**Evacuation Emergency Response Plan**

**Purpose**

The Evacuation Emergency Response alerts and notifies staff of a condition / incident / event that requires staff to move themselves and patients / residents / clients / visitors to an area of safety. It is a response to an emergency that if occupation of an area or site continues, it could put persons in danger or at risk of injury based on the hazard. 2

Evacuation may be caused by Fire (Code Red), Chemical Spill / Release of Hazardous Material (Code Brown), Bomb Threat / Suspicious Package (Code Black), Hostage Taking (Code Purple), or Shelter in Place / Air Exclusion, (Code Grey) as well as Flooding, Loss of Utilities (water / power), etc.

This Emergency Response Plan forms a general template, as a guide for each Continuing Care or Senior Supportive Living site to utilize. It is essential that the Emergency Response Plan be site specific. Individual work sites may need to add additional items that are specific to their operation.[[1]](#footnote-1)

**Policy**

[Organization name] is committed to preparing for all types of foreseeable emergencies. All staff are required to follow the evacuation emergency response plan when activated in response to an emergency that requires evacuation.

**Definitions**

**Responsibilities**

Compliance with this Emergency Response Code is required by all **Site Name / Organization** employees, students, volunteers, contractors and other persons acting on behalf of **Site Name / Organization**. This Emergency Response Plan does not limit any legal rights to which you may otherwise be entitled.[[2]](#footnote-2)

**Procedure**

1. **ACTIVATION**

The decision to activate and/or escalate phases of Evacuation will be determined by the following:

* Phase 1: Staff discovering initial dangerous or hazardous condition will activate Phase 1 and initiate evacuation of the immediate danger area.
* Phase 2: Decision to further escalate the evacuation will be made by the Staff member discovering the incident, or the Supervisor / Designate of the affected area, Site Administration / Designate On-Call.
* Phase 3 – 4: Decision to activate further evacuation will be made by the On-site Administration or Designate On-Call in consultation with engaged external agencies.
* Phase 5: Decision to relocate all persons off the property to alternate temporary location, in consultation with engaged Site Administration or On-Call Designate.
* An evacuation of patients / residents / clients / visitors / staff may follow these escalating phases of evacuation. However, the evacuation may escalate rapidly to a Phase 5 evacuation depending on the degree of danger and risk.

1. **POST INCIDENT ACTIONS**

For a facility impacted by an Evacuation Emergency, the Site Administration or Designate is to:

* Assess for injuries and facility damage.
* Implement subsequent emergency response plans as appropriate.
* Complete Incident Documentation:
* Reportable Incident Form
* Other site or zone-specific documentation as appropriate.

**Forms/Appendixes**

**APPENDIX 1: STAFF, Visitors, AND VOLUNTEERS SELF-IDENTIFYING AS SPECIAL NEEDS PERSONS**

**APPENDIX 2: EVACUATION-SPECIFIC DEVICES AND AIDES**

**APPENDIX 3: EVACUATION-SPECIFIC LIFT AND CARRY TECHNIQUES**

**APPENDIX 4: RECOMMENDATIONS FOR EVACUATION**

**APPENDIX 5: INCIDENT COMMAND CHECKLIST**

**References**

**Cross Reference:**

ERP-Fire; ERP-Hostage; ERP Bomb threat/suspicious pkg; ERP-Shelter in Place; ERP- Hazardous substance; ERP- Mass Casualty

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| **EVACUATION PHASE 1 (EVACUATE THE IMMEDIATE AREA / ROOM)** | |
| **Staff Members discovering dangerous / hazardous situation** | * Activate the appropriate Emergency Response if required * Notify immediate Supervisor * Evacuate person(s) from area if safe to do so |
| **Supervisor or Person In Charge**  **of Area / Unit Affected** | * Assess the situation and determine whether further escalation is required * Consider notification through 911, for Fire Department / Police response   Assist and direct staff:   * Ensure all staff and patients are safe and accounted for ( * Prepare for possible further evacuation, including preparing client health / medication records   **Announce “Evacuation Emergency / Location / Phase 1”**  **(three times)**   * Notify Site Administration / Designate On-Call   **Note:** Ensure site specific variations are noted for alerting the site i.e. overhead paging |

