

SECTION:	EMERGENCY PLANNING/LOSS OF SERVICES	APPROVED BY:	Director
NUMBER:	E.100	SIGNATURE:	
RESPONSIBILITY:	All Managers	DATE:	October 1, 2013
REFERENCE POLICY:		REVISED:	March 5, 2019
SUBJECT:	Code Green – Evacuation		Page 1 of 5

PURPOSE

To ensure the safety of residents, visitors and staff in the event an emergency requires an evacuation of the building or within the building.

POLICY

Woodingford Lodge recognizes that the potential exists that an emergency may require a partial or total evacuation of the building. A Code Green is an organized response to an emergency whereas staff and residents are required to evacuate the entire building or part of the building.

PROCEDURE

1.0 OVERVIEW

An evacuation of the entire building or part of the building to other premises will be carried out on the order of:

1. Charge Nurse
2. Administration
3. Fire Department
4. Police Department

2.0 SEQUENCE OF EVACUATION

In most scenarios it is impossible to evacuate everyone from the building all at once and therefore the evacuation is completed in stages. An evacuation will require teamwork to efficiently move residents from one area to another. Staff should organize themselves to carry out specific functions and conduct the evacuations in a sequence of priority.

1. Evacuate the room of the emergencies origin first, if possible and safe to do so.
2. Evacuate the rooms on either side of the room of emergency origin and the room directly across the hall. The residents in these rooms are at the greatest risk. Rooms that have been evacuated or are already unoccupied must be indicated as such. This is done by attaching the “magnetic evacuation stripes” located on the door to the door frame. It is possible for a resident to enter a room after it has been cleared and therefore it is important to conduct a final check of rooms, if possible.
3. Once residents in the immediate area of the emergency are evacuated, evacuate ambulatory residents next. They should be moved in a group whenever possible.

Visitors and other occupants capable of evacuating should be instructed to leave the emergency area. Visitors may provide assistance if given instructions.

4. Persons in wheelchairs should be moved next.
5. Other non-ambulatory and resistive residents should then be evacuated because of the time and resources necessary to move them.

Horizontal Evacuation

Horizontal evacuation involves moving residents from the emergency area through emergency separation doors to another area on the same floor. Emergency separation doors subdivide the floor area into different emergency zones that will provide some degree of protection from smoke and emergency spread. This method of evacuation is preferred because it can be done quickly and does not involve the use of stairs.

Vertical Evacuation

Vertical evacuation is more difficult because it involves moving residents down the stairs. Residents must be evacuated down the stairs to the exterior of the building or to a story below the emergency floor. Staff should never move residents to a floor above the emergency or below grade. During a vertical evacuation, it is likely that movement on the stairs will be slow. Never use an elevator during an emergency.

Total Evacuation

If the emergency or smoke conditions in the building become severe, total evacuation of the building may be necessary. This will be determined by the supervisory staff and/or the Emergency Responders.

3.0 TECHNIQUES FOR EVACUATION

There are many techniques that can be used to move ambulatory and non-ambulatory persons in an emergency situation.

Staff shall always demonstrate care and utilize appropriate client handling techniques. This approach will also depend on the urgency and severity of the situation. Provided within this section are several recommended techniques that staff should familiarize themselves with and practice prior to a real emergency.

Before performing techniques for evacuation, employees shall:

1. Recognize your personal limitations and abilities when preparing to move residents. Is the resident too heavy to be moved by one rescuer? Does the rescuer have personal limitations (e.g. injury) that would prevent them from using a particular lift or carry? Use aids (wheel chairs, geri-chairs, stretchers etc.) that are available to assist with the evacuation. These aids can be used to evacuate people who walk slowly and thus help speed up the evacuation. Beds may be used in special circumstances during an evacuation. Although useful to move residents, beds also take up considerable room and may cause evacuation routes to become congested or blocked. Beds should never be used during evacuations where surrounding hallways or corridors are narrow.
2. Know the procedures to transport resident who may be receiving medical treatment and attached to medical devices such as intravenous tubes, catheters, or oxygen equipment. In many cases the devices can be moved easily with the resident but some special procedures may be required.

