>Assist with the evacuation of residents as directed by FIW</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |
|                    | <b>If onsite during a total evacuation:</b> <ul style="list-style-type: none"> <li>Take over as the FIW. <u>Follow the FIW checklist</u></li> <li>Designate EA or manager to initiate fan-out calls. Request that the Medical Director/PA come on site to provide medical assistance, if able.</li> </ul>                                                                                                                                                                                                                                                                                                                                             | <i>Media spokesperson.</i>      |
|                    | <b>Note:</b> <i>FIW in a total evacuation includes arranging for <u>relocation site</u>, emergency transportation, <u>emergency services</u> for relocation site. (Outlined in FIW chart)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Appendices 1, and 3</i>      |
|                    | <b>If NOT onsite</b> <ul style="list-style-type: none"> <li>Upon receiving notice of Code Green – Evacuation, assess emergency info and if FD not yet onsite, determine type of evacuation required, e.g., horizontal or total. Determine what manager, if any, is on site to take over as FIW in the event a total evacuation is required; and ensure FIW and assigned manager are informed of their role, until Administrator can come onsite.</li> </ul> <b>Note:</b> <i>If no onsite manager, the FIW (senior RN/RPN) would continue as FIW in the event a total evacuation is required, until such time as a manager is able to come onsite.</i> |                                 |
|                    | <b>If NOT on site during a horizontal evacuation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |
|                    | <ul style="list-style-type: none"> <li>Obtain brief overview of disaster</li> <li>Initiate fan-out calls and request on-site assistance of managers and staff</li> <li>Go to BRHD as quickly as possible, if able, to assist with the evacuation</li> <li>Report to Command Centre and assist FIW and EA</li> </ul>                                                                                                                                                                                                                                                                                                                                   |                                 |
|                    | <b>If NOT on site during a total evacuation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |
|                    | <ul style="list-style-type: none"> <li>Obtain brief overview of disaster</li> <li>Initiate fan-out calls and request on-site assistance of managers and staff. Ensure Medical Director/PA is notified that their onsite assistance is required.</li> <li>Go to BRHD as quickly as possible, if able. <ul style="list-style-type: none"> <li>If unable to go to BRHD, ensure an alternate manager is able to go onsite as quickly as possible and take over as FIW.</li> </ul> </li> <li>Once onsite, report to FIW, receive an update of evacuation status, and <b>take over as FIW.</b></li> </ul>                                                   |                                 |
|                    | <b>Note:</b> <i>If the Administrator was unable to attend on site, i.e., was not the FIW during the evacuation/relocation, should try to participate in the Code Green Evaluation, and the Post Incident Debrief Recovery by teleconference, if possible.</i>                                                                                                                                                                                                                                                                                                                                                                                         | <i>Appendices 6 &amp; 7</i>     |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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## **COMMAND CENTRE Responsibilities**

RN Cell # 705-321-4630; Administrator's cell # 705-321-0728.

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                                     | Comments, assigned person, etc.                 |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|                    | <b>EA</b> to retrieve Emergency Bags from reception, i.e., <b>Command Centre Bag</b> , and <b>Triage Bag</b> . Distribute emergency bags as appropriate.<br><i>Note: If Triage area not set up yet, keep Triage Bag at Command Centre.</i>                                                                                                   | 2 Emergency bags at reception.                  |
|                    | <b>Command Centre staff person:</b> <ul style="list-style-type: none"> <li>Put on emergency vest</li> <li>Ensure there is a written record of <b>all persons</b> (residents, staff &amp; others) evacuated: <ul style="list-style-type: none"> <li>For all residents ensure Appendix 2a/2b is updated, as appropriate</li> </ul> </li> </ul> | Lined note pad/pen; or laptop<br>Appendix 2a/2b |
|                    | <ul style="list-style-type: none"> <li>Ensure <b>all residents</b> have identification (nametag on lanyard, or sticker with name, CC, &amp; indicate deaf/hard of hearing if applicable.)</li> </ul>                                                                                                                                         |                                                 |
|                    | <ul style="list-style-type: none"> <li>Update Fire Dept and Administrator/designate upon arrival.</li> </ul>                                                                                                                                                                                                                                 |                                                 |
|                    | <ul style="list-style-type: none"> <li>Ensure all residents are accounted for, and report results back to FIW or EA</li> </ul>                                                                                                                                                                                                               |                                                 |
|                    | <ul style="list-style-type: none"> <li>As advised, report any other missing persons (staff/others) to FIW or EA</li> </ul> <i>Note: If EA receives information that the FIW requires, the EA must ensure info is communicated to FIW.</i>                                                                                                    |                                                 |
|                    | <ul style="list-style-type: none"> <li>Provide <b>security</b> for emergency supplies, as necessary, e.g., laptop(s), phone chargers.</li> </ul>                                                                                                                                                                                             |                                                 |
|                    |                                                                                                                                                                                                                                                                                                                                              |                                                 |

## **MEDICAL DIRECTOR / PHYSICIAN ASSISTANT Responsibilities**

| Check if completed | Activity                                                                                                                                                                                                                                                   | Comments, assigned person, etc. |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|                    | Attend, if possible, on site, at any evacuation to: <ul style="list-style-type: none"> <li>Assess persons at Triage and provide medical attention as required. Collaborate with EMS.</li> <li>Assist DONPC with Drug Provision Plan, as needed.</li> </ul> | Triage Area<br>Appendix 8       |
|                    |                                                                                                                                                                                                                                                            |                                 |

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

### **TRIAGE NURSE** Responsibilities (Assigned Nurse – RN/RPN)

RN Cell # 705-321-4630; Administrator's cell # 705-321-0728.

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Comments, assigned person, etc.                                                                                                                                                           |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | Proceed to Command Centre with portable phone, as directed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>If a phone is required, ask RPN if not using, to give you that phone.</i>                                                                                                              |
|                    | <ul style="list-style-type: none"> <li>Go to designated Triage area, near Command Centre</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                           |
|                    | Liaise with FIW/EA via portable phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |
|                    | Collect Emergency Triage Bag from Command Centre, if not already received at Triage area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                           |
|                    | <p>Triage Nurse role is:</p> <ul style="list-style-type: none"> <li>Rapidly assess all injured residents (<i>staff and others, if any</i>)</li> <li>Ensure provision of emergency care (<i>May need to designate care to alternate persons, including emergency personnel as appropriate.</i>)</li> <li>Prioritize injured residents (<i>staff and others as appropriate</i>) for transfer to hospital. <ul style="list-style-type: none"> <li>Arrange for emergency transfer by ambulance to hospital, and direct EMS staff to most seriously injured first, as applicable.</li> <li>Ensure resident has identification (<i>name, CC and deaf, if applicable and known on nametag with lanyard</i>) and <b>paper work</b> (Appendix 4) prior to resident (<i>staff or other</i>) being transferred to hospital. Take pic of person and completed form, prior to sending to hospital, if possible, send to FIW.</li> </ul> </li> <li>Request staff to fill small oxygen cylinders from the large oxygen concentrator, for resident use, if needed.</li> <li>Notify affected residents' <b>family</b> /SDM, re any injuries to the resident's condition, including any transfer to hospital, as soon as possible</li> <li>Keep FIW / EA apprised of outcomes.</li> <li><b>Ensure all residents and staff in Triage area are accounted for</b></li> <li>Maintain documentation of: <ul style="list-style-type: none"> <li>List of all residents (<i>and any staff or others</i>) in Triage area.</li> <li>Care provided</li> <li>Any resident /staff /other persons transferred via ambulance to hospital</li> </ul> </li> </ul> | <p>Appendix 4-Part A&amp;B<br/>Pen and lined paper note pad<br/>Appendix 2a (CC1) &amp; 2b (CC2)</p> <p><i>Lg oxygen concentrator will be brought to Triage area, if time allows.</i></p> |

### **DONPC/DESIGNATE** Responsibilities

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                    | Comments, assigned person, etc.                                                                                 |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                    | Implement the Drug Provision Plan: Bring med carts (CC1 and CC2), and urgent meds from fridge (e.g., insulin) to Triage area (or Command Centre if Triage area not set up yet) and <b>ensure a nurse (RN/RPN) or manager stays with the meds / <u>locked</u> carts until they can be safely relocated to a secure area.</b> | <i>EMS &amp; implementation of Drug Provision Plan will assist with urgent care &amp; stat meds, as needed.</i> |
|                    | Assist with registered nursing staff assignments                                                                                                                                                                                                                                                                            |                                                                                                                 |
|                    |                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |

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**REGISTERED NURSING STAFF Responsibilities (RN/RPN - Does not include the FIW or the Triage Nurse)**

| Check if completed | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments, assigned person, etc.                                                                                                   |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                    | Ensure medication and treatment carts are locked and returned to medication room.<br>Ensure medication room is locked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
|                    | Direct one staff member per unit to account for all residents on that unit and report any missing persons to FIW or EA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |
|                    | Proceed to designated danger zone, assist with evacuation of residents in <b>immediate danger</b> , and take direction from the <b>FIW or EA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |
|                    | <p>If determined that a <b>total evacuation</b> is required, assist as direct by FIW or EA, which may include:</p> <ul style="list-style-type: none"> <li>• Being assigned as <b>Emergency Assistant; Triage Nurse</b>; or to be in charge of the <b>Command Centre</b></li> <li>• Ensure hearing staff communicate the total evacuation command in ASL to staff and residents who are deaf.</li> <li>• Assist with evacuating residents to evacuation site outside, as / Order of Evacuation, ensuring critical equipment accompanies resident, where possible.</li> <li>• After an area/ wing is evacuated, ensure FIW or EA is notified.</li> <li>• Conduct a final search of unit for any residents</li> <li>• Help organize residents outside.</li> <li>• Check that all residents are accounted for <ul style="list-style-type: none"> <li>○ If all residents are not accounted for, check with Command Centre, Triage area, unit staff and/or PCC for resident absences or appointments.</li> <li>○ If resident(s) are still missing inform FIW to conduct search</li> </ul> </li> <li>• Assist and direct other staff to ensure residents are safe &amp; protected from any inclement weather as quickly as possible, e.g., foil blankets, buses; triage as necessary</li> <li>• Bring medication carts (CC1 and CC2), and urgent meds from fridge (e.g., insulin), and emergency stat box, to Command Centre and <b>ensure a nurse (RN/RPN) or manager stays with the meds/carts until they can be safely relocated to a secure area.</b></li> <li>• If residents are relocated to an alternate site, assist with completing paperwork (Appendix 4 Part A and Part B) and in arranging for staff to care for residents in relocation site. Ensure that all residents are accounted for when outside and if being relocated to an alternate site.</li> <li>• Ensure all relevant important information is documented and records are retained.</li> </ul> | <p>Appendix 2</p> <p>EMS &amp; implementation of Drug Provision Plan will assist with urgent care &amp; stat meds, as needed.</p> |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |

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### PERSONAL SUPPORT WORKERS (PSWs) Responsibilities

