

Bob Rumball Home for the Deaf (BRHD)			
Manual: <b>Emergency</b>	Approved by: <b>Administrator</b>	Category: <b>Code Green - Evacuation Plan</b>	Plan #: <b>EMERG – I – 02</b>
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**Reviewed:**

**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>

- Hazards and risks that may prompt Code Green
- Purpose
- Definitions
- Communication
- Preparation for Code Green
- Documentation and Records Management
- Order of Evacuation
- Stages of Evacuation
- Evacuation Facilities
- System to Account for Residents, Staff and Others
- Supplies and Equipment to Command Centre and Triage Area
- Specific Roles and Responsibilities
  - Fire Incident Warden (FIW)
  - Emergency Assistant (EA)
  - Administrator /Designate
  - Medical Director / Physician Assistant (PA)
  - Triage Nurse
  - Registered Nursing Staff
  - Personal Support Workers (PSWs)
  - Manager of Nutrition and Environmental Services (MNES) – Re: Dietary
  - All Other Staff
  - All Others
- Assess Ability for Residents to Return
- Declare the Emergency Over
- BRHD Building Safe for Return of Evacuated Residents
- BRHD Building Not Safe for Return of Evacuated Residents
- Relocation of Residents
- Building Security
- Post Incident Evaluation and Recovery
- Reporting

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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 a 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 the 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 requires **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 the 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, students, 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 emergency, and procedures for evacuating and relocating the residents, and evacuating staff and

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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 developing 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 requiring 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 assist to evacuate, on a life-support system, etc.
4. Resistive residents **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 resident 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
  - 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

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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.**

	<ul style="list-style-type: none"> <li>• [blurred text]</li> </ul>	
	<p>3 “Code Green: “Horizontal” (or “Total”) XXX location”, call “3”</p>	
	<ul style="list-style-type: none"> <li>• ring residents’</li> <li>• (–)0</li> <li>• [blurred text]</li> </ul>	
	<p>/ senior staff, to be the Emergency Assistant (EA).</p> <ul style="list-style-type: none"> <li>• ’s &amp; others</li> <li>• [blurred text]</li> <li>• Ensure the EA has the FIW’s phone #</li> <li>• [blurred text]</li> </ul>	
	<ul style="list-style-type: none"> <li>• [blurred text]</li> </ul>	
	<ul style="list-style-type: none"> <li>• [blurred text]</li> </ul>	
	<ul style="list-style-type: none"> <li>• [blurred text]</li> <li>• [blurred text]</li> </ul>	<p>total evacuation</p>

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	<ul style="list-style-type: none"> <li>• [Redacted]</li> <li>• <b>Note: Administrator's personal C#s are on the Fan out list if unable to reach</b></li> </ul>	
0	<p>[Redacted]</p> <p>[Redacted]</p> <ul style="list-style-type: none"> <li>• [Redacted]</li> <li>• [Redacted] <b>outside in</b> [Redacted]</li> </ul>	<p>[Redacted]</p> <p><b>Visitor parking lot, nearest Royal Parkside Dr.</b></p>
0	<ul style="list-style-type: none"> <li>• [Redacted]</li> <li>• [Redacted] <b>all persons</b> [Redacted]</li> <li>○ [Redacted] <b>all residents</b> [Redacted]</li> <li>○ [Redacted]</li> <li>○ [Redacted]</li> <li>○ [Redacted]</li> <li>• [Redacted]</li> </ul>	<p>[Redacted] " [Redacted] "</p>
0	<ul style="list-style-type: none"> <li>• [Redacted]</li> <li>• [Redacted]</li> <li>○ [Redacted]</li> <li>○ [Redacted]</li> <li>○ [Redacted]</li> <li>○ [Redacted]</li> <li>○ [Redacted] <b>otify affected residents'</b> [Redacted]</li> <li>○ [Redacted]</li> </ul>	<p><b>Appendix 2a &amp; 2b –</b></p> <p><b>Appendix 4 –</b></p> <p><b>Part A goes with resident.</b></p> <p><b>retain Part B.</b></p>

