



CODE GREEN EVACUATION

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Haliburton Highlands Health Services
Emergency Preparedness & Response Manual

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Code Green

Policy – Evacuation

The purpose of Code Green is to provide Plans and Procedures for HHS Staff to follow in the event of either: A Precautionary Evacuation (partial evacuation of Fire Zones affected) or an Evacuation Crisis (immediate evacuation of entire building) of the Facility. This Plan includes an organized response to an “Order for Evacuation” from HHS Buildings.

Code Green Procedures often follow (but are not limited to) other Codes (for example: Code Red, Brown, Black, etc.). The procedures of the original Code activated are to be followed initially until Code Green is activated in the Code Procedure.

When Staff hear any Code Announcement, Staff should respond to the Code that affected their area and prepare in the event Code Green might follow.

During any evacuation, the following basic principles will apply:

- Our population is extremely vulnerable, and that vulnerability is both complex and variable. For this reason, sheltering in place, when this can be accomplished safely, is always preferable to evacuation.
- The first principle in a full or partial evacuation is to move as many people as possible to safety as quickly as possible while considering
 - Medical acuity,
 - Level of mobility, and
 - Degree of supervision required.

Not all evacuation scenarios will be the result of an immediate threat to safety. Most evacuations occur as the result of some other type of emergency, either internal (e.g., heating failure) or external (e.g., wildland fire). In any healthcare facility, most Code Green decisions are preceded by some other Code. As a result, whenever any Staff member hears an Emergency Code announced on the overhead, they should begin considering the need for the evacuation of the Unit and the resources required to do so.

External Evacuations will require the Command Center and Procedures to be followed. Emergency Response Plan Command Center Instructions can be found in the Emergency Response Plan.

Codes which commonly precede a Code Green decision are as follows:

Code Red	Fire
Code Grey	Broken water pipe/flood, Utility/Heating failure or Power/IT failure
Code Brown	Hazardous Materials Spill (internal).
Code White	Violent/Aggressive Behavior (limited).
Code Purple	Hostage-Taking (internal).
Code Silver	Person with a Weapon (internal).
Code Black	Bomb Threat
Code Orange	Disaster or Chemical, Biological, Radioactive or Nuclear Disaster

Precautionary Evacuation

A Precautionary Evacuation is an evacuation from one Building Fire Zone to an adjacent Fire Zone. These are practiced annually as part of the Fire Plan and witness by the Chief Fire Official or designate for the Municipality.

Evacuation of any Unit/Department will be followed, if it is safe to do so, by a final room-by-room inspection in order to ensure that no Patient, Resident, Client, Visitor, or Staff member has been left behind, using Zone/floor plans to document the inspection. These are contained in the Emergency Response Manual.

Any Staff member may order the Horizontal Evacuation of a Department when there is an immediate threat to safety (e.g., fire) without waiting for further direction from the Most Responsible Person of the Department or Acting Incident Manager.

Patients, Residents, Clients, Visitors, and Staff in immediate danger must be evacuated first, and then in an order which allows that the most people will reach safety. This means that Patients, Residents, and Clients with minimal acuity, high mobility, and requiring minimal degrees of supervision will always be evacuated first. Those requiring complex, Staff-intensive medical support, those with little or no mobility without assistance, and those requiring constant supervision, will be evacuated after the majority of people have been moved to safety.

In the absence of an immediate threat to safety, **DO NOT** begin evacuation of a Department until you are specifically directed to do so by the Most Responsible Person of the Department or Acting Incident Manager.

Evacuation Crisis

A Facility-wide Evacuation Crisis must be coordinated by Emergency Responders, CEO, or Acting Incident Manager.

Do not wait for the arrival of Emergency Responders to comply with an ordered Evacuation.

Upon arrival of the Fire Department or other Emergency Responders, all evacuation of the hazard area will be assumed by Emergency Responders. HHHS Staff are responsible for the evacuation of the unaffected areas of the Facility.

The Acting Incident Manager or designate needs to set up a Command Center to the Acting locations listed in the procedures attached, and in proximity to the incident away from the hazards. A census of Patients, Residents, Clients, Visitors and Staff must be completed. The Acting Incident Manager needs to plan the evacuation route to the closest and safest evacuation staging area. Once evacuated, the Acting Incident Manager will assign Nursing Staff to Triage the Patients, Residents, and Clients to: Clinical Acuity, Degree of Mobility, and Level of Supervision Required.

All evacuation outcomes will be based upon the nature of the emergency, as well as a combination of assessment criteria and resource availability. Type of care may be determined by HHHS Staff, however, location may be determined by partner agencies (e.g. CritiCall, Central East LHIN, CCAC).

Evacuation Crisis shall be simulated either through Table Top exercises and actual mock evacuations using Staff Emergency Responders, Volunteers, Patients, Residents, and Clients that are able to support the simulation.

