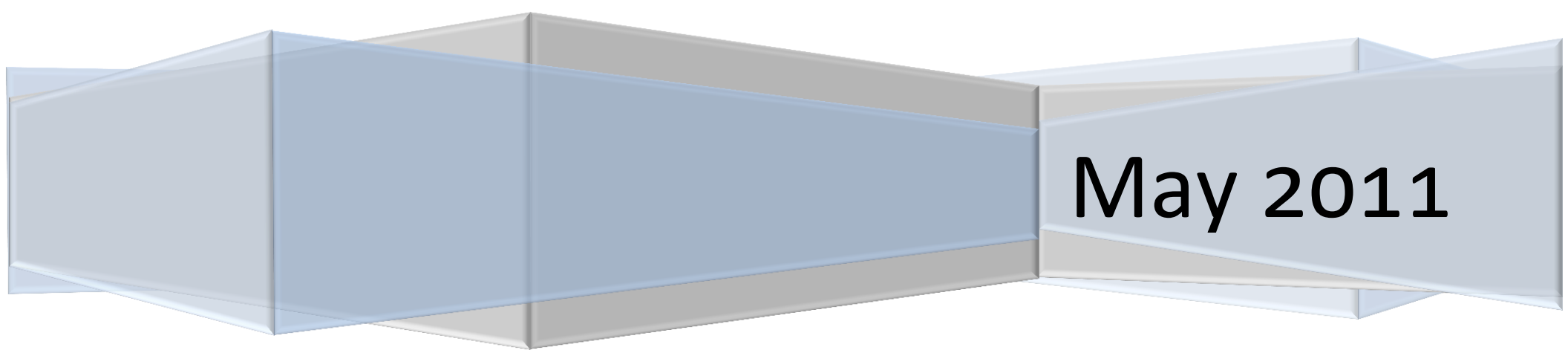


Revelstoke and Area Emergency Management Program

Evacuation Planning Guide for Vulnerable Population facilities

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PURPOSE

The provide general guidance in development of an evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation necessitating either a full or partial evacuation of a group facility housing vulnerable populations. This plan must incorporate staff roles and responsibilities essential to this process. Staff must be educated in their role(s). Drills and reviews must be conducted to ensure that the plan is workable and practical. The plan must include back up measures for all components. The intention is to provide a general framework from which to develop an evacuation plan specific to your facility.

PRIORITIES

Staff will ensure that all actions that are taken to coordinate efforts and secure control of an emergency situation are addressed in this order of priorities. The British Columbia Emergency Response Management System (BCERMS) supports a prescribed set of eight response goals that are followed by first responders. In order of priority these are to:

1. Provide for the safety and health of all responders
2. Save lives
3. Reduce suffering
4. Protect public health
5. Protect government infrastructure
6. Protect property
7. Protect the environment
8. Reduce economic and social issues

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Responsibilities of Staff

It is the responsibility of staff to act in a reasonable and safe manner during an emergency situation and to follow the recommended guidelines developed by each facility. This includes:

- Be familiar with the Plan's scope and priorities
- Attend training sessions and exercises provided to effectively perform responsibilities during an evacuation
- Recognize and report a hazardous or emergency situation, when discovered, to the appropriate authority
- Warn others and evacuate safely when an emergency situation is discovered

General Instructions

In the event of a situation requiring an evacuation, the protection of human life supersedes all other requirements. Throughout the plan, instructions are developed for building occupants and staff to follow, "***if safe to do so***". It must be remembered that instructions, such as protection of property, are to be followed only when there is no immediate danger to residents and staff of the facility.

Under no circumstances will any employee or resident of the facility risk his/her personal safety/well-being in the event of an emergency.