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	[Illegible text]	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	[Illegible text]	on the EA's position
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<ul style="list-style-type: none"> <li>● [Illegible text]</li> </ul>	
	<p><b><i>If Fire Department declare the Emergency over and you want to return residents who are outside the building back inside the building, r</i></b> [Illegible text]  <b><i>“BRHD Building Safe for Return of Evacuated Residents”</i></b>, [Illegible text]  <b><i>Note:</i></b> [Illegible text] <b><i>relocated to an alternate site. If returning residents from an alternate relocation facility site, [Illegible text] “Bringing Residents Back to BRHD, After Relocation to an Alternate Facility”</i></b> [Illegible text]</p>	
	[Illegible text]	
	[Illegible text]	

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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

Administrator's cell # 705

	<ul style="list-style-type: none"> <li>Ensure EA has FIW's</li> <li></li> </ul>	
	<p><b>Note</b></p> <p><b>total evacuation</b></p> <p><b>Medical Director/PA</b></p>	
	<p><b>Note</b></p>	
	<ul style="list-style-type: none"> <li></li> <li></li> </ul>	
	<ul style="list-style-type: none"> <li><b>all persons</b></li> <li><b>all residents</b></li> <li></li> <li></li> <li></li> <li></li> </ul>	

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<ul style="list-style-type: none"> <li>• Arrange for resident's</li> <li>• otify affected residents'</li> </ul>	<ul style="list-style-type: none"> <li>• Notify affected residents' of any changes to the resident's condition,</li> </ul>	
<ul style="list-style-type: none"> <li>• all persons</li> </ul>		
<ul style="list-style-type: none"> <li>• residents' location</li> </ul>		
<ul style="list-style-type: none"> <li>•</li> </ul>		
<ul style="list-style-type: none"> <li>•</li> </ul>		
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**ADMINISTRATOR / DESIGNATE Responsibilities**

*Becomes the FIW in a total evacuation.* Administrator's cell # 705

	<ul style="list-style-type: none"> <li>• [Redacted]</li> </ul>	
	<ul style="list-style-type: none"> <li>• [Redacted]</li> </ul>	
	<ul style="list-style-type: none"> <li>○ [Redacted]</li> <li>○ [Redacted]</li> </ul>	
	<ul style="list-style-type: none"> <li>○ [Redacted]</li> <li>○ [Redacted]</li> </ul>	<b>Media spokesperson.</b>
	<b>Note:</b> FIW <b>relocation site transportation emergency services</b>	
	<ul style="list-style-type: none"> <li>• [Redacted]</li> </ul> <p><b>Note:</b> no onsite manager,</p>	
	<ul style="list-style-type: none"> <li>• [Redacted]</li> <li>• [Redacted]</li> <li>• [Redacted]</li> <li>• [Redacted]</li> </ul>	
	<ul style="list-style-type: none"> <li>• [Redacted]</li> <li>• [Redacted]</li> <li>• [Redacted]</li> <li>○ [Redacted]</li> <li>• [Redacted]</li> </ul>	
	<b>Note:</b> <b>on site participate in the Code Green Evaluation, and the Post Incident Debrief Recovery by teleconference, if possible.</b>	

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**COMMAND CENTRE Responsibilities**

Administrator's cell # 705

	<b>Note</b>	
	<ul style="list-style-type: none"> <li>• <b>all persons</b></li> </ul>	
	<ul style="list-style-type: none"> <li>○ <b>all residents</b></li> </ul>	
	<b>Note</b>	

**MEDICAL DIRECTOR / PHYSICIAN ASSISTANT Responsibilities**

	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	

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

Administrator's cell # 705

	<ul style="list-style-type: none"> <li>•</li> </ul>	
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>• <ul style="list-style-type: none"> <li>○</li> <li>○</li> </ul> </li> <li>•</li> <li>• affected residents' (to the resident's condition,</li> <li>•</li> <li>•</li> <li>• <ul style="list-style-type: none"> <li>○</li> <li>○</li> <li>○</li> </ul> </li> </ul>	

**DONPC/DESIGNATE Responsibilities**






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**PERSONAL SUPPORT WORKERS (PSWs) Responsibilities**