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|  | Assist with evacuating residents as directed by FIW. <ul style="list-style-type: none"> <li>Bring critical medical /mobility equipment with residents if able.</li> <li>If required, after residents are evacuated, and as time allows, bring large oxygen concentrator from storage room, to a safe area e.g., Triage area, if set up. If Triage area not set up, bring lg oxygen concentrator to Command Centre.</li> </ul> <b>Note:</b> Upon request, Royal Pro-Resp will deliver oxygen cylinders & equipment to relocation site. | Lg Oxygen concentrator: CC1 – beside D2 hall; and CC2 beside D3 hall. |
|  | <ul style="list-style-type: none"> <li>Perform any other duties as assigned by FIW or EA</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |
|  | <ul style="list-style-type: none"> <li>Accompany residents (and critical equipment) to relocated site, as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |
|  | <ul style="list-style-type: none"> <li>After an area/wing is evacuated, ensure the FIW or EA is notified.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |

### MANAGER of NUTRITION and ENVIRONMENTAL SERVICES (MNES) Responsibilities

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|  | <b>DIETARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
|  | Ensure all equipment is turned off in any type of evacuation                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
|  | For total evacuation, if time: <ul style="list-style-type: none"> <li>Ensure kitchen storage areas are secure/locked when vacant.</li> <li>Liaise with suppliers and advise them of special needs as they arise.</li> <li>Maintain a record of any supplies and equipment that leave the premises, e.g., thermal transport carts.</li> <li>Secure records pertaining to the residents' dietary needs, if safe to do so as time allows. (e.g., Dietary rosters from serveries)</li> </ul> |            |
|  | Bring laptop, for accessing schedules, contractors, menus, etc.                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|  | Enact <b>Food and Fluid plan</b> if necessary                                                                                                                                                                                                                                                                                                                                                                                                                                            | Appendix 9 |

### ALL OTHER STAFF (Admin, Dietary, Programs, Maintenance, Housekeeping, Laundry, Contractors)

|  |                                                                                                                                                              |  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | Ensure that department specific urgent needs are completed, e.g., laundry staff, ensure <b>gas is turned off</b> .                                           |  |
|  | Proceed to emergency evacuation area.<br>Assist with evacuation of residents as directed, ensuring removal of critical equipment with residents if possible. |  |
|  | Perform any other duties as assigned by FIW                                                                                                                  |  |

### ALL OTHERS: (e.g., Students, Visitors, Volunteers, Contractors)

| Check if completed | Activity                                                                                                                               | Comments, assigned person, etc. |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|                    | <b>Students:</b> Can assist by staying with residents <b>in a safe area</b> , as directed by the FIW/designate, or their supervisor.   |                                 |
|                    | <b>Visitors and Volunteers:</b> Have the choice to either leave the building, or assist residents <b>in a safe area</b> , as directed. |                                 |
|                    | <b>Contractors:</b> to perform urgent duties to mitigate the emergency, as directed.                                                   | Staff to accompany              |

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## ASSESS ABILITY for RESIDENTS TO RETURN

- FIW consults with the Emergency Personnel (Fire Dept) to determine:
  - If the emergency that triggered the evacuation can be declared over.
  - If the area/building has been checked, and all or some of the residents can **safely** return to the Home;
    - If there are any areas (rooms, units, etc.) where the residents cannot return to, due to damage or safety concerns.
      - If yes, try to determine exact areas damaged (e.g., room #s) and residents affected, as applicable.
  - If the area is not yet safe, how long the residents will need to stay out of the area /building prior to returning.

## DECLARE THE EMERGENCY OVER <sup>xxxi</sup>

- Typically, the Fire Department, Administrator or Fire/Incident Warden declares the emergency over, depending on the circumstances.
- The Fire/Incident Warden/designate will **check the safety of the building** and take appropriate action as necessary to ensure residents' safety prior to bringing residents back inside.
  - Safety measures include having the Fire Department approve the resetting of the pull station, the Fire Panel and the magnetic door lock system.
  - If there is any damage to any parts of the building determine the extent of the damage; isolate and secure any areas that are unsafe.
- Notify the Administrator if the FIW is not the Administrator.
- **The FIW /designate will communicate the "All Clear"** to residents, staff, visitors and students only AFTER the home, or parts of the Home, are deemed safe for the residents' return to their rooms, or to designated safe area(s) inside the Home.

## BRHD BUILDING **SAFE FOR RETURN** OF EVACUATED RESIDENTS <sup>xxxii</sup>

### Plan for evacuated residents that have NOT been relocated to another facility

- **FIW/designate**, to ensure residents are assisted to return safely to their rooms, or to an alternate location within the Home, if not able to return to their room.
  - If any **residents require internal relocation**, determine appropriate site (e.g., Chalet) and **ensure alternate set-up arrangements**, as required.
  - Bring residents' critical equipment, e.g., bed, medical equipment, bedside table, etc., if possible, otherwise make arrangements for some.
  - If there is insufficient space to accommodate any residents inside the Home safely, arrange for their transfer to an alternate external healthcare facility. (*Refer to Appendix 1, Evacuation Facilities Chart*), and ensure notification of MLTC, and other entities, as appropriate.
- **FIW/designate**, to:
  - Account for all residents once inside the building. Any designated to report back to FIW/EA.
  - Assess all residents in the Home for **injury or emotional trauma** after they have returned to their unit/safe area. Respond appropriately.

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- Ensure **residents' primary contact**, family/SDM, are informed of any resident's internal relocation
- Notify Ministry LTC (MLTC) using after hours pager if necessary. Follow up with a CIS report submission.
- Follow through with any additional required activities.

### **Plan for Alternate Accommodation **Within** the Home**

After the evacuation, in the event that one or more residents needs to be temporarily **moved internally** i.e., within the Home, the following should be reviewed and considered.

- **Determine:**
  - Which resident(s) need to be moved; and the best location for the individual person based on available space within the building, proximity to washroom, time the resident would need to be out of his/her bedroom, and the resident's mobility.
- **Consider** spaces that are not currently occupied, and do not put the resident at risk, e.g.
  - Chapel
  - Program Sitting Areas in CC1 –D1 and D2
  - Program Sitting Areas in CC2 – D3 and D4
  - John Williams Education Room (Will need to remove tables and chairs in this area)
  - Hallways in D1, D2, D3, D4
  - Dining Rooms in CC1 – D1 and D2 (if for a short period of time, when meals are not required, e.g., during the night)
  - Dining Rooms in CC2 – D3 and D4 (if for a short period of time, when meals are not required, e.g., during the night)
  - Front Lobby within the secure area of Home (if for a short period of time)

**Note:** *If moving beds within the home, the resident beds are able to be moved through every resident door without tilting, except Bariatric beds. To move bariatric beds, ensure the bed is unoccupied, turned on its side, and there are sufficient persons to slide/lift the bed through the doorway. If sliding the bed along the floor ensure there is floor protection to prevent the bed from damaging the floor.*

- **Determine:**
  - If any residents are at risk of moving; and how that risk can be minimized.
  - Direct care staff assignments to relocated residents. Try to keep the residents with the same direct care provider, if possible.
  - What equipment is necessary for the resident's new location; and
  - Which staff can assist with the relocation of resident and equipment.

Make any necessary revisions to the **direct care schedule**.

Obtain any additional **supplies and equipment**, as required.

- **Communicate:**
  - The plan to staff who will be assisting with the relocation of resident(s); and to those who will be providing the direct care
  - The plan with the resident and SDM. Highlight the need to move.

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- Identify the resident's new location and how long the resident is expected to be in that location prior to moving back to his/her room. Offer reassurance.  
Invite the SDM/primary contact to assist with the resident's move and reassure the resident.
- Move the resident(s) to the Alternate **Internal** Location
  - Ensure that all the resident's required medical equipment, mobility aids and pertinent personal items that may be needed by the resident during the time the resident is relocated, are brought with the resident to their new location.
  - Ensure that the resident is wearing his/her badge (call bell) and is able to obtain staff assistance. Provide reassurance, as needed.
  - Ensure that residents are provided with the appropriate care as needed, including medications, treatments, and assistance with activities of daily living (ADL).

#### **Plan for the **Internal** Return of Resident Back to their Room**

- Determine:
  - The length of time it will take for the resident's usual environment to be ready for the resident to return.
  - If the resident is at any risk of being in an alternate location within the home for the length of time it takes until the resident is returned to his/her bedroom.
    - If the resident **can** be adequately cared for in the alternate location within the home.
    - If the resident **cannot be adequately cared** for in the alternate location within the home, i.e., the resident is at a potential risk, consider an external relocation of the resident.
- Prepare the plan to return the resident(s) back to their room, including staff required to assist with the move, communication with the resident and POA, and the staff required to provide ongoing care to the residents.

**Note:** The process for **return of residents** who were relocated to an alternate site after the evacuation, "**Bringing Residents Back to BRHD, After Relocation to an Alternate Facility**" section below.

#### **BRHD BUILDING **NOT SAFE FOR RETURN** OF EVACUATED RESIDENTS**

- After the incident, if there are residents who cannot be accommodated safely inside the Home, commence relocation of residents to an alternate facility. Refer to 'Evacuation Facilities Chart' (**Appendix 1**).
- Notes:** If unable to contact the Administrator of the Home, refer to Cell numbers on fan-out list.  
If a family member wishes to take a resident home, please ask the family member to pick their loved one up from the relocation site.
- FIW/designate to coordinate relocation activities:
    - Identify the **number and type of residents** to be evacuated to an alternate facility (**Appendix 1**).
    - Determine number and type of **staff** required for each relocation site.  
**Note:** At least one BRHD nursing staff member should be sent to each relocation site. Try to minimize the number of relocation sites.
    - **Notify scheduler(s)** to
      - Determine staff available to accompany residents.
      - Make arrangements for additional staff as necessary. (**Appendix 5**).

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
|--------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
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When a staff is assigned to go with a resident to an alternate location, document the information on **‘Staff Members with Relocated Residents.’** (Appendix 5).

- Assure the alternate facility that the DONPC/designate will be in communication with the facility regarding the status of the resident(s), any additional assistance required, and the approximate timing when the resident can return to the BRHD. BRHD staff will likely be at the relocation site to assist with the care of the BRHD residents.
- Enact the **Transportation Plan** as per Appendix 3, and co-ordinate with the appropriate Emergency Personnel, transportation for residents (and staff as needed) to be relocated to the identified alternate site.

## RELOCATION OF RESIDENTS

- **Prioritize relocation** of residents based on the resident’s risk and need.
  - Residents with urgent acute care needs as assessed by the Triage nurse should be transferred to the hospital.
- **Complete documentation:** Prior to each resident’s hospital transfer or relocation to an alternate facility, complete **Appendix 4 - PART A and B**, for each resident, if possible.
  - After completion of **Appendix 4- PART A send with resident** to the hospital/relocated site.
  - **Completion of Appendix 4-PART B is mandatory and must be retained for BRHD records.**
  - Take picture of completed form (Appendix 4) and resident prior to relocating. Send pictures to FIW.
- **Drugs with/for residents:** Implement the **Drug provision Plan (Appendix 8), as appropriate.** If one evacuation facility site is available for all residents, the residents will be transported to that site, after which arrangements for medication as per the Drug Provision Plan will be arranged.
- **Account for residents:** After a resident is transferred / relocated to an alternate facility, the staff member that sent the resident to the relocated site must ensure that **Appendix 2a (CC1) / 2b (CC2) “Accounting for all Residents”** is updated to communicate where the resident was relocated.
- **Staffing:** If the FIW/designate determines that one or more **staff members are required to accompany the resident(s) to the relocation site:**
  - Notify scheduler(s) to make arrangements. Schedule to assess which staff positions and numbers of staff are required.
  - When a staff is assigned to go with a resident to an alternate location, document the information on **‘Staff Members with Relocated Residents’** (Appendix 5).
  - Arrange for additional staff as necessary.