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| **EVACUATION PHASE 2 (EVACUATE FIRE ZONE / HAZARD AREA)** | |
| **Supervisor or Person In Charge of Unit / Area Affected** | Continue to assess the situation and determine whether further response is required.  **Announce “Evacuation / Location / Phase 2”**  **(three times)**   * Update Site Administration / Designate On-Call to coordinate site response and support   Assist and direct staff:   * Move all staff and patients to safe zone, beyond the hazard area. * Prepare for possible further evacuation, including preparing patient health / medication records * Ensure all staff and clients are safe and accounted for * Advise Designated Receiving Area to prepare for possible arrival of evacuees |
| **Staff of Affected**  **Unit / Area** | When advised of an Evacuation Emergency, return immediately to your work area if safe to do so and report to your Supervisor.  If unable to safely return to your work area, report to Administration for deployment   * Follow directions of your Supervisor * Move patients to a safe zone as follows:   **1st** Ambulatory  **2nd** Require Assistance  **3rd** Dependent   * Evacuate all rooms, close doors and mark with predetermined method to indicate rooms are empty * If fire alarms are activated, use elevators only as directed by Fire Dept. |
| **Staff of Unaffected**  **Areas** | * Follow directions of your Supervisor * Prepare to receive evacuees from the affected area * Standby and prepare to assign staff to assist the evacuating area * Responding staff should bring additional resources as requested (e.g. portable oxygen, wheelchairs, stretcher) * Prepare for possible evacuation of your Unit / Area   When advised of an Evacuation Emergency, return immediately to your work area if safe to do so and report to your Supervisor.  If unable to safely return to your work area, report to your work area’s Designated Receiving Area, if able and safe to do so. |
| **Site Administration / Site Specific Leadership Role** | In consultation with engaged parties determine when incident has resolved:  **Announce ‘All Clear’ (three times)**   * Determine need to establish Site Command Post (**Appendix 5** **– Site Command Checklist**) * Ensure notification to Manager On-Call   (**Insert Zone Specific Contact**)  Consult with Supervisor of affected area to determine actions, based on risk and possible escalation of response |

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| **EVACUATION PHASE 3 (EVACUATE THE FLOOR)** | |
| **Supervisor or Person In Charge**  **of All Areas** | Direct staff to:   * Evacuate all occupants of the affected floor (**Appendix 1**) * Ensure all staff and patients are safe and accounted for * Use stairwells. If fire alarms are activated, elevators only to be used as directed by Fire Department. * Evacuation-specific devices and aides are determined by the Site Administration (**Appendix 2**) * Site-based education resources may be required to identify evacuation-specific lift and carry techniques based on individual Site patient populations (**Appendix 3**) * Prepare for possible evacuation of floors directly above and directly below the affected floor, as directed by the Site Command Post / Fire Department. (**Appendix 4**) * Ensure all doors are closed and marked empty as rooms are evacuated (using predetermined method)   Ensure staff are advised of escalation of evacuation phases |
| **Supervisor or Person In Charge**  **of All Areas** | When directed by Site Admin / Designate On-Call, announce:  **“Evacuation Emergency, All Clear”**  **(three times)**  Upon receiving notification, advise all staff:  **“Evacuation Emergency/ Location / Phase 3” (three times)** |
| **Site Administration /**  **Administrator On-Call** | * Determine need to establish Site Command Post to coordinate actions and communications to staff **(Appendix 5 – Site Command Checklist)** * Ensure notification to   Site Specific Manager  (**Insert Zone Specific**  **Contact**)  Ensure Reportable Incident form has been completed  Ensure all other incident documentation has been completed   * Consult with Supervisor of affected Police / Fire Department to determine actions, based on risk Escalation of response (**Appendix 4**) * In consultation with engaged parties determine when incident has resolved:   **Announce ‘All Clear’**  **(three times)** |

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| **EVACUATION PHASE 4 (EVACUATE THE BUILDING)** | |
| **Supervisors / Designates**  **/ Staff Members** | Assist and direct staff to:   * Evacuate the floors directly above and directly below the affected floor * Move all occupants outside the affected building to an alternate location or a distance of at least 90 meters. Use predetermined Muster Points if available, or as advised by the Incident Commander / Site Command Post * Ensure all staff and clients are safe and accounted for * Position staff at exits to maintain traffic flow |
| **Site Administration /**  **Site Specific Leadership Role** | * Determine need to, and establish an off-site Site Command Post (SCP) to coordinate evacuation actions and communications (**Appendix 5** – Site Command Checklist) * Advise staff of off-site SCP location   Ensure all other incident documentation has been completed  In consultation with engaged parties determine when incident has concluded, and when recovery of the building is able to begin  Ensure Reportable Incident form has been completed  Consult with Supervisor of affected areas / Security / Police to determine actions, based on risk   * Relocation of patients and services * **Announce “Evacuation Emergency, Building, Phase 4”** response * Ensure affected building is completely evacuated and account for all staff and other occupants |