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Evacuation Plans are required by Ontario Regulation 246/22 made under the “**Fixing Long-Term Care Act, 2021**”, Part VI Operation of Homes, Sec. 268 Emergency Plans. Below is a summary of key requirements that affect Code Green.

- I. A system to account for the whereabouts of All Patients, Residents, and Clients in the event that it is necessary to evacuate and relocate in an emergency.
- II. Identification of a safe Evacuation location for which an agreement has been made in advance.
- III. Transportation Plans to move Patients, Residents, Clients, Staff, and others to the Evacuation location.
- IV. A plan to transport critical medication, supplies, and equipment during an evacuation to the evacuation location.
- V. Resources, supplies, food, personal protective equipment, and equipment vital for the emergency response being set aside and readily available at the Home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protective equipment and equipment have not expired.
- VI. Identification of entities that may be involved in or that may provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.
- VII. A Communication Plan and process to ensure frequent updates during the emergency and evacuation.
- VIII. Within 30-days of an emergency being over, organize key personnel to debrief and update the Emergency Plan.

Definitions

Evacuation: The planned and orderly removal of all or part of the population of a community for reasons of the safety of Patients, Residents, Clients, Visitors, and Staff to a safe distance the population from the effects of some type of natural hazard or technological hazard. In Canada, the most common causes of evacuations are wildland fires, flooding, and accidental actual or potential releases of hazardous materials. While some evacuations are voluntary, government-ordered mandatory evacuations also sometimes occur.

Precautionary Evacuation: Relocation on the same level beyond at the nearest exit or beyond one set of fire doors into the next zone away from the area of hazard. Usually conducted as a precautionary step or as the first step in a staged evacuation.

Evacuation Crisis: Movement from the affected area and unaffected areas to designate Evacuation Staging Areas at a safe distance from the exterior of the Facility being evacuated.

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Evacuation Route: A pre-designated route of travel for transporting the Patients, Residents, Clients, Visitors, and Staff of each Unit to safe locations at each step of the evacuation process. Primary and backup routes are required.

Holding Area: Usually the same location used in the horizontal evacuation. One designated Safe Holding Area and one backup location for each occupied Unit.

Staging Area: A street/main level location where Patients, Residents, and Clients are held while awaiting transport out of the Facility. These may be specialized, according care requirements.

Equipment

Resources, supplies, personal protective equipment and supplies necessary for an external Evacuation Location are located in Tables 1 and 2 of this policy and procedure.

Procedure

Part A – Precautionary Evacuation

(See Precautionary Evacuation Checklist Procedure in Appendix 1)

Any Staff, upon discovering an immediate threat to the safety of our Patients, Residents, Clients, Visitors, and Staff are enabled to activate a PREAUTIONARY Horizontal Evacuation from the Fire Zone affected to any adjacent Fire Zone.

1. Any Staff upon discovering an immediate threat to Patients, Residents, Clients, Staff or Visitors such as: Fire, Flood, Building Failure, Bomb threat or other event affecting Safety and Security shall follow the procedures outlined in the appropriate response Code.
2. Upon discovery of the threat, *any* Staff member must bring the situation to the attention of the Most Responsible Person in the Department.
3. If the Fire Alarm is activated, The Most Responsible Person in each Department will go to the nearest Fire Panel to determine the location of the Fire Zone affected.
4. The Most Responsible Person present will assume role of Acting Incident Manager until relieved by Executive On Call or Manager On Call when they arrive on site.
5. The Acting Incident Manager will appoint a Staff member to jointly investigate the area affected and the entire Fire Zone. The Staff member should bring an appropriate fire extinguisher with them during the investigation in the case of potential smoke or fire.
6. The Acting Incident Manager and the appointed Staff will check all rooms, close the windows and doors in each room inspected, turn off Medical Oxygen and attach magnetic evacuation tag to metal door frame if equipped or mark the door with an “X” using Chalk from the Emergency Evacuation Kit located at the Nurse’s Station to indicate that the room has been searched. Zone Maps are included in the Emergency Response Manual.
7. **In the case of smoke or fire being detected**, follow the **Code Red** procedures contained in the Emergency Response Manual.
8. Upon identifying the hazard or risk, remove the Person(s) in immediate danger from the area and the entire Fire Zone. **Relocate people from the Fire Zone to a safe holding area behind fire doors in the next Fire Zone.**
9. **Page Code Green** – The Acting Incident Manager or designate in the Fire Zone affected will proceed to announce (page) **“Code Green” followed by the Fire Zone, Area description, and type of Hazard**, three times (3x) following the Work Instruction for “Operating the Fire Panel” posted in the Fire Panel located at ED Entrance in Haliburton, LTC Entrance in Minden or behind the LTCH Nurse’s Station of Highland Wood and Hyland Crest. This Work Instruction is included in the Emergency Response Manual.