	<ul style="list-style-type: none"> <li>• Assist residents with evacuation procedures.</li> <li>• Assist residents with mobility devices.</li> <li>• Assist residents with personal care needs.</li> <li>• Assist residents with medication management.</li> <li>• Assist residents with communication needs.</li> </ul> <p><b>Note:</b> PSWs should be trained in fire safety and evacuation procedures.</p>	
	<ul style="list-style-type: none"> <li>• Assist residents with evacuation procedures.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Assist residents with evacuation procedures.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Assist residents with evacuation procedures.</li> </ul>	

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

	<b>DIETARY</b>	
	<ul style="list-style-type: none"> <li>• Ensure food safety and sanitation.</li> <li>• Provide nutritious meals for residents.</li> <li>• Accommodate dietary restrictions.</li> <li>• Secure records pertaining to the residents' dietary needs.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Ensure food safety and sanitation.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Ensure food safety and sanitation.</li> </ul>	

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

	<ul style="list-style-type: none"> <li>• Follow evacuation procedures.</li> <li>• Assist with communication needs.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Follow evacuation procedures.</li> <li>• Assist with communication needs.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Follow evacuation procedures.</li> </ul>	

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

	<ul style="list-style-type: none"> <li>• Follow evacuation procedures.</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Students</b> Follow evacuation procedures.</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Visitors and Volunteers</b> Follow evacuation procedures.</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Contractors</b> Follow evacuation procedures.</li> </ul>	

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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>xxxix</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 was 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>xxxix</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 same.
  - 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 designate 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.
  - 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.

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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*).

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*).

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- 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 at all 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 will remain 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.
- 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.

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## **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.

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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.*



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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.*



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**Appendix 3 – TRANSPORTATION PLAN** <sup>xii</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>xiii</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>xiiii</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.

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**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

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

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**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 \_\_\_





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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If using a separate attendance record, ensure it includes a date, the person's name and* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_
  - \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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**Was "911" called?**

Was "911" called?  Yes  No

If "911" was called, please provide the following information:

- Date and time 911 was called

• Name of the person who called 911

• Location where 911 was called

- Reason for calling 911

- Total number of residents who were evacuated

**If no:**

If no, please provide the following information:

- **If no:**

Resident's Name	Room Number	Resident's Phone Number	Resident's	Resident's

- If any resident(s) were evacuated, please provide the following information:

Did any resident(s) go 'missing' for      minutes?

- If yes, please provide the following information:

- **If yes, complete the following chart.**

Resident's Name	Resident's Room Number		Resident's Evacuation Status					
	Room	Number	Evacuated	Not Evacuated	Evacuated	Not Evacuated	Evacuated	Not Evacuated

If any resident(s) were evacuated, please provide the following information:

• Name of the person who evacuated the resident(s)

• Location where the resident(s) were evacuated

• Method of evacuation (e.g., **horizontal evacuation**)



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**(who were not relocated to an alternate site)**

- Are the registered nursing staff on each CC aware of any changes to residents' location, health status, and staffing?
- Are the registered nursing staff on each CC aware of any changes to residents' location, health status, and staffing?

**NOTE:** If 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"


What didn't go well?	





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## 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 (*contains 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.
- Order medications for emergency delivery to new location, as required.



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- 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:


- SFP may provide medical supplies and medications in the event of a neighbourhood 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 of 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 resident’s 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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## 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 a 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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**Appendix 9 continued – Emergency Menu – Week 1**

**MENU Week 1**

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

Manual: **Emergency**

Approved by:  
**Administrator**

Category:  
**Code Green - Evacuation Plan**

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**Appendix 9 continued – Emergency Menu – Week 2**

**MENU Week 2**

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

**Portion Sizing for 1 serving**

Sandwich – 4 pieces

Salads/ Vegetables – 125ml

Stew – 180ml

Potatoes -125ml

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

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## 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:**