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| **EVACUATION PHASE 5 (EVACUATE THE SITE)** | |
| **All Staff** | * Assist evacuated persons to remain safe at predesignate alternate locations, predetermined Muster Points, or locations as identified by the Incident Commander / Site Command Post * Prepared for onward evacuation as determined by the Site Command Post. |
| **Site Administration /**  **Site Specific Leadership Role** | * Determine ongoing actions and communications (**Appendix 5** – Site Command Checklist) * Ensure notification to Site Specific   Manager (**Insert Zone Specific**  **Contact**)  Ensure all other incident documentation has been completed  Ensure Reportable Incident form has been completed  In consultation with engaged parties determine when incident has concluded, and when recovery of the site is able to begin  Consult with external agencies (Police, Fire Dept) to determine actions, based on risk   * Relocation of patients and services off site |

**APPENDIX 1: STAFF, Visitors, AND VOLUNTEERS**

**SELF-IDENTIFYING AS SPECIAL NEEDS PERSONS**

Persons may identify themselves as requiring special consideration during an emergency evacuation response and may not be patients / residents / clients within our sites. They may include persons using mobility aids (wheelchairs, canes and crutches), advanced pregnancy, post-surgery, trauma, illness, seizure disorders, obesity or altered cognition. These persons are strongly encouraged to undertake proactive steps designed to aid in their safe and timely evacuation.

Obligations of Staff, Visitors, and Volunteers self-identifying as Special Needs Persons:

* Discuss the special considerations you require during a building evacuation, with the Area / Department Manager / Designate
* Following discussion with the Area / Department Manager / Designate, offer instruction to co-workers how they might assist you
* Be familiar with nearest fire alarm location and how to activate it
* Be familiar with all exits and alternate exits to be used during an emergency evacuation
* **NEVER use elevators during an emergency.** Once the First Responders are on scene and have evaluated the emergency, they may choose to use an elevator under their control to effect a rescue of special needs personnel
* Do not hesitate to inform others you need assistance, if your regular assistant (‘buddy’) is absent. Inform people unfamiliar with your needs how to assist you

If a situation arises that requires an evacuation response, staff are to assist special needs persons as follows:

| **Responsibility:** | **Action:** |
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| Staff members assisting with area evacuation | 1. Identity yourself to the persons with special needs. 2. Provide this information on special needs persons to responding emergency personnel who will assist in the evacuation. 3. Assist special needs persons to make their way to the nearest elevator lobby. This is a safe location and stairwells are accessible nearby. Elevators may be used **only** be responding emergency personnel.   If fire alarms are activated, elevators only to be used as directed by the Fire Department.  Consider the following options when in the elevator lobby, depending on the situation:  a. Send someone to the main floor lobby to advise the Incident Commander of special needs person’s location and await further assistance, or  b. Move special needs person down the stairs once all occupants of the upper floors have moved past your location. |
| Area or Department Manager / Designate | 1. Ensure special needs persons are not left unattended during an emergency. 2. Facilitate the development of a plan to accommodate the evacuation of special needs persons. 3. Notify the emergency response personnel of the person’s location if a special needs person is unable to exit the building unassisted (this may also be completed by the “buddy”). 4. Movement of special needs persons up or down stairwells should be avoided, where possible, until emergency response personnel have arrived. 5. Unless imminent life-threatening conditions exist in the immediate area, relocation of the individual should be limited to a safe area on the same floor, in close proximity to an evacuation stairwell. |
| Facility Fire Marshal, if available | 1. Upon request, provide a briefing to any person who self-identifies with a special need, include educational information on emergency evacuation procedures and building safety features. 2. For community-based facilities, consult with Site Specific Designated as required. |

*Remove if does not apply:* **APPENDIX 2: EVACUATION-SPECIFIC DEVICES AND AIDES**

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| There are several commercially manufactured mobile evacuation devices and aides, as well as facility-installed manufactured stairwell slides and devices, which a Site may have at its disposal to assist with the vertical evacuation of patients with mobility issues.  Individual Sites are best positioned to identify the needs of their individual patient populations. Sites are encouraged to engage their Units and Departments to identify how individual patient populations can be best managed during the emergency phases of Code Green involving vertical evacuation.  Some sites utilize pre-installed stairwell slides, some with belaying anchors. Some sites may have purchased commercially manufactured mobile sleds (i.e. Evacusled, Med Sled) and/or evacuation chairs (i.e. Evacuscape, Stryker Evacuation Chair).  Regardless of the evacuation devices and aides a Site may choose, the Site is to make allowance for the education, training, and ongoing competency of staff, including the safe and proper maintenance and operation of the devices and aides. |