## BUILDING SECURITY

- Ensure that all evacuated areas are sealed off, appropriately secured and barricaded as necessary.
- Notify emergency personnel (e.g., police) that building is evacuated and secured.
- If the building is not able to be occupied and remains empty for any length of time, prior to the building being sealed, ask the Fire Department if a staff member may go into the building to ensure that the appropriate equipment is turned off, heat is lowered/air-conditioning turned off, windows are closed and doors locked.
- Post signs on door indicating the building is closed, and the emergency contact information.

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- Arrange for building security, if required. Refer to Emergency Manual contact numbers at front of manual.
- If it is safe to remove any urgent equipment and supplies, gather items, store in an alternate location, and distribute, as appropriate.

## BRINGING RESIDENTS BACK TO BRHD, AFTER RELOCATION TO AN ALTERNATE FACILITY

All BRHD residents that were **evacuated** and **relocated** will be safely returned to the Home, in an organized manner, as quickly as possible. The Administrator / designate will coordinate these activities.

**An organized plan for re-entry**, includes as appropriate:

- Conduct daily debriefings, until all residents have returned safely. Report on status of readmissions and any issues or concerns requiring resolution. Keep minutes of debriefings.
- Safety pre-occupancy checks of the Home, as required, e.g., operation of equipment, air, inspections and approvals from Fire Department, Building inspector, service contractors (hydro, gas) etc.
  - Clean rooms, equipment, linen etc.
  - Ensure all resident equipment is available and operational
- Staffing schedule, including departmental staff and professional team (Medical Director, physicians, Physiotherapist, Dietitian etc.)
- Budget, as appropriate
- Conduct an inventory check and replace supplies as needed for the Home
  - Investigate and report (written) any missing property
- List of equipment to be returned with the residents
- Resident re-entry schedule – determine date and time to return residents, which may be phased in depending on the length of time residents have been away from the home, arrange for transportation, staffing, etc.
- Communication plan – notifications, memos and direct communication with residents/SDMs/ power of attorneys (POAs), staff, other facilities, Ministry Long-Term Care (MLTC), Barrie and Area Ontario Health Team (OHT), transportation services, etc. pre and post resident readmissions
- Implement plan to return residents.
  - Nursing** upon resident re-entry:
    - Account for all residents
    - Conduct resident assessments
    - Notify physician and pharmacy
- Resolve any urgent concerns as they arise when residents are returned.
- Identify and resolve any outstanding concerns, as applicable.
- Thank all organizations and individuals that assisted with evacuation and return of residents.
  - Update and close the MLTC CIS regarding evacuation, relocation and return of residents.
- Establish routine as soon as possible
- Update residents' plan of care, as appropriate.

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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## POST INCIDENT EVALUATION<sup>xxxiii</sup> and RECOVERY<sup>xxxiv</sup> (Appendices 6 and 7)

### **All Department managers will be responsible for:**

- Participating in the **Code Green Evaluation** <sup>xxxv</sup> (Appendix 6) immediately after the emergency is declared over, to:
  - To **provide feedback**, including recollection of events, recommendations, etc.;
  - **Develop and implement plan(s)** for the **assigned approved recommendations**; and
  - **Review**, and as required, **revise the Code Green Plan, within 30 days** of the emergency being declared over, after each instance the emergency plan is activated. <sup>xxxvi</sup>
- Maintaining a **record of supplies and equipment used**, where it was sent, and ensuring its return when the evacuation is over.
- Participating in **Post Incident Debrief Recovery** <sup>xxxvii</sup> (Appendix 7), as soon as possible after the emergency is declared over to:
  - Ensure residents/SDMs, staff, volunteers and students are debriefed after the emergency
  - Establish how to resume normal operations in the home,
  - Determine appropriate means to provide support to those in the home who experienced distress during the emergency, if applicable.
  - provide any required reports,
  - contribute to making recommendations for improvement, and
  - understand what needs to be implemented based on the recommendations, as appropriate.
- Thanking those involved, e.g., residents, staff, families, students, volunteers, and entities, as applicable.

## REPORTING

- The Administrator/designate will ensure the notification of other persons /organizations, if required and not already done, e.g., Board Chair, MLTC, WSIB, MLITSD, insurance company, security, and others, e.g., external entities, contractors, legal services, etc.
- **MLTC - Critical Incident System (CIS) Reporting** <sup>xxxviii</sup> Ensure that the Director (under the FLTCA) is **immediately** informed about the emergency or **unplanned evacuation** <sup>xxxix</sup>, followed by the report in as much detail as possible, no later than 10 days, or sooner if requested. **Note:** *Immediately notify MLTC by calling the office directly during regular business hours **1-866-434-0144**, or use the after-hours number **1-888-999-6973**, as appropriate.*

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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## Appendices

**Appendix 1 ~ Evacuation Facilities Chart \* (1 Copy)**

**Appendix 2 ~ Accounting for All Residents \*(2 sets double-sided – each set has both CC1 and CC2)**

- **Appendix 2a - Accounting for All Residents - CC1**
- **Appendix 2b - Accounting for All Residents - CC2**

**Appendix 3 ~ Transportation Plan**

**Appendix 4 ~ Evacuation and Relocation of a Resident \*(64)**

*Part A: to send with the resident to relocation site*

*Part B: to be retained by BRHD*

**Appendix 5 ~ Staff Members with Relocated Residents \*(4)**

**Appendix 6 ~ Code Green Evaluation**

**Appendix 7 ~ Post Incident Debrief Recovery**

**Appendix 8 ~ Drug Provision Plan ~ Disaster, Outbreak, Pandemic**

**Appendix 9 ~ Food and Fluid Emergency Plan**

**Appendix 10 ~ Emergency Evacuation Techniques**

**Appendix 11 ~ Administrator Checklist for Code Green / Evacuation**

### Notes:

- *Electronic completion of Appendices is advised, if laptop with templates is available during evacuation.*
- *The asterisk (\*) means number of copies of the appendix to be made. Extra copies located in Command Centre Bag.*

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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## Appendix 1 ~ Evacuation Facilities Chart <sup>xl</sup>

BRHD has an agreement in place with all LTCHs listed. Red Cross could be called for cots, beds, and bedding supplies, if required. Refer to Fan-Out List if personal phone number for the Administrator is required.

**GROUP ONE:** Each of the emergency **LTCH relocation sites in Group One** will accommodate at least 20 ambulatory residents.

| Evacuation Facilities                                            | Administrator /<br>Emergency #                                          | Residents that can be<br>accommodated                                       |                                   |
|------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------|
| Woods Park<br>110 Lillian Cres.<br>Barrie, ON<br>L4N 5H7         | Cathy Cotton<br>B: 705-739-6881<br>11 km (17 min) from BRHD             | Ambulatory: <b>60</b><br>Mobile with assist: 10<br>Immobile: 5<br>Secure: 0 | Bed: 0<br>Matt: 6                 |
| I.O.O.F. LTC Home<br>10 Brooks St.<br>Barrie, ON<br>L4N 5L3      | Gary Hopkins CEO<br>B: 705-728-2389 x 304<br>6.5 km (9 min) from BRHD   | Ambulatory: <b>30</b><br>Mobile with assist: 20<br>Immobile: 5<br>Secure: 2 | Bed: 30<br>Matt: 30               |
| Grove Park Home<br>234 Cook Street<br>Barrie, ON<br>L4M 4H5      | Paul Taylor<br>B: 705-792-7393<br>11 km (17) from BRHD via<br>Hurst Dr. | Ambulatory: <b>20</b><br>Mobile with assist: 10<br>Immobile: 4<br>Secure: 1 | Bed: 17<br>Mattress: 17           |
| Leacock Care Centre<br>25 Museum Drive<br>Orillia, ON<br>L3V 7T9 | Matt Lamb<br>B: 705-325-9181 x 201                                      | Ambulatory: <b>20</b><br>Mobile with assist: 7<br>Immobile: 2<br>Secure: 3  | Pull-out couches: 5<br>Matt: many |

**GROUP TWO:** Each of the emergency **LTCH relocation sites in Group Two** will accommodate fewer than 20 ambulatory residents.

| Evacuation Facilities                                                               | Administrator /<br>Emergency #             | 24 hr. or <, unless otherwise<br>identified in agreement                                | Bed &<br>Mattress<br>Available |
|-------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| Bay Haven<br>499 Hume St.<br>Collingwood, ON<br>L9Y 4H8                             | Scott Strandholt<br>B: 705-445-6501        | Ambulatory: <b>10</b><br>Mobile with assist: 0<br>Immobile: 0<br>Secure: 0              | Bed: 10<br>Matt: 10            |
| Coleman Care Centre<br>140 Cundles Rd. W.<br>Barrie, ON<br>L4N 9X8                  | Michelle Uprichard<br>B: 705-726-8691 x104 | Ambulatory: <b>2</b><br>Mobile with assist: <b>2</b><br>Immobile: <b>2</b><br>Secure: 0 | Bed: 0<br>Matt: 0              |
| Collingwood Nursing Home Ltd.<br>250 Campbell St.<br>Collingwood, ON<br>L9Y 4J9     | Peter Zober<br>B: 705-445-3991 x 223       | Ambulatory: <b>1</b><br>Mobile with assist: <b>1</b><br>Immobile: <b>1</b><br>Secure: 0 | Bed: 1<br>Matt: 1              |
| Good Samaritan Seniors'<br>Complex<br>481 Victoria St. East<br>Alliston, ON L9R 1J8 | Deirdre Britton<br>B: 705-435-5722 x1001   | Ambulatory: <b>10</b><br>Mobile with assist: 5<br>Immobile: 2<br>Secure: 0              | Bed: 1<br>Matt: 4              |

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Code Green – Evacuation Plan         |                                         |                                                  | Page 27 of 51                    |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

|                                                                     |                                      |                                                                    |                   |
|---------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|-------------------|
| Oak Terrace<br>291 Mississauga St. W.<br>Orillia, ON<br>L3V 2B9     | Sophie Anderson<br>B: 705-325-2289   | Ambulatory: 4<br>Mobile with assist: 1<br>Immobile: 0<br>Secure: 0 | Bed: 2<br>Matt: 4 |
| Sara Vista LTC Centre<br>27 Simcoe Street<br>Elmvale, ON<br>L0L 1P0 | Annette Schneider<br>B: 705-322-2182 | Ambulatory: 2<br>Mobile with assist: 2<br>Immobile: 2<br>Secure: 0 | Bed: 3<br>Matt: 3 |