3. Ambulatory residents who are capable of transporting themselves may be organized into groups. Guiding a group of residents as opposed to one resident at a time is more efficient and will provide you additional time to assist those who need special assistance.

Side-By-Side (Semi-ambulatory)

1. Rescuer stands beside the resident, reaches around the back of the resident & grasps his/her opposite wrist, placing that arm on the resident's midsection.
2. Rescuer grasps resident's other wrist and brings it to rest on the rescuer's midsection.
3. Rescuer snugs the resident close and walks to a safe area.



Bear Hug (Semi-ambulatory)

1. Rescuer stands behind the resident and places their arms under the resident's armpits. (The rescuer's hips and head should be kept off to one side to protect themselves from a kick or a head butt.)
2. Rescuer grasps the resident's left and right wrists, crossing the arms in front.
3. Rescuer can gently prod the resident's legs in front to walk to a safe area.

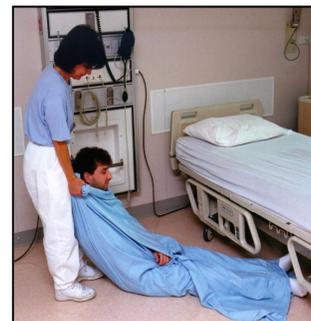


Cradle Drop (Non-ambulatory)

1. Make sure the bed is stationary and will not move.
2. Place a blanket on the floor, partly under the bed and past the head of the resident.
3. Rescuer kneels beside the bed with one leg raised closet to the resident's head.
4. Grip the resident under the knees and shoulders.
5. Lean back sliding the resident to the edge of the bed.



6. The rescuer rocks back-sliding the resident off the bed, cradling the resident into their lap.
7. The rescuer controls the descent of the resident to the floor. (It is important to stress that staff control the descent, do not resist it.)
8. Fold the blanket around the resident and pull the resident head first to a safe area.
9. If speed is essential, use this technique without a blanket and drag the resident to a safe area.



Swing Carry (Non-ambulatory – Requires Two Rescuers)

1. First rescuer raises the resident to the sitting position.
2. Second rescuer rotates the resident's legs 90 degrees from the side of the bed and lowers them off the side of the bed.
3. A rescuer sits on each side of the resident, and the resident's arms are placed on the shoulders of the rescuers.
4. The rescuers place their arms around the resident and Grasp each others upper arm. (One of the rescuers must maintain control of the resident at all times to prevent the resident from falling to the floor.)
5. The rescuers pass their other hand under the resident's knees and lock hands.
6. Rescuers lift the resident simultaneously and remove to a safe area.



Extremity Carry (Non-ambulatory –Requires Two Rescuers)

1. One rescuer grasps the resident's legs in the vicinity of the knees.
2. The other rescuer places their arms under the resident's arms and clasps their hands on the resident's chest. (Both rescuers are facing in the same direction)
3. Both rescuers holding the resident firmly on the order to "raise", lift the resident and move to a safe area.



4.0 COMMUNICATION FOLLOWING EVACUATION

1. Families of Residents:

If evacuation of the Home becomes necessary, families of residents are to be contacted as soon as practically possible and informed of the necessity and the destination of their family members.

2. Inquiries from Relatives:

Employees of the facility will provide reassurance to residents and assistance as required. Management will contact the media and announce that inquiries from relatives will be handled by special telephone lines set up to answer inquiries. The answering of inquiries will be performed by persons delegated by Administration.

3. Visitation to Relocation Sites:

Management and Delegates will regularly visit the temporary facilities to which the residents have been relocated.

4. Work Schedules:

Following an evacuation of the Home or any other major emergency, all regular work schedules are suspended indefinitely. The supervisor of each department will call in staff as required.

5. News Media:

Communication with the news media is the responsibility of the Director.