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| Criteria | Complete | Comments | Follow up |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Activation Criteria | | | |
| Identify the title, not the name, of the person(s) that has the authority to activate the plan. | | | |
| Define how the Plan is activated. | | | |
| Define the phases of implementation and the activation requirements each (staff notification, accessing available resources and equipment, preparation of residents and essential resident supplies). | | | |

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| Identification of the Alternate Site | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Identify alternate/receiving facilities. | | | |
| Identify and have available, written documentation that confirms the commitment of these facilities. These would include a Memorandum of Understanding or Contract. | | | |
| Explain the process for ensuring these facilities remain available at the time of the evacuation. | | | |
| Explain the process of notifying the identified facilities that a decision/order has been made to evacuate clients to the alternate facilities. | | | |

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| Criteria | Complete | Comments | Follow up |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Resources/Evacuation | | | |
| Identify resources and equipment that are available to move residents from rooms/floors, which include elevators that may not be in operation. | | | |
| Identify where this equipment is stored and ensure that the area is clearly marked and easily accessible for staff during an evacuation | | | |
| Explain how staff can access this equipment 24/7. | | | |
| Explain the protocols for staff training on equipment use. | | | |
| Define the inventory protocol for this equipment. | | | |



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| Criteria | Complete | Comments | Follow up |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| External Transportation Resources | | | |
| Indicate the transportation resources that have been identified. | | | |
| Provide written documentation that confirms the commitment of the transportation resources to the facility when needed such as a Memorandum of Understanding or Contract. | | | |
| Document and follow a system to keep these agreements current. | | | |
| List the secondary/alternate transportation resources identified and available if needed. | | | |
| Ensure the transportation resources identified meet the residents' needs (supine, wheelchair, ambulatory, life support, etc.). | | | |
| Define the protocols that ensure the recurrent assessment of residents for specific transportation needs. | | | |
| Identify the means by which residents' transportation needs are identified and explain how information is kept current. | | | |

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| Criteria | Complete | Comments | Follow up |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Resident Evacuation Destination | | | |
| List each resident's pre-determined destination (other facility, hospital, family home). | | | |
| <p>Include an appendix containing a fact sheet for each resident detailing:</p> <ul style="list-style-type: none"> • The location, physical address and contact information of the destination. • Contact details for the position responsible at the destination. • Resident's emergency contact information <p>This information can be easily modified / updated when attached as an appendix.</p> | | | |
| Explain the protocols used to determine if the destinations are specific to individual resident care needs. | | | |
| Explain where this information is maintained and how it is kept current. | | | |

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| Criteria | Complete | Comments | Follow up |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Tracking Destination/Arrival of Residents | | | |
| Explain the process that is in place to track the pre-determined destination of each resident. | | | |
| List who (Title, not name) is responsible for tracking resident arrival at their destination. | | | |
| Provide instructions explaining the protocol for informing the resident and/or their emergency contact of this predetermined destination. | | | |
| Provide a written process to ensure the residents a well-organized return to the original facility at the conclusion of the situation requiring the evacuation. | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Family/Responsible Party Notification | | | |
| Define the procedure for notification of the resident’s emergency contact of an evacuation. Consider the establishment of an out-of-area-contact for each resident. | | | |
| Explain the protocol that identifies those residents who are not able to speak for themselves. Provide instructions for the process of assigning staff members in this situation. | | | |
| Identify the person(s) (title, not name) responsible for this notification. | | | |
| Identify the title responsible and create the script for the notification process (where, why, how, when, etc.) and include a template as an appendix. | | | |
| Explain the process for tracking completion of family/emergency contact notifications. | | | |

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| Criteria | Complete | Comments | Follow up |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Agency Notifications | | | |
| Define the procedure for notifying regulatory authorities of an evacuation. | | | |
| Identify other government agencies that will be notified of an evacuation (Revelstoke and Area Emergency Management Program, Interior Health Authority, etc.) and include phone numbers. | | | |
| Identify the title responsible for these notifications. | | | |

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| Evacuation Confirmation | | | |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|
| Explain the protocol to verify that rooms have been evacuated (tags or markings on doors). | | | |
| Explain the protocol for staff training and conducting drills on room evacuation. | | | |
| Identify the means to ensure that all facility staff aware of this protocol. | | | |
| Ensure that this protocol is included in annual and orientation education. | | | |
| Define the means used to ensure the fire department and other first responders have been made aware of the protocol. | | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| Transport of Records and Supplies | | | |
| Explain the procedure for transport of Medical records and information. | | | |
| Explain how confidentiality will be maintained during transport and relocation. | | | |
| Explain how resident-specific specialized treatment supplies will be identified for transport. | | | |
| Define the protocol for transport of resident-specific medications (a minimum of five day supply) to the receiving destination. | | | |
| List procedures in place for controlled substances to record receipt, full count, and signatures of both transferring and receiving personnel. | | | |
| Identify how the details above will be kept current and how this information will be maintained. | | | |