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
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| <b>Code Green – Evacuation Plan</b>     |                                                |                                                  | Page <b>28</b> of <b>51</b>      |
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| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

**Appendix 2a. ~ Accounting for all Residents** – (Template) Current copies of Appendices 2a and 2b with resident names inputted, can be found in Command Centre Bag.

| CC1<br>Rm # | RESIDENT'S NAME | ALTERNATE FACILITY<br>(Include Hospital) if<br>relocated | DATE<br>of Relocation | If relocated, check (✓)<br>Appendix completed |                 |
|-------------|-----------------|----------------------------------------------------------|-----------------------|-----------------------------------------------|-----------------|
|             |                 |                                                          |                       | App.4<br>Part A                               | App.4<br>Part B |
| 101         |                 |                                                          |                       |                                               |                 |
| 103         |                 |                                                          |                       |                                               |                 |
| 105         |                 |                                                          |                       |                                               |                 |
| 107         |                 |                                                          |                       |                                               |                 |
| 111a        |                 |                                                          |                       |                                               |                 |
| 111b        |                 |                                                          |                       |                                               |                 |
| 114         |                 |                                                          |                       |                                               |                 |
| 116         |                 |                                                          |                       |                                               |                 |
| 118         |                 |                                                          |                       |                                               |                 |
| 120         |                 |                                                          |                       |                                               |                 |
| 122         |                 |                                                          |                       |                                               |                 |
| 124         |                 |                                                          |                       |                                               |                 |
| 129         |                 |                                                          |                       |                                               |                 |
| 131         |                 |                                                          |                       |                                               |                 |
| 133         |                 |                                                          |                       |                                               |                 |
| 136         |                 |                                                          |                       |                                               |                 |
|             |                 |                                                          |                       |                                               |                 |
| 201         |                 |                                                          |                       |                                               |                 |
| 203         |                 |                                                          |                       |                                               |                 |
| 205         |                 |                                                          |                       |                                               |                 |
| 207         |                 |                                                          |                       |                                               |                 |
| 211a        |                 |                                                          |                       |                                               |                 |
| 211b        |                 |                                                          |                       |                                               |                 |
| 214         |                 |                                                          |                       |                                               |                 |
| 216         |                 |                                                          |                       |                                               |                 |
| 218         |                 |                                                          |                       |                                               |                 |
| 220         |                 |                                                          |                       |                                               |                 |
| 222         |                 |                                                          |                       |                                               |                 |
| 224         |                 |                                                          |                       |                                               |                 |
| 229         |                 |                                                          |                       |                                               |                 |
| 231         |                 |                                                          |                       |                                               |                 |
| 233         |                 |                                                          |                       |                                               |                 |
| 236         |                 |                                                          |                       |                                               |                 |
|             |                 |                                                          |                       |                                               |                 |
|             |                 |                                                          |                       |                                               |                 |
|             |                 |                                                          |                       |                                               |                 |
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| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
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| <b>Code Green – Evacuation Plan</b>     |                                                |                                                  | Page <b>29</b> of <b>51</b>      |
| <b>Orig:</b> Aug 06                     | <b>Revised:</b> Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

**Appendix 2b. ~ Accounting for all Residents** - (Template) Current copies of Appendices 2a and 2b with resident names inputted, can be found in Command Centre Bag.

| CC2<br>Rm # | RESIDENT'S NAME | ALTERNATE FACILITY<br>(Include Hospital) if<br>relocated | DATE<br>of Relocation | If relocated, check (✓)<br>Appendix completed |                    |
|-------------|-----------------|----------------------------------------------------------|-----------------------|-----------------------------------------------|--------------------|
|             |                 |                                                          |                       | Append 4<br>Part A                            | Append 4<br>Part B |
| 301         |                 |                                                          |                       |                                               |                    |
| 303         |                 |                                                          |                       |                                               |                    |
| 305         |                 |                                                          |                       |                                               |                    |
| 307         |                 |                                                          |                       |                                               |                    |
| 311a        |                 |                                                          |                       |                                               |                    |
| 311b        |                 |                                                          |                       |                                               |                    |
| 314         |                 |                                                          |                       |                                               |                    |
| 316         |                 |                                                          |                       |                                               |                    |
| 318         |                 |                                                          |                       |                                               |                    |
| 320         |                 |                                                          |                       |                                               |                    |
| 322         |                 |                                                          |                       |                                               |                    |
| 324         |                 |                                                          |                       |                                               |                    |
| 329         |                 |                                                          |                       |                                               |                    |
| 331         |                 |                                                          |                       |                                               |                    |
| 333         |                 |                                                          |                       |                                               |                    |
| 336         |                 |                                                          |                       |                                               |                    |
|             |                 |                                                          |                       |                                               |                    |
| 401         |                 |                                                          |                       |                                               |                    |
| 403         |                 |                                                          |                       |                                               |                    |
| 405         |                 |                                                          |                       |                                               |                    |
| 407         |                 |                                                          |                       |                                               |                    |
| 411a        |                 |                                                          |                       |                                               |                    |
| 411b        |                 |                                                          |                       |                                               |                    |
| 414         |                 |                                                          |                       |                                               |                    |
| 416         |                 |                                                          |                       |                                               |                    |
| 418         |                 |                                                          |                       |                                               |                    |
| 420         |                 |                                                          |                       |                                               |                    |
| 422         |                 |                                                          |                       |                                               |                    |
| 424         |                 |                                                          |                       |                                               |                    |
| 429         |                 |                                                          |                       |                                               |                    |
| 431         |                 |                                                          |                       |                                               |                    |
| 433         |                 |                                                          |                       |                                               |                    |
| 436         |                 |                                                          |                       |                                               |                    |
|             |                 |                                                          |                       |                                               |                    |
|             |                 |                                                          |                       |                                               |                    |
|             |                 |                                                          |                       |                                               |                    |
|             |                 |                                                          |                       |                                               |                    |

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

### Appendix 3 – TRANSPORTATION PLAN<sup>xlii</sup>

Code Green – **Total Evacuation** would be the only Code Green evacuation level where external assistance with transportation (other than ambulance) would be necessary. Total evacuation is initiated at the discretion of the Fire Department/ and or the Administrator/designate, or FIW.

Transportation to assist with moving residents, staff, students, volunteers and others from BRHD to the evacuation location is coordinated through the Emergency Services, i.e., The Home calls “911” for the emergency, and the Barrie Fire Department /or Police who respond to the emergency (~ time ≤7 minutes), contact Emergency Services for transportation assistance.<sup>xliii</sup> Barrie Emergency Services keeps the emergency transportation contact information confidential. No pre-arrangements are required with Barrie City buses or Barrie Accessible Community. The Barrie Emergency Services would further arrange for transport of critical medication, supplies and equipment during an evacuation to the evacuation location to ensure resident safety.

The BRHD bus may be used by a driver with the appropriate license, along with personal vehicles of staff could be used to transport staff, students, volunteers, and others from BRHD, as well as critical medication, supplies and equipment during an evacuation to the evacuation location.<sup>xliii</sup>

It is assumed that most residents within BRHD will require accessible transit options. However, in the event of any emergency in inclement weather, residents may need to be assisted into non-accessible city buses.

- Prior to transport. Complete all the necessary information on the Appendix 4 form (Part A and B). Part A is sent with the resident; Part B of **Appendix 4 is to be retained for BRHD records**.
  - Complete or update Appendix 2a/b – **List of Residents (CC1 and CC2) Located to an Alternate Facility**, as appropriate.
  - If possible, prior to sending resident with the completed Appendix 4, to a relocated site, take a picture of resident and completed form, and send pictures to FIW.
- Relocate residents based on risk, e.g., highest risk residents should be transported as soon as possible.
- Try to minimize the number of relocation sites, sending the maximum number of residents that can be accommodated in that location if possible. That will assist BRHD with staffing. (*Refer to Appendix 1 – Evacuation Facilities Chart*).
  - If family members/loved ones wish to bring the resident (their loved one to their Home), they can make arrangements to do so after the resident is checked out at the relocation site.

#### Other Emergency Resources:

- 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.

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------|
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| <b>Orig:</b> Aug 06                     | <b>Revised:</b> Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

#### Appendix 4. ~ Evacuation and Relocation of a Resident to Alternate Facility

##### **PART A: Resident to Receiving Facility ~ \*\*Send this completed portion with the resident**

**NOTE:** The following 2 single-side pages are to be completed for **each resident that is relocated to an alternate location. Part A goes with the resident to the receiving facility. Part B is to remain with BRHD.** If a photocopier, or camera is available, copy Part A prior to sending the resident to an alternate location. There may not be sufficient time to complete form thoroughly, please **do the best you can**. Additional information can be supplied later.

Name of resident \_\_\_\_\_ from Bob Rumball Home for the Deaf (705-321-4630)

Relocation site: \_\_\_\_\_ (e.g., alternate LTC Home, hospital, other)

- The resident has identification on indicating resident's name, CC, & deaf/hard of hearing if appropriate. (Y/N) \_\_\_\_\_
- General status of the resident (e.g., stable/unstable) \_\_\_\_\_
- Does the resident have any injury? (Y/N) \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
- Is the resident at risk of elopement? (Y/N) \_\_\_\_\_ If yes, resident requires a staff member to accompany to a non-secure area, or a secure unit /home in an alternate location. (*Resident Directory in Yellow Binder will show an 'E' beside the resident's name if at risk of elopement.*)
- Pertinent information about the resident, if possible,
  - Physician \_\_\_\_\_ Diagnosis \_\_\_\_\_
  - Safety equipment required, e.g., oxygen, mobility aids, requires C-PAP, Tube feedings, regular hemodialysis, etc. \_\_\_\_\_  
\_\_\_\_\_
  - List Medications / treatments (e.g., oxygen or wound dressings) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Medications are available for administration at the relocation site? (Y/N) \_\_\_\_\_ Unknown \_\_\_\_\_  
**Note:** If possible, the med carts will be transported to the relocation site. If drugs are not available, the Drug Provision Plan will be implemented with Silver Fox Pharmacy, to deliver meds to relocated site.
- If any family member wishes to take their loved one home, please instruct them to pick up their loved one at the relocation site.