#### Remove if does not apply: **APPENDIX 3: EVACUATION-SPECIFIC LIFT AND CARRY TECHNIQUES**

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| Workplace Health and Safety Programs, offers standardized safe client handling programs. Insert site specific safe patient/resident/client handling procedures if you have them in place.  Evacuation-specific lift and carry techniques, are designed for the emergency evacuation of patients away from areas of imminent danger.  Where evacuation specific lift and carry techniques are not included in the safe client handling programs, the Site is to make allowance for the education, training and ongoing competency of staff in these techniques. |

**APPENDIX 4: RECOMMENDATIONS FOR EVACUATION**

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| **When smoke or fire IS EVIDENT in your area:**   * Effected areas should evacuate upon first alarm. Procedures or interventions are to be concluded as quickly and safely as possible, to allow for the safe evacuation of staff, residents, clients and patients.   **When smoke or fire IS NOT EVIDENT in your area:**   * Areas should prepare for area evacuation. The area person-in-charge is to confirm the nature and extent of alarm with responding Protective Services personnel.   **Note!** Occupants of office space (including administration, etc) are to evacuate immediately when fire or smoke is evident in the area and when not, evacuate on first alarm. |

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| **WHEN EVACUATION IS REQUIRED, PROCEED TO THE EVACUATION LOCATION IDENTIFIED FOR YOUR AREA BELOW, UNLESS ADVISED OF AN ALTERNATE LOCATION BY THE SITE COMMAND POST\*.**  *\*If the destination area is vacant, closed or unsafe, proceed to next Phase location.* | | | | | | | | | |
| \_\_\_\_\_\_\_ Building | | Evacuation Phases and Locations | | | | | | | |
| Level | Unit / Department | Phase 2  Unit Evacuation | → | Phase 3  Floor Evacuation | → | Phase 4  Building Evacuation | → | Phase 5  Site Evacuation | Receive Evacuees from: |
|  |  |  | → |  | → |  | → | As advised by Site Command Post |  |
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APPENDIX 5: INCIDENT COMMAND CHECKLIST

***Note:*** *adapt for each site*

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| **Mission:** To reduce the loss of life and property during an internal hazardous incident. |
| **Directions:** In addition to this position checklist, familiarize yourself with this overall response guide and review the Code Green Emergency Response Plan and other applicable Emergency Response Code Plans (e.g. Red, Black, Brown, etc.) |
| **Objectives for Incident Commander:**   * Evacuate and protect patients/residents/clients and staff * Implement internal emergency management plan * Implement partial / full evacuation * Communicate situation to staff, patients/residents/clients, and the public * Investigate and document incident details |
| **Evacuation Response:** Evacuation is staged in five phases, they are:  Phase 1: From the immediate room  Phase 2: From a Fire Zone / Hazard Area  Phase 3: From a Floor  Phase 4: From a Building  Phase 5: From the Site  **Note:** The Site Command Post must anticipate further evacuation might be required, and plan ahead to stage appropriately. |