<p><b>BLANKET PULL</b></p> 	<p>The <b>blanket pull</b> is the <b>preferred method for dragging</b> a victim.</p> <ol style="list-style-type: none"> <li>1. Place the victim on the blanket by using the “logroll”<sup>liv</sup> or the “three-person stretcher lift”.</li> <li>2. The victim is placed with the head approx. 2 feet from one corner of the blanket.</li> <li>3. Wrap the blanket corners around the victim.</li> <li>4. Keep your back as straight as possible.</li> <li>5. Use your legs, not your back.</li> <li>6. Try to keep the pull as straight and in-line as possible.</li> </ol>
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<p><b>SHOULDER PULL</b></p> 	<p>The <b>shoulder pull</b> 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.</p> <ol style="list-style-type: none"> <li>1. Grasp the victim by the clothing under the shoulders.</li> <li>2. Keep your arms on both sides of the head.</li> <li>3. Support the head.</li> <li>4. Try to keep the pull as straight and in-line as possible.</li> </ol>
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<p><b>ANKLE PULL</b></p> 	<p>The <b>ankle pull</b> is the fastest method for moving a victim a short distance over a smooth surface. <b>This is <i>not</i> a preferred method of victim movement.</b></p> <ol style="list-style-type: none"> <li>1. Grasp the victim by both ankles or pant cuffs.</li> <li>2. Pull with your legs, not your back.</li> <li>3. Keep your back as straight as possible.</li> <li>4. Try to keep the pull as straight and in-line as possible.</li> <li>5. Keep aware that the head is unsupported and may bounce over bumps and surface imperfections.</li> </ol>
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#### 4. **Two Rescuers**

<p><b>HUMAN CRUTCH/ TWO-PERSON DRAG</b></p> 	<p>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.</p> <ol style="list-style-type: none"> <li>1. Start with the victim on the ground.</li> <li>2. <b>Both rescuers stand on either side of the victim's chest.</b></li> <li>3. Each rescuer's hand nearest the feet grabs the victim's wrist on their side of the victim.</li> <li>4. Each rescuer's other hand grasps the clothing of the shoulder nearest them.</li> <li>5. Pulling and lifting the victim's arms, the rescuers bring the victim into a sitting position.</li> <li>6. The <b>conscious</b> victim will then stand with rescuer assistance.</li> <li>7. The rescuers place their hands around the victim's waist.</li> <li>8. For the <b>unconscious</b> victim the rescuers will grasp the belt or waistband of the victim's clothing</li> <li>9. The rescuers will then squat down.</li> <li>10. Place the victim's arms over their shoulders so that they end up facing the same direction as the victim.</li> <li>11. Then, using their legs, they stand with the victim.</li> <li>12. The rescuers then move out, dragging the victim's legs behind.</li> </ol>
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**5. Three or More Rescuers**

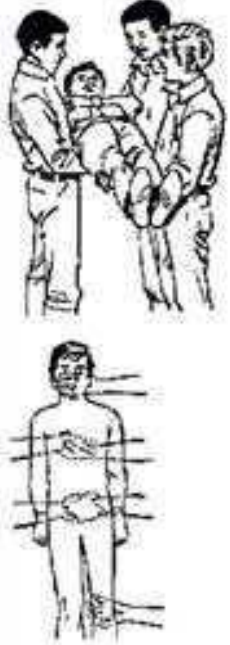
*Note: Please avoid using the “stretcher lift” to remove a resident, unless it is the ONLY possible way to remove the resident from immediate danger. All beds, except bariatric beds will fit through the bedroom doors. BRHD is a bungalow and beds can be pushed through the front door if necessary. BRHD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



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.

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<p><b>HAMMOCK CARRY</b></p> 	<p>Three or more rescuers get on both sides of the victim. The <b>strongest member is on the side with the fewest rescuers.</b></p> <ol style="list-style-type: none"> <li>1. Reach under the victim and grasp one wrist on the opposite rescuer.</li> <li>2. The rescuers on the ends will only be able to grasp one wrist on the opposite rescuer.</li> <li>3. The rescuers with only one wrist grasped will use their free hands to support the victim's head and feet/legs.</li> <li>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.</li> </ol>
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**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: \_\_\_\_\_

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**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:**

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- <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.
  - <sup>xlii</sup> O. Reg. 246/22 s. 268. 2. iii.
  - <sup>xliii</sup> O. Reg. 246/22 s.268. 2. iv.
  - <sup>xliiv</sup> O. Reg. 246/22 s.268(9).

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xlv O. Reg. 246/22 s.268(13).

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

xlvii O. Reg. 246/22 s.268(13)(c).

xlviii O. Reg. 246/22 s.268(13)(b).

xliv O. Reg. 246/22 s.268(8)(a)(b).

<sup>1</sup> O. Reg. 246/22 s.268(4)2.iv. and s.268(4)7.

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

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

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

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

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

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

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

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