Resident's emergency contact person: Name: \_\_\_\_\_ # \_\_\_\_\_

**The DONPC/designate will follow-up on every resident relocated and ensure ongoing communication about the status of the resident in the alternate location; and when possible, provide the approximate timing when the resident can either return to BRHD, or to a suitable facility.**

**DONPC:** Jennifer West 705-719-6700 Ext 306 or email: jwest@bobrumball.org

**BRHD Administrator:** Christine Ware 705-719-6700 Ext 305 or email cware@bobrumball.org

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
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| <b>Orig:</b> Aug 06                     | <b>Revised:</b> Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

**(Complete PART B of Appendix 4b - next)**

**Appendix 4. PART B: BRHD's information to retained with Appendix 2a. "List of Residents Relocated to an Alternate Facility"**

Name of resident evacuated from Home \_\_\_\_\_ CC1 \_\_\_\_ CC2 \_\_\_\_

Relocation site: \_\_\_\_\_ Time resident left \_\_\_\_\_

- Name of person accompanying resident \_\_\_\_\_ Staff \_\_\_\_ Family\_\_ Other \_\_\_\_
- Resident was stable \_\_\_\_\_ or unstable \_\_\_\_\_
- Did resident sustain an injury during evacuation? (Y/N) \_\_\_\_ If yes, describe: \_\_\_\_\_
- Pertinent information about the resident provided: (Y/N) \_\_\_\_
- Emergency equipment or supplies sent with resident? (Y/N) \_\_\_\_  
If yes, describe: \_\_\_\_\_
- Resident's emergency contact person notified of relocation site? (Y/N) \_\_\_\_
  - Indicate **who** was notified: \_\_\_\_\_
  - Date \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

|                                             |                                                |                                               |                               |
|---------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------|
| <b>Bob Rumball Home for the Deaf (BRHD)</b> |                                                |                                               |                               |
| <b>Manual: Emergency</b>                    | <b>Approved by: Administrator</b>              | <b>Category: Code Green - Evacuation Plan</b> | <b>Plan #: EMERG – I – 02</b> |
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| <b>Orig:</b> Aug 06                         | <b>Revised:</b> Sep 18; Oct 22; Jun 23; Dec 23 |                                               |                               |
| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26     |                                                |                                               |                               |

## Appendix 5 ~ Staff Members with Relocated Residents

[illegible]

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>                | Approved by:<br><b>Administrator</b>           | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
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| <b>Orig:</b> Aug 06                     | <b>Revised:</b> Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

**Appendix 6 ~ Code Green – Evaluation** Home Location: BRHD, 1 Royal Parkside Dr., Barrie

Date: \_\_\_\_\_ Time Evacuation was Initiated: \_\_\_\_\_ AM / PM

Type of Evacuation: Horizontal Evacuation: \_\_\_\_\_ or, Total Evacuation: \_\_\_\_\_  
☐ Planned \_\_\_\_\_, With external resources Y/N \_\_\_\_\_; Active or Table Top exercise \_\_\_\_\_; **or**  
☐ Unplanned \_\_\_\_\_, With external resources Y/N \_\_\_\_\_;

**Instructions:**

- The evaluation is available for completion electronically and should be completed to the extent possible, **as soon as possible after the incident is no longer an emergency**, by the onsite Administrator/designate and the Fire/Incident Warden. The following additional persons are encouraged to participate and provide feedback: Emergency Assistant, Triage Nurse, Managers, external entities<sup>xliv</sup>, and representatives from involved staff, resident, and family, as appropriate.

**Attendees:**

| NAME | Position |  | NAME | Position |
|------|----------|--|------|----------|
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |

*If using a separate attendance record, ensure it includes a date, the person's name and position, and is attached to this evaluation.*

**Urgent questions:**

- Have all **residents and other persons (staff, students, etc.)** been accounted for now? (Y/N) \_\_\_\_\_
  - If not, who is still missing? \_\_\_\_\_; Is a search for the missing person(s) being conducted by authorities? (Y/N) \_\_\_\_\_. If yes, has MLTC been notified? (Y/N) \_\_\_\_\_.
- Were the residents, staff, families and others (e.g., students & volunteers) informed that **the emergency is declared over**? (Y/N) \_\_\_\_\_ *[e.g., announcement]*
- Have all **master keys, drug carts** (if applicable), **emergency bags** (Command Centre & Triage), been returned and accounted for? (Y/N) \_\_\_\_\_
  - If not, what items are missing? \_\_\_\_\_

**Summarize the emergency evacuation incident**, including:

What triggered the event? \_\_\_\_\_  
 Who discovered the emergency? \_\_\_\_\_  
 Where was the location of danger? \_\_\_\_\_  
 What areas were affected and evacuated? \_\_\_\_\_  
 What action was taken? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
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| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

### Declaring Code Green

Was “911” called? (Y/N) \_\_\_\_\_

Was a fire pull station activated? (Y/N) \_\_\_\_ Was Code Green – (type of) Evacuation and the location paged x3? (Y/N) \_\_\_\_

- If **no** to the above, how was the evacuation communicated? \_\_\_\_\_

Who gave the Evacuation Order – Emergency Personnel \_\_, the Fire/Incident Warden \_\_, Administrator/designate \_\_\_\_\_?

Was the Administrator notified of the need to evacuate?

- Did the Administrator/designate **initiate the fan-out procedure** for additional assistance? (Y/N) \_\_\_\_
- If a **total** evacuation was required, was the **Medical Director / designate** notified to come on site? (Y/N) \_\_\_\_

### Evacuation

Were persons evacuated from the danger zone **safely**? (Y/N) \_\_\_\_

- **If no:**

| Name of persons injured | Injury | Treatment received | Resident's Physician notified | Name of Emerg Contact/POA Notified |
|-------------------------|--------|--------------------|-------------------------------|------------------------------------|
|                         |        |                    |                               |                                    |
|                         |        |                    |                               |                                    |
|                         |        |                    |                               |                                    |
|                         |        |                    |                               |                                    |

- If persons were not evacuated safely, **describe what went wrong**, e.g., injury sustained the emergency danger zone, insufficient staff, resident resistance, poor organization, etc. \_\_\_\_\_

Did any resident(s) go ‘missing’ for **any** period of time? (Y/N) \_\_\_\_\_. (Appendix 2)

- If yes, who? And for how long?
- **If yes, complete the following chart.**

| Resident's Name | Still missing? |   | If found: |            | If not found, were the following informed? |       |     |      |
|-----------------|----------------|---|-----------|------------|--------------------------------------------|-------|-----|------|
|                 | Y              | N | Where?    | Time lost? | Police                                     | Admin | POA | MLTC |
|                 |                |   |           |            |                                            |       |     |      |
|                 |                |   |           |            |                                            |       |     |      |
|                 |                |   |           |            |                                            |       |     |      |

Was a **Command Centre** established? (Y/N) \_\_\_\_ Was the **emergency Command Centre Bag** brought to the Command Centre? (Y/N) \_\_\_\_

Was a **Triage area** established? (Y/N) \_\_\_\_ If yes, was the **emergency Triage Bag** brought to the Triage area? (Y/N) \_\_\_\_

Did every resident evacuated from the Home have identification, e.g., ID bracelet / label, with name, CC & if deaf? (Y/N) \_\_\_\_

If a **horizontal evacuation**, are any residents unable to return to their bedroom? (Y/N) \_\_\_\_

|                                             |                                                |                                                  |                                  |
|---------------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------|
| <b>Bob Rumball Home for the Deaf (BRHD)</b> |                                                |                                                  |                                  |
| Manual: <b>Emergency</b>                    | Approved by:<br><b>Administrator</b>           | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
| <b>Code Green – Evacuation Plan</b>         |                                                |                                                  | Page <b>36</b> of <b>51</b>      |
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| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26     |                                                |                                                  |                                  |

- If yes, approximately how long will the internally relocated residents not be able to return to their rooms? \_\_\_\_\_
- For resident(s) **unable** to return to their bedroom, has an alternate internal relocation area been identified? (Y/N) \_\_\_\_
  - Will the internally relocated resident(s) require any additional equipment? (Y/N) \_\_\_\_
  - If additional equipment is required, who is making / or will make the arrangements for the identified supplies/equipment required? \_\_\_\_\_
- For all resident(s) **relocated within the Home**, was their POA notified? (Y/N) \_\_\_\_\_

If a **total evacuation** was done, were the residents outside the building affected by inclement weather? (Y/N) \_\_\_\_

- If yes, how long were they exposed to the inclement weather prior to obtaining shelter? \_\_\_\_\_
- What temporary shelter if any, or supplies/equipment was established to protect residents from inclement weather? \_\_\_\_\_

**Was the Drug Provision Plan implemented (Appendix 8) (Y/N) \_\_\_\_**

- Were the following evacuated Med Carts, Urgent fridge meds, & Treatment Carts from CC1 and CC2? (Y/N) \_\_\_\_
- If not, why not? \_\_\_\_\_

**Was the Food and Fluid Emergency Plan implemented? (Appendix 9) (Y/N) \_\_\_\_**

### **Relocation**

- Were any residents **relocated** to an alternate health care facility, including hospital, alternate LTC Home etc.? (Y/N) \_\_\_\_  
(Refer to Appendices 2 (Accounting for all residents) and 4-Part B (Evacuation & Relocation of Resident);  
Update Appendix 2, as required.)
- If any **residents were relocated to an alternate location**:
  - Was the Transportation Plan (Appendix 3) initiated? (Y/N) \_\_\_\_
  - Were there sufficient appropriate emergency vehicles to transport resident(s) in need? (Y/N) \_\_\_\_
    - Identify any issues with transportation \_\_\_\_\_
  - Was Appendix 4- Part A and B, completed for each **relocated resident**? (Y/N) \_\_\_\_
    - If resident(s) were relocated **without** completing Appendix 4-Part A, identify how the resident's pertinent information (diagnosis, list of meds, emergency contact, etc.) was, or will be communicated to the relocated facility. \_\_\_\_\_
    - Was Appendix 8 – **Drug Provision Plan** been initiated to supply drugs to residents' new location? (Y/N) \_\_\_\_
  - Were the **POA(s)** of all affected resident(s) notified? (Y/N) \_\_\_\_
  - Were the **physician(s)** of all relocated resident(s) notified? (Y/N) \_\_\_\_
  - Were **staff relocated** to an alternate site to assist with the care of relocated residents? (Y/N) \_\_\_\_
    - If yes, has the scheduling manager been notified for follow-through? (Y/N) \_\_\_\_
    - If **staff** were assigned to an alternate site, was **Appendix 5** completed? (Y/N) \_\_\_\_
    - Is additional staff coverage required? (Y/N) \_\_\_\_ If yes, has the scheduler been informed? (Y/N) \_\_\_\_
  - Has a **follow-up call to the alternate facility** been made by the DONPC/designate to check on the status of the relocated resident(s)? (Y/N) \_\_\_\_
  - If **any resident that was "on leave"** is not able to return to the Home, has the **resident/SDM, or the hospital**, as applicable, been notified? (Y/N) \_\_\_\_
- If the BRHD **building is empty**, has security been arranged? (Y/N) \_\_\_\_ (Details in Building Security section of this Plan)

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------|
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| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

**Return of Residents** (*who were not relocated to an alternate site*)

- Were the fire safety features reset as authorized, e.g., reset of pull station, fire panel and electromagnetic devices? (Y/N) \_\_\_\_
- Prior to residents going back to the previously evacuated area **inside** the Home, was the area/ building inspected to ensure it was safe? (Y/N) \_\_\_\_
- Are the registered nursing staff on each CC aware of any changes to residents' location, health status, and staffing? (Y/N) \_\_\_\_
  - **If no, identify person who will ensure** CC Reg nurses receive the information, e.g., a copy of all completed Appendices **2a & 2b, and 4B** and a revised staff schedule, as appropriate. \_\_\_\_\_

**NOTE:** For residents that were **evacuated and relocated to an alternate site outside of the Home, and are returning to BRHD**, refer to Code Green: "**Return of Evacuated and Relocated Residents to BRHD**" **EMERG-I-02b**

| What went well? |
|-----------------|
|                 |
|                 |
|                 |
|                 |
|                 |

| What didn't go well? | Recommendation for improvement? |
|----------------------|---------------------------------|
|                      |                                 |
|                      |                                 |
|                      |                                 |
|                      |                                 |
|                      |                                 |

Identify any additional information / supplies etc. that the registered nursing staff will need to provide for the care and safety of the residents. \_\_\_\_\_

Remind registered nursing staff to **update PCC documentation for residents**, including care plans if resident was injured, missing, relocated internally or an alternate site, etc., as required.