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| **EVACUATION Phase 2: Evacuation from a Fire Zone / Hazard Area** | |
| checkbox | Activate the Site Command Post and appoint Section Chiefs. |
| checkbox | Advise Staff that Site Command Post has been activated, and its location |
| checkbox | Provide Command Post phone number to Switchboard / Designate (**Site Specific**). |
| checkbox | * Evacuation is controlled by the Incident Commander through the Site Command Post. * The Site Command Post must ensure the evacuation destination and route are safe for evacuation. * The Site Command Post must develop contingency plans if either the evacuation location or the routes are unsafe.   Should an evacuation of the area be necessary contact Switchboard / Designate at (**Site Specific**) to advise staff, EMERGENCY (Location), and “Phase 2”.  If the evacuation destination is a different location than what is described in the evacuation location plan for the Site ensure the evacuating unit, previously planned receiving unit and new destination receiving unit are informed of the change of evacuation plans. |
| checkbox | For Continuing Care and Senior Supportive Living sites consider assembling staff from other Areas / Departments to assist with evacuation. These staff may be able to assist the evacuation, within the scope of their regular job duties and training.   * Housekeeping * Respiratory staff * Facilities Maintenance * Porters * Protective Services * Laboratory * Any other available ancillary and support staff.   Consider establishing a central pool of unassigned staff to assist with future evacuation needs. |
| checkbox | Patients/Residents/Clients, Staff, and Visitors should remain where they are until the ‘ALL CLEAR’ is announced or they are directed to evacuate. |
| checkbox | Units should keep track of patient/residents/client’s movements to other locations (Physiotherapy, Recreation activity etc.) in case of evacuation. |
| checkbox | Develop Manager / Designate Messaging to include the following:   * Message to be given to patient/residents/clients and visitors * Incident Status and evacuation status * All Department / Unit questions to be directed to the Site Command Post * Communication measures to be employed by the Command Post (fax, email, briefings, conference calls, message board, etc.) * All external messaging to go through Communications Advisor or Designate |
| checkbox | Advise Site Leadership of location and time of Manager / Designate briefing |
| checkbox | Planning Section is to keep track of the status of the facility through the facility report. |
| checkbox | Planning Section is to keep track of areas evacuated and destination on the Site Floor Plans. |
| checkbox | **Lockdown** of the hazard location / Unit comes into effect. The hazard location / Unit is cordoned off and no staff, patients or visitors are allowed into the area. |

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| **Evacuation Phase 3: Evacuation from a Floor** | |
| checkbox | Phase 3 evacuation is ordered by the Incident Commander in conjunction with Site Command Post, Site Protective Services, Facilities Maintenance, First Responders and / or by staff involved, as conditions warrant it. |
| checkbox | Upon recommendation from First Responders, in consultation with the Site Command Post, the evacuation is extended to include adjacent areas, the floors above and below. The Command Post will stage the evacuation starting with areas closest to the hazard.  Ensure the Evacuation Phase 2, 3, or 4 destination locations are safe and appropriate.  Ensure evacuation routes are safe. Develop contingency plan if either the evacuation destination or routes are unsafe. **Evacuation is controlled by the Command Post.** *Ensure departments evacuating have notified Pharmacy of the relocation*. |
| checkbox | Advise staff of the emergency (Location) and Phase, for any expansion of the evacuation. Start with the areas closest to the hazard location then included the floor above and below. Continue to evacuate as the situation dictates moving patients/residents/clients and staff away from the hazard to their designated Phase 3 location, if possible. If not possible, move away from the hazard location area and towards ground level. |
| checkbox | If Facilities Maintenance are not already on-site, ensure they have been advised to return to the site.  Maintenance to recommend areas that may require immediate evacuation or temporary relocation to protect staff and patients.  Maintenance is to monitor the condition of the facility during the event and immediately notify the Incident Commander of any situations that are an immediate threat to life or health. |
| checkbox | **Lockdown** of the hazard location floor comes into effect. The hazard location floor is cordoned off and no staff, patients/residents/clients or visitors are allowed into the area. Anyone required to enter the area should be logged and or escorted to maintain the chain of evidence and maintain the integrity of the emergency scene.  Restrict visitors from entering the facility. Designate staff entrances for staff to return to work. |
| checkbox | Planning Section:   * track areas evacuated and destination on the Site Floor Plans * track status of the facility utilizing the facility report |
| checkbox | If safe to do, scheduled delivery trucks can deliver to the facility, once cleared, through Shipping and Receiving. Notify Police Service of expected truck deliveries. |
| checkbox | Special Deliveries can be “directed in” by Protective Services / Supervisor / Designate. |

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| **Code Green Phase 4: Evacuation of the Building** | |
| checkbox | A Phase 4 Evacuation may lead to a declaration of **Mass Casualty Incident** at other facilities, dependent on patients/residents/clients’ demographics and other factors. Declaration of Code Orange will be determined by the designated receiving sites, for specific programs.  Zone Emergency Operation Centre (ZEOC) will need to activate as some patients/residents/clients may require placement / relocation at other facilities. Assistance from external agencies and community partners will be required e.g. Fire Department, Police, and EMS. |
| checkbox | The Site Command Post will begin to plan for the potential off-site transfer of some patient populations, where they can remain at the site.  In preparation for off-site transfers, the Site Command Post will identify two separate patients/residents/clients staging locations (if possible), one designated for ambulatory patients/residents/clients and the other designated for non-ambulatory patients/residents/clients. Patients/residents/clients will need to be moved from their Phase 4 evacuation destination to the staging area for transfer to another site. This will allow the facility to move patients/residents/clients in a more efficient and orderly manner*. Ensure Pharmacy is notified of the relocation plan.*  Ambulatory patients/residents/clients may be able to be supported by local transit services for evacuation off-site, if necessary.  Non ambulatory patients will need to be supported by Insert Site Specific information such as EMS, Patient Transport Units, and Handi-Buses for off-site evacuation, should it be deemed necessasy. |
| checkbox | Planning Section is to keep track of the patient location / destination during Phase 4 Evacuations utilizing the Patient Tracking forms or Patient Census reports. (**Site Specific**) |
| checkbox | **Lockdown** to be extended as the facility is further evacuated. |
| checkbox | With the assistance of Police secure evacuation routes to move away from the site. |
| checkbox | Visitors should evacuate with the Units / Departments to their designated locations and be provided safe egress routes off-site. |
| checkbox | No deliveries are received. Have Shipping and Receiving notify all delivery drivers of lockdown. All routes and access points are to be available for evacuation. |
| checkbox | Prepare Manager / Designate messaging to include the following:   * Update of the situation * Message to be given to patients * Order of extended evacuation |
| checkbox | Communications Advisor or Designate is to oversee patient/residents/client’s family notifications of incident and evacuation / relocation |

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| **Evacuation Phase 5: Evacuation of the Site** | |
| In addition to the actions identified in the Phase 4 Checklist, The Site Command Post should consider the following: | |
| checkbox | A Phase 5 Evacuation may lead to a declaration of **Mass Casualty Incident** at other facilities, dependent on patient demographics and other factors. Declaration of Code Orange will be determined by the designated receiving sites.  Zone Emergency Operation Centre (ZEOC) will need to activate to coordinate patients/residents/client’s placement / relocation. Assistance from external agencies and community partners will be required e.g. Fire Department, Police, and EMS. |
| checkbox | The Site Command Post will coordinate the off-site transfer of patients/residents/clients from their designated Phase 4 destination.    The Site Command Post will need identify two separate patients/residents/clients staging locations (if possible), one designated for ambulatory patients and the other designated for non-ambulatory patients/residents/clients. Patients/residents/clients will be moved from their Phase 4 evacuation destination to the staging area for transfer to another site. This will allow the facility to move patients/residents/clients in a more efficient and orderly manner*. Ensure Pharmacy is notified of the relocation plan.*  Ambulatory patients may be supported by local transit services for evacuation.  Non ambulatory patients will be supported by Insert Site specific information such as EMS, Patient Transport Units, and Handi-Buses for evacuation. |
| checkbox | Planning Section is to keep track of the patient location / destination during Phase 4 Evacuations utilizing the Patient Tracking forms or Patient Census reports (**Site Specific**). |
| checkbox | **Lockdown** to be extended as the facility is further evacuated. |
| checkbox | With the assistance of Police secure evacuation routes away from the site. |
| checkbox | Visitors should be provided safe egress routes off-site. |
| checkbox | Prepare Manager / Designate messaging to include the following:   * Update of the situation * Message to be given to patients * Order of extended evacuation |
| checkbox | Communications Advisor or Designate is to oversee patient/residents/client’s family notifications of incident and evacuation / relocation |

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| **ALL CLEAR and repatriation of evacuated staff and patients** | |
| checkbox | Advise staff of “ALL CLEAR” (for Phases 1 - 4). |
| checkbox | Determine if all areas evacuated are safe to reoccupy. If not safe determine recovery time frame and plan accordingly. |
| checkbox | Repatriate patients evacuated where it is safe to do so. **Repatriation** **is controlled by the Site Leadership / Command Post / ZEOC.** |
| checkbox | Oversee restoration of normal facility operations. Re-establish non-essential services and visitation. |
| checkbox | Prepare Manager / Designate messaging to include the following:   * Update of the situation * Message to be given to patients |
| checkbox | Arrange for EAP assistance for Command Post and facility staff. |

1. *OHS Code Explanation Guide*, published by Alberta Queen’s Printer for the Alberta Government [↑](#footnote-ref-1)
2. Section 35 of the Alberta OH&S Act states that:

   (1) No worker shall

   (a) carry out any work if, on reasonable and probable grounds, the worker believes that there exists an imminent danger to the health or safety of that worker,

   (b) carry out any work if, on reasonable and probable grounds, the worker believes that it will cause to exist an imminent danger to the health or safety of that worker or another worker present at the work site,  [↑](#footnote-ref-2)