Has **MLTC** been notified about the evacuation (1-866-434-0144) and any residents, at least verbally (*including using the after-hours #1-888-999-6973 as applicable*)?

(Y/N) \_\_\_\_ If no, who is assigned to notified MLTC, ASAP? \_\_\_\_\_

List the names of the **external entities** involved, (to the extent possible): \_\_\_\_\_

**A copy of the completed evaluation will be provided to the Administrator**, along with all other relevant documentation, including completed appendices, e.g., Appendices **2, 4**, and 5, as appropriate. (Y/N) \_\_\_\_

Name of person(s) completing report:

Fire/ Incident Warden: \_\_\_\_\_ (Print); \_\_\_\_\_ (Signature)

Administrator / designate: \_\_\_\_\_ (Print); \_\_\_\_\_ (Signature)

Date of completion: \_\_\_\_\_

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>                | Approved by:<br><b>Administrator</b>           | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
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| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

#### Appendix 7 ~ Post Incident Debrief Recovery<sup>xlv</sup>

- To be completed (electronically if possible) by the Administrator and management team, as soon as possible after the emergency is declared over. Additional persons may be invited to participate at the discretion of the Administrator/designate.
- Note:** Retain all related documentation.

Evacuation Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Fire/Incident Warden's name: \_\_\_\_\_  
 Type of Evacuation: Horizontal: \_\_\_\_\_ Total Evacuation: \_\_\_\_\_ Planned \_\_\_\_\_ Unplanned \_\_\_\_\_

#### Attendees:

| NAME | Position |  | NAME | Position |
|------|----------|--|------|----------|
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |
|      |          |  |      |          |

Determine **what supplies and equipment that were used**, need to be replaced, repaired and/or obtained.

| Department            | Supplies/Equipment used & need to be repaired/replaced                                                                                                        | Assigned to |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Nursing</b>        | e.g., Medication; Triage Bag supplies, defibrillator, oxygen concentrator &/or cylinders, equipment +/-or supplies for any relocated residents                |             |
| <b>Environmental</b>  | e.g., Fire extinguishers, spill kit, blankets,                                                                                                                |             |
| <b>Dietary</b>        | e.g., Food and water supply, disposable dishes and cutlery                                                                                                    |             |
| <b>Administration</b> | e.g., Command Centre Bag, Emergency Manual, including any copies of information to be available, Name tags on lanyards, pens, paper, resident profile sheets, |             |
| <b>Other</b>          | Contactor(s), staffing, security (GIT)                                                                                                                        |             |

| Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Assigned to |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Ensure notification of other persons/ organizations, or make arrangements, if required and not already done:</b> <ul style="list-style-type: none"> <li>Notify <b>Board Chair</b> – provide updates as appropriate .....</li> <li><b>Debrief residents/SDMs</b> if any, <b>staff, volunteers, and students after the emergency</b>, e.g., by calling, meeting, email, memo, etc.<sup>xlvi</sup> .....</li> <li>Notify <b>WSIB, MOL</b>, as required .....</li> <li>Update <b>MLTC</b> re status of the Code Green verbally; and submit the <b>MLTC CIS report</b>, as soon as possible. <i>(Include any missing, injured, and/or relocated residents, if applicable.)</i> .....</li> <li>Notify <b>insurance company</b>, as required (take pictures of damage, etc. – save video recordings as appropriate .....</li> <li>Notify <b>legal services</b>, if required .....</li> </ul> |             |

| Bob Rumball Home for the Deaf (BRHD)    |                                                |                                                  |                                  |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>                | Approved by:<br><b>Administrator</b>           | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
| <b>Code Green – Evacuation Plan</b>     |                                                |                                                  | Page <b>39</b> of <b>51</b>      |
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| <b>Reviewed:</b> Aug 24, Oct/25, Feb/26 |                                                |                                                  |                                  |

|                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>Contact any involved <b>external entities</b> that were not present for the evaluation to provide them with an opportunity for feedback. Incorporate any recommendations for improvement into the Recommendations for Improvement chart below .....</li> </ul> |  |
| Determine if any residents or staff experienced distress during the emergency, and provide support, as required. e.g., medical, pastoral, managerial and/or EAP support, as appropriate and available. <sup>xlvi</sup>                                                                                |  |
| Determine if any other activities are required to resume normal operations. <sup>xlvi</sup>                                                                                                                                                                                                           |  |

**Discuss recommendations for improvement**, as outlined in the Code Green Evaluation (Appendix 6) with **the CQI Management Team**, as soon as possible. (If completed electronically, copy and paste.)

- Add any additional recommendations, as appropriate.
- Complete chart, identifying which recommendations are **approved for implementation**, or rejected.
  - If recommendation rejected include reason why.
  - If recommendation approved, determine the designated lead, and the date the recommendation can be implemented.

#### Recommendations for Improvement

| List of Recommendations | Approved to implement /<br>If rejected, why? | Date to<br>Implemented | Assigned to: |
|-------------------------|----------------------------------------------|------------------------|--------------|
|                         |                                              |                        |              |
|                         |                                              |                        |              |
|                         |                                              |                        |              |
|                         |                                              |                        |              |
|                         |                                              |                        |              |

*\*Note: The CQI Management Team will track the implementation of approved recommendations.*

**Code Green – “Evacuation Plan”, (EMERG – I – 02)** is to be evaluated and updated at least annually, including updating of all emergency contact information of the entities, and **within 30 days of the emergency being declared over**, after each instance that the emergency plan is implemented.<sup>xlvi</sup>

**Evaluation Plan review and revision due date:** \_\_\_\_\_ (within 30 days)

Are any revisions to the Plan required? Y/N \_\_\_\_

- If Plan was revised:
  - Residents’ Council were notified about the revisions: Y/N \_\_\_\_
  - External entities were consulted about changes: Y/N \_\_\_\_

**Administrator to retain the completed Post Incident Debrief Recovery - Appendix 7.**

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
|--------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>             | Approved by:<br><b>Administrator</b>    | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
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| Orig: Aug 06                         | Revised: Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

## Appendix 8 ~ Drug Provision Plan<sup>1</sup> ~ for Disaster

**Purpose:** To ensure residents have timely access to all prescribed medications during any potential emergency.

**Emergency Triage Bag** (*like a first aid kit, no drugs*) – The Triage bag and the Command Centre Bag will be gathered by the Emergency Assistant (EA). These bags will be brought to the Command Centre, and if a Triage nurse is available to stay at the Triage area, the Triage bag will be brought to the Triage area.

### Extra things to gather if time allows:

- Locked drug carts (*contain pill crusher; med cups, blood glucose monitors/lancets, and syringes*)
- **Emergency** fridge meds, e.g., insulin, injectable Ativan,
- Emergency/STAT medication box
- “Spot vitals” machine, which includes stethoscope

The loose items can be placed on top of the drug cart and pushed to the Command Centre.

Note: A nurse (RN/RPN or manager) must stay with the drugs, carts and supplies when they are at the Command Centre, until such time as they can safely be transported to a safe and secure relocation area.

## EVACUATION

### Registered staff will:

- Gather meds, supplies and locked medication carts, ensure they have all keys that may be required, lock the medication door behind them, and bring the meds, supplies and med carts to the Command Centre.

### Notes:

- *Having the drug carts will assist in administering the majority of medication for residents in a timely manner. An electronic tablet for accessing E-MAR is attached to each medication cart.*
- *Silver Fox Pharmacy (SFP) is available to assist 24/7, along with the “Emergency pharmacy; Drug Store Pharmacy” (Refer to the Emergency Numbers tab) to ensure the continuity of residents’ medication administration, as per their agreement identified below. In the event of an emergency advise SFP of the situation and what the urgent needs would be at that time.*
- *BRHD has a 2 hr. before and after the medication time schedule to administer the medication as prescribed. This is based on the Institute for Safe Medication Practices (ISMP) to prevent accidental omission of doses and facilitating staff in the event of an emergency to deliver meds in a timely manner, as prescribed.*

### DONPC/Designate will:

- Prioritize access to medication records and medication ordering in collaboration with Medical Director or designate (*Physician Assistant*).
- Access resident medical records remotely through Point Click Care (PCC) and Electronic Medication Administration Record (e-MARs)
- Contact SFP immediately. Use “on-call” number if outside regular business hours.
- Request e-MAR sheets from Silver Fox Pharmacy (SFP), as required.

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- Order medications for emergency delivery to new location, as required.
- Ensure **MARs** are available
  - If less than 1 hour prior to relocation, contact SFP to obtain eMARs
  - If 1-2 hour prior to relocation: **print off** each resident's eMAR (should include medications and diagnosis)
  - If greater than 2 hours to relocation: print off resident's eMAR and bring residents' charts, if possible and safe to do so.
  - Order required medications for delivery to new emergency location
- At the relocation site, set up secure medication storage (*Locked narcotic drugs in locked med cart, in locked storage room*).

## SILVER FOX PHARMACY ~ Disaster Policy 13.8 <sup>ii</sup>

### Disaster

In the event of a major disaster or emergency in the Home, Silver Fox Pharmacy (SFP) will continue to provide medications as follows:

| Length of Disaster       | Silver Fox Pharmacy Policy                                                          |
|--------------------------|-------------------------------------------------------------------------------------|
| Hours, less than one day | To be treated as a drug holiday in consultation with the home and Medical Director. |
| Overnight                | One day supply of essential medications to be delivered to the temporary location   |
| Two Days or More         | Regular pharmacy service to the temporary location                                  |

- SFP may provide medical supplies and medications in the event of a neighborhood or community disaster in which the Home was required for use by the community.
- Should a disaster occur, and pharmacy services are required, **contact SFP immediately** with the available details ~ **SFP Ph: 1-844-639-6447; SFP Emergency Pharmacist: Ph: 1-844-316-7369**
  - SFP on call “Zehrs “Drug Store Pharmacy” should be contacted if the disaster occurs outside of SFP regular business hours ~ **Ph: 705-733-2684; Fax: 705-733-2918**
- Medications, supplies and MAR sheets will be prepared as required and delivered to the designated location.
- SFP provides a staff-facing portal accessible at [portal.silverfoxrx.ca](http://portal.silverfoxrx.ca) to support easy access and archiving reports, audits, forms, policy, education, and reference material. <sup>iii</sup>

### LOSS OF TECHNOLOGY

#### **DONPC/Designate Nursing Manager will:**

- Access eMARs through PCC on a secure laptop
- Contact SFP to supply residents' current MARs

#### **LOSS of Silver Fox Pharmacy (regular pharmacy provider)**

#### **DONPC/Designate Nursing Manager will:**

- Contact Back-up Pharmacy to fill prescriptions as per reciprocal agreement
- Zehrs (Bryne Dr. Barrie) “Drug Store Pharmacy”

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| Orig: Aug 06                         | Revised: Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
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## Appendix 9 ~ Food and Fluid Emergency Plan <sup>liii</sup>

Food and Fluid Emergency plans are to be implemented when an emergency arises that interrupts regular food service. This can include interruption of water, supplier, gas, electrical or cooling /refrigeration units. This could also include hot weather protocol. Menu planning may be altered as needed.

A sample **2-week emergency menu** is available (*see below*) *but* should be altered depending on the situation (e.g., gas, electricity and water). There will be supplies, including disposable and paper products and equipment. The menu could also be aimed towards ensuring cooling and rehydration.

The following would be requested:

- A laptop for access to the resident healthcare records (dietary information and residents plans of care (RCPs))
- A hard copy of the resident dietary information for reference from CC1 and CC2.
- An emergency menu will be adapted to meet the nutritional requirements of the residents based on the availability of food and supplies; availability of staff; availability of water for cooking, drinking, and sanitation; availability of utilities (gas, electricity, and water); ability to meet modified diet needs.
- The food service distributor(s) will be contacted for special delivery of food, beverages, and supplies, as required.
- Contact community LTC Homes and agencies for assistance as required. (*Refer to relocation site facilities, with whom the Home has an agreement.*)
- Reallocate available staff to safely store, prepare, and deliver meals and snacks, as required.

### Manager of Nutrition and Environmental Services (MNES) – responsibility

Based on residents’ needs and availability due to emergency, their basic nutritional requirements will be met.

#### MNES will ensure the availability of

- Staffing levels, including direct and supervisor responsibilities
- Food and delivery
- Water
- Devices to assist with making modified dietary needs.
- Hydration stations, if heat related.
  - Refer also to “**Heat-Related Illness Prevention and Management Plan**” (NUR-V-193)
- Proper sanitization and IPAC measures re: food storage, preparation and delivery.

#### In addition, the MNES will:

- Continue to stay connected with community partners re: ordering, delivery, supports (rentals of equipment as required, e.g., refrigeration units)
- Monitor and record the temperatures in the fridges and freezers during a power failure and discard any items if the temperature exceeds 5°C degrees (40°F)

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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

### Appendix 9 continued – Emergency Menu – Week 1

MENU Week 1

|           | MONDAY                                                 | TUESDAY                                                     | WEDNESDAY                                                      | THURSDAY                                              | FRIDAY                                                                        | SATURDAY                                             | SUNDAY                                                             |
|-----------|--------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|
| BREAKFAST | Assorted juice<br>Hot cereal<br>Toast<br>Egg           | Assorted Juice<br>Hot cereal<br>Muffin<br>Cheddar cheese    | Assorted juice<br>Hot cereal<br>Toast<br>Egg                   | Assorted juice<br>Hot cereal<br>Muffin<br>Cheese      | Assorted juice<br>Hot cereal<br>Toast<br>Egg                                  | Assorted juice<br>Hot cereal<br>Muffin<br>Cheese     | Assorted juice<br>Hot cereal<br>Egg/ Bacon<br>Toast                |
|           | Cold Cereal<br>Yogurt<br>Peanut butter                 | Cold cereal<br>Yogurt<br>Peanut butter                      | Cold cereal<br>Yogurt<br>Peanut butter                         | Cold cereal<br>Yogurt<br>Peanut butter                | Cold cereal<br>Yogurt<br>Peanut butter                                        | Cold cereal<br>Yogurt<br>Peanut butter               | Cold cereal<br>Yogurt<br>Peanut butter                             |
| LUNCH     | Tomato soup                                            | Chicken noodle soup                                         | Cream of mushroom                                              | Chicken and rice                                      | Cream of celery                                                               | Beef barley                                          | Cream of chicken                                                   |
|           | Sliced cheese s/w<br>Sliced tomatoes                   | Egg salad s/w<br>Romaine salad                              | Roast beef s/w<br>Coleslaw                                     | Turkey s/w<br>Pickled beets                           | Tuna salad s/w<br>Mixed bean salad                                            | Ham s/w<br>Creamed corn                              | Salmon salad s/w<br>Tossed salad                                   |
| DINNER    | Mandarin Oranges<br>PB and J s/w<br>Assorted Pudding   | Tropical Fruit Cocktail<br>PB and J s/w<br>Assorted gelatin | Sliced Peaches<br>PB and J s/w<br>Ice cream                    | Cantaloupe Chunks<br>PB and J s/w<br>Assorted pudding | Sliced pears<br>PB and J s/w<br>Assorted gelatin                              | Apricots<br>PB and J s/w<br>Ice cream                | Fruit cocktail<br>PB and J s/w<br>cookies                          |
|           | Beef Stew<br>Diced carrots                             | Macaroni and cheese<br>Stewed tomatoes<br>Assorted squares  | Chicken pies<br>Mashed potatoes<br>Green peas<br>Assorted Cake | Baked beans and<br>wieners<br>Corn Niblets<br>Mousse  | Roast pork (or ham)<br>Mashed potatoes<br>Mixed vegetable<br>Assorted squares | Spaghetti and sauce<br>Caesar salad<br>Assorted cake | Roast Turkey<br>Mashed Potatoes<br>Green Beans<br>Assorted squares |
|           | Assorted cake                                          | Assorted squares                                            | Assorted Cake                                                  | Mousse                                                | Assorted squares                                                              | Assorted cake                                        | Assorted squares                                                   |
|           | Chicken salad s/w<br>Cucumber slices<br>Assorted fruit | Corned beef s/w<br>Pickle spear<br>Assorted fruit           | Tuna s/w<br>Carrot slices<br>Assorted fruit                    | Egg salad s/w<br>Potato salad<br>Assorted fruit       | Ham salad s/w<br>Prepared salad<br>Assorted fruit                             | Cheese s/w<br>Sliced tomatoes<br>Assorted fruit      | Del meat s/w<br>Sliced beets<br>Assorted fruit                     |

#### Portion Sizing for 1 serving

Sandwich – 4 pieces

Salads/ Vegetables – 125ml

Stew – 180ml

Potatoes -125ml

Desserts: Fruit/Mousse/Pudding/Ice Cream - 125ml

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

## Appendix 9 continued – Emergency Menu – Week 2

### MENU Week 2

|           | MONDAY                                                    | TUESDAY                                                          | WEDNESDAY                                                      | THURSDAY                                                   | FRIDAY                                                                        | SATURDAY                                             | SUNDAY                                                             |
|-----------|-----------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|
| BREAKFAST | Assorted juice<br>Hot cereal<br>Toast<br>Egg              | Assorted Juice<br>Hot cereal<br>Muffin<br>Egg                    | Assorted juice<br>Hot cereal<br>Toast<br>Egg                   | Assorted juice<br>Hot cereal<br>Muffin<br>Sausage          | Assorted juice<br>Hot cereal<br>Toast<br>Egg                                  | Assorted juice<br>Hot cereal<br>Muffin<br>Cheese     | Assorted juice<br>Hot cereal<br>Egg/ Bacon<br>Toast                |
|           | Cold Cereal<br>Yogurt<br>Peanut butter                    | Cold cereal<br>Yogurt<br>Peanut butter                           | Cold cereal<br>Yogurt<br>Peanut butter                         | Cold cereal<br>Yogurt<br>Peanut butter                     | Cold cereal<br>Yogurt<br>Peanut butter                                        | Cold cereal<br>Yogurt<br>Peanut butter               | Cold cereal<br>Yogurt<br>Peanut butter                             |
| LUNCH     | Tomato soup<br><br>Salami s/w<br>Sliced tomatoes          | Chicken noodle soup<br><br>Egg salad s/w<br>Romaine salad        | Cream of mushroom<br><br>Roast beef s/w<br>Coleslaw            | Chicken and rice<br><br>Turkey s/w<br>Pickled beets        | Cream of celery<br><br>Tuna salad s/w<br>Mixed bean salad                     | Beef barley<br><br>Ham s/w<br>Creamed corn           | Cream of chicken<br><br>Salmon salad s/w<br>Tossed salad           |
|           | Mandarin Oranges<br>Sliced Cheese s/w<br>Assorted Pudding | Tropical Fruit Cocktail<br>Sliced Cheese s/w<br>Assorted gelatin | Sliced Peaches<br>Sliced Cheese s/w<br>Ice cream               | Cantaloupe Chunks<br>Sliced Cheese s/w<br>Assorted pudding | Sliced pears<br>Sliced Cheese s/w<br>Assorted gelatin                         | Apricots<br>Sliced Cheese s/w<br>Ice cream           | Fruit cocktail<br>Sliced Cheese s/w<br>cookies                     |
| DINNER    | Beef Stew<br>Diced carrots<br>Assorted cake               | BBQ Hamburger<br>Assorted Vegetable<br>Assorted squares          | Chicken pies<br>Mashed potatoes<br>Green peas<br>Assorted Cake | Baked beans and<br>wieners<br>Corn Niblets<br>Mousse       | Roast pork (or ham)<br>Mashed potatoes<br>Mixed vegetable<br>Assorted squares | Spaghetti and sauce<br>Caesar salad<br>Assorted cake | Roast Turkey<br>Mashed Potatoes<br>Green Beans<br>Assorted squares |
|           | Chicken salad s/w<br>Cucumber slices<br>Assorted fruit    | Ham Salad s/w<br>Pickle spear<br>Assorted fruit                  | Tuna s/w<br>Carrot slices<br>Assorted fruit                    | Egg salad s/w<br>Potato salad<br>Assorted fruit            | Corn beef s/w<br>Prepared salad<br>Assorted fruit                             | PB & J s/w<br>Sliced tomatoes<br>Assorted fruit      | Deli meat s/w<br>Sliced beets<br>Assorted fruit                    |

#### Portion Sizing for 1 serving

Sandwich – 4 pieces

Salads/ Vegetables – 125ml

Stew – 180ml

Potatoes -125ml

Desserts: Fruit/Mousse/Pudding/Ice Cream - 125ml

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

## Appendix 10 ~ Emergency Evacuation Techniques

1. **Ambulatory residents**, should be encouraged to walk to a safe area beyond the fire doors. If the resident requires a mobility device, e.g., a cane, or walker, ensure the resident uses the device.

2. **Residents in wheelchairs**, can be pushed by one person to a safe area beyond the fire doors. Residents who have a wheelchair, but are not in the wheelchair, should be transferred into their wheelchair, using the transfer method as / the logo over their bed. Once in the wheelchair, push the resident to a safe area beyond the fire doors.

### Lifts and Carries in an Emergency<sup>liv</sup>

#### 3. **One Rescuer:**

##### BLANKET PULL



The **blanket pull** is the **preferred method for dragging** a victim.

1. Place the victim on the blanket by using the “logroll”<sup>lv</sup> or the “three-person stretcher lift”.
2. The victim is placed with the head approx. 2 feet from one corner of the blanket.
3. Wrap the blanket corners around the victim.
4. Keep your back as straight as possible.
5. Use your legs, not your back.
6. Try to keep the pull as straight and in-line as possible.

##### SHOULDER PULL



The **shoulder pull** is preferred to the ‘Ankle Pull’. It supports the head of the victim. The negative is that it requires the rescuer to bend over at the waist while pulling.

1. Grasp the victim by the clothing under the shoulders.
2. Keep your arms on both sides of the head.
3. Support the head.
4. Try to keep the pull as straight and in-line as possible.

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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#### ANKLE PULL



The **ankle pull** is the fastest method for moving a victim a short distance over a smooth surface. **This is *not* a preferred method of victim movement.**

1. Grasp the victim by both ankles or pant cuffs.
2. Pull with your legs, not your back.
3. Keep your back as straight as possible.
4. Try to keep the pull as straight and in-line as possible.
5. Keep aware that the head is unsupported and may bounce over bumps and surface imperfections.

#### 4. **Two Rescuers**

##### HUMAN CRUTCH/ TWO-PERSON DRAG



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

1. Start with the victim on the ground.
2. **Both rescuers stand on either side of the victim's chest.**
3. Each rescuer's hand nearest the feet grabs the victim's wrist on their side of the victim.
4. Each rescuer's other hand grasps the clothing of the shoulder nearest them.
5. Pulling and lifting the victim's arms, the rescuers bring the victim into a sitting position.
6. The **conscious** victim will then stand with rescuer assistance.
7. The rescuers place their hands around the victim's waist.
8. For the **unconscious** victim the rescuers will grasp the belt or waistband of the victim's clothing
9. The rescuers will then squat down.
10. Place the victim's arms over their shoulders so that they end up facing the same direction as the victim.
11. Then, using their legs, they stand with the victim.
12. The rescuers then move out, dragging the victim's legs behind.

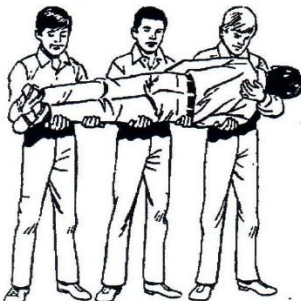
| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
|--------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>             | Approved by:<br><b>Administrator</b>    | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
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## 5. Three or More Rescuers

**Note:** Please avoid using the “stretcher lift” to remove a resident, unless it is the **ONLY** possible way to remove the resident from immediate danger. All beds, except bariatric beds will fit through the bedroom doors. BRHD is a bungalow and beds can be pushed through the front door if necessary.

BRHD provides stretchers for emergency personnel, as required.

### THREE-PERSON CARRY OR STRETCHER LIFT



This technique is for lifting patients onto a bed or stretcher, or for transporting them short distances.

1. Each person kneels on the knee nearest the victim's feet
2. On the command of the person at the head, the rescuers lift the victim up and rest the victim on their knees.

#### If the victim is being placed on a low stretcher:

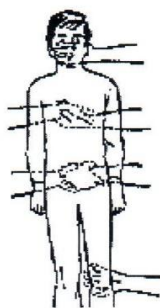
- On the command of the person at the head, the victim is placed down on the stretcher.

#### If the victim is to be placed on a bed, or to be carried:

- At this point, the rescuers will rotate the victim so that the victim is facing the rescuers, resting against the rescuers' chests.
3. On the command of the person at the head, all the rescuers, all the rescuers will stand.
  4. To walk, all rescuers will start out on the same foot, walking in a line abreast.

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

#### HAMMOCK CARRY



Three or more rescuers get on both sides of the victim. The **strongest member is on the side with the fewest rescuers.**

1. Reach under the victim and grasp one wrist on the opposite rescuer.
2. The rescuers on the ends will only be able to grasp one wrist on the opposite rescuer.
3. The rescuers with only one wrist grasped will use their free hands to support the victim's head and feet/legs.
4. The rescuers will then squat and lift the victim on the command of the person nearest the head, remembering to use proper lifting techniques.

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

## Appendix 11 – Administrator Checklist for Code Green / Evacuation Plan

The Administrator is responsible to ensure that:

- the Code Green Plan was **tested at least every three years** (Y/N) \_\_\_\_; and
- the **Code Green “Plan”** was **evaluated**, and **updated** as necessary:
  - (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.<sup>lvi</sup>

**Note:** If the Code Green Plan is changed, ensure the Emergency Manuals and the website have the most current version of the Plan.
- If **no Code Green Plan was activated or tested in the year**, upon annual review of the **Plan**, retain records
  - of persons in attendance;
  - date; and
  - any recommendations for change.
    - If recommendations are **approved** save changes to Plan
    - If recommendations for changes to the Plan are **rejected**, identify the reason why.
- The **related documentation** for **all activations** of the Code Green Plan that **occurred in the year** are completed, compiled, and retained as per the retention requirements, including but not limited to:
  - the **Code Green - Evaluation** (Appendix 6)
    - **Note:** Tested at least every 3 years, but may be activated during any year.
  - the **debriefing** of staff, and volunteers and students, if any; <sup>lvii</sup>
  - any **changes made to the Code Green 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**, <sup>lviii</sup> e.g., ambulance services and RVH, and the RC and FC, if any, as appropriate; and
  - any related training/retraining records.

Number of **Code Green** emergencies **activated** in the year? \_\_\_\_

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. |                                             |                                 |             |                        |
| 3. |                                             |                                 |             |                        |

Signature of the Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
|--------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
| Manual: <b>Emergency</b>             | Approved by:<br><b>Administrator</b>    | Category:<br><b>Code Green - Evacuation Plan</b> | Plan #:<br><b>EMERG – I – 02</b> |
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| Orig: Aug 06                         | Revised: Sep 18; Oct 22; Jun 23; Dec 23 |                                                  |                                  |
| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

**References:** *Durham Region. Long-Term Care & Services for Seniors Code Green (Evacuation Plan). June 2022, was used in part in the revision of this Plan.*

### Endnotes:

- 
- <sup>i</sup> O. Reg. 246/22 s.268(2).
  - <sup>ii</sup> FLTCA s.90(1)(a)(b).
  - <sup>iii</sup> O. Reg. 246/22 s.268(4)2.
  - <sup>iv</sup> O. Reg. 246/22 s.268(3)(b).
  - <sup>v</sup> About Emergency Management - Emergency Management (simcoe.ca)
  - <sup>vi</sup> O. Reg. 246/22 s.268(15).
  - <sup>vii</sup> <https://www.merriam-webster.com/dictionary/evacuate>
  - <sup>viii</sup> O. Reg. 246/22 s.268(4)4,5.
  - <sup>ix</sup> O. Reg. 246/22 s.268 (5)3, and (6).
  - <sup>x</sup> O. Reg. 246/22 s.268 (5)4., and (6).
  - <sup>xi</sup> O. Reg. 246/22 s.268(7)
  - <sup>xii</sup> Home (B.R.H.D.) - Bob Rumball Organizations / BRHD website information section.
  - <sup>xiii</sup> O. Reg. 246/22 s.268(7)
  - <sup>xiv</sup> FLTCA s.90(1)(2).
  - <sup>xv</sup> O. Reg. 246/22 s.268(3)(c).
  - <sup>xvi</sup> O. Reg. 246/22 s.268(3)(a).
  - <sup>xvii</sup> O. Reg. 246/22 s.268(8)(a)(b).
  - <sup>xviii</sup> FLTCA s.90(2).
  - <sup>xix</sup> Reg. 246/22 s.268(14)(a).
  - <sup>xx</sup> Reg. 246/22 s.268(14)(b).
  - <sup>xxi</sup> O. Reg. 246/22 s.268(14)(b).
  - <sup>xxii</sup> O. Reg. 246/22 s.268(10)(b)(c).
  - <sup>xxiii</sup> O. Reg. 246/22 s.268(12).
  - <sup>xxiv</sup> O. Reg. 246/22 s.268(10)(d).
  - <sup>xxv</sup> O. Reg. 246/22 s.268(4)2ii.
  - <sup>xxvi</sup> O. Reg. 246/22 s.268(4)2i.
  - <sup>xxvii</sup> O. Reg. 246/22 s.268(4)3.
  - <sup>xxviii</sup> O. Reg. 246/22 s.268(5)2 and 4.
  - <sup>xxix</sup> O. Reg. 246/22 s.268(5)1.
  - <sup>xxx</sup> O. Reg. 246/22 s.268(9).
  - <sup>xxxi</sup> O. Reg. 246/22 s.268(5)1.
  - <sup>xxxii</sup> O. Reg. 246/22 s.268(13).
  - <sup>xxxiii</sup> O. Reg. 246/22 s.268(8).
  - <sup>xxxiv</sup> O. Reg. 246/22 s.268(13).
  - <sup>xxxv</sup> O. Reg. 246/22 s.268(8).
  - <sup>xxxvi</sup> O. Reg. 246/22 s.268(8).
  - <sup>xxxvii</sup> O. Reg. 246/22 s.268(13).
  - <sup>xxxviii</sup> O. Reg. 246/22 s.115.
  - <sup>xxxix</sup> O. Reg. 246/22 s.115.(1)1.
  - <sup>xl</sup> O. Reg. 246/22 s.268(4)2ii.
  - <sup>xli</sup> O. Reg. 246/22 s.268(4)2iii.

| Bob Rumball Home for the Deaf (BRHD) |                                         |                                                  |                                  |
|--------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------|
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| Reviewed: Aug 24, Oct/25, Feb/26     |                                         |                                                  |                                  |

<sup>xlii</sup> O. Reg. 246/22 s. 268. 2. iii.

<sup>xliii</sup> O. Reg. 246/22 s.268. 2. iv.

<sup>xliv</sup> O. Reg. 246/22 s.268(9).

<sup>xlvi</sup> O. Reg. 246/22 s.268(13).

<sup>xlvi</sup> Reg. 246/22 s.268(13)(a).

<sup>xlvi</sup> O. Reg. 246/22 s.268(13)(c).

<sup>xlvi</sup> O. Reg. 246/22 s.268(13)(b).

<sup>xlvi</sup> O. Reg. 246/22 s.268(8)(a)(b).

<sup>l</sup> O. Reg. 246/22 s.268(4)2.iv. and s.268(4)7.

<sup>li</sup> Silver Fox Pharmacy. Pharmacy Services: Pharmacy Portal. Policy 13.8.

<sup>lii</sup> Silver Fox Pharmacy. Pharmacy Services: Pharmacy Portal. Policy 13.9.

<sup>liii</sup> O. Reg. 246/22 s.268(4)6.

<sup>liv</sup> [Lifts & Carries | CERT-LA | CERT-LA](#)

<sup>lv</sup> [How to Logroll an Injured Person During First Aid: 11 Steps \(wikihow.com\)](#)

<sup>lvi</sup> O. Reg.246/22 s.268 (8).

<sup>lvii</sup> O. Reg.246/22 s.268 (13).

<sup>lviii</sup> O. Reg.246/22. s.268.(3).