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10. Depending upon the Hazard or Risk, the Acting Incident Manager will determine the need to Call 911 for Emergency Responders for assistance.
11. If safe to do so, the Acting Incident Manager may request help with the emergency. Staff in departments adjacent to, above or below the unit announced must be prepared to support the Code Green evacuation, and to assist with the immediate evacuation of the Fire Zone where the emergency is happening.
12. The Acting Incident Manager will instruct the Department's Nurse to retrieve the Emergency Evacuation Kit in the Department, and the Nurse to maintain the Department's Emergency Evacuation Kit.
13. **The Acting Incident Manager will assign the Department's Nurse to conduct a Census Immediately**, when in a safe place. The Nurse is to ensure that all Patients, Residents, Clients, Visitors, and Staff are accounted for, and compare to Patient Census Record, Resident Daily Report Sheet, Client Sign-in Sheet, Visitor Screening Log, and Staff Schedule.
14. The Department Nurse will place wrist bands to identify all Patients, Residents and Clients for identification. These wrist bands can be located in the Department's Emergency Evacuation Kit.
15. Report any missing persons to the Acting Incident Manager. DO NOT re-enter the evacuated area to search for missing persons unless the Acting Incident Manager says it is safe to do so.
16. Stay within the adjacent Fire Zone until the CEO (or designate) arrives or Emergency Responders arrive. Follow the CEO (or designate) or Emergency Responders instructions.
17. Missing person search shall be initiated only by the request of the CEO (or designate) or Emergency Responders. Zone Maps for each site are include in the Emergency Response Manual. Staff and/or Emergency Responders assigned shall maintain a search record as outlined in Form 1 of this procedure.
18. An Evacuation Crisis may be ordered by the CEO (or designate) as a necessity or as a general precaution.
19. Follow the Evacuation Crisis as describe in the Part B. Evacuation Crisis (Facility-wide).

Part B - Evacuation Crisis (Facility-wide)

(See Evacuation Crisis Checklist Procedure in Appendix 2)

DO NOT WAIT FOR THE ARRIVAL OF EMERGENCY SERVICES TO COMPLY WITH AN ORDERED EVACUATION IF THE SITUATION AFFECTS THE SAFETY AND SECURITY OF OTHERS.

A situation is evolving in which the evacuation of Patients, Residents, Clients, Visitors, and Staff MAY be required. DO NOT EVACUATE unless specifically instructed to do so.

1. In the absence of an immediate threat to safety, DO NOT begin evacuation of the Facility until you are specifically directed to do so by the CEO (or designate) or Emergency Responders. All general Evacuation Crisis will be staged and coordinated by the Acting Incident Manager.
2. Upon arrival, the CEO (or designate) may order the full evacuation of the Facility. Evacuation will be the responsibility of HHHS Staff.
3. The Acting Incident Manager (or designate) must set up a Command Center in one of the designated locations listed below, and in proximity to the incident away from the hazards.
4. The Acting Incident Manager will announce the location and contact phone number of the Command Center over the Fire Panel Paging System three times (3x).
5. The Acting Incident Manager will activate the Healthcare Emergency Command Control System Team as described in the Emergency Response Manual.
6. The Acting Incident Manager will assign each Staff to be responsible for specific aspects of the evacuation. These roles, procedures and forms are location in the Emergency Response Manual.
 - A. HHHS Internal Designated Command Center locations are:
 - a. HHHS Boardrooms at each site; if accessible
 - b. Community Support Services Building (Green House) located at 7185 Gelert Road adjacent to the HHHS Haliburton Facility
 - c. Geriatric Assessment Intervention Building (GAIN) located at 8 Winchester Street adjacent to HHHS Minden Facility
 - B. External Designated Command Center locations are:
 - d. Royal Canadian Legion Branch 129 located at 719 Mountain Street, Haliburton, Contact: **705-457-2571**
 - e. Royal Canadian Legion Branch 636 located at 12847 HWY 35, Minden, Contact: **705-286-4541**
 - f. Pinestone Resort located at 4252 County Road 21, Haliburton, Contact: **705-457-1800**
 - g. S.G. Nesbitt Area & Community Center located at 55 Parkside Street, Minden, Contact: **705-286-1936** or After-hours: **1-866-856-3253**

7. The Acting Incident Manager will designate Staff to conduct a Census Immediately in order to ensure that all Patients Census, Residents Lists, Clients, Visitors, and Staff are accounted for, and compare to Patient records, Resident Daily Report Sheets, Client Sign-in Sheets, Visitor Screening Logs, and Staff Sign-in Sheets. The Acting Incident Manager will designate the appropriate Staff member to gather these lists for the Command Center.
8. The designated Staff member will contact the Command Center and the Acting Incident Manager when the unit is ready for evacuation.
9. **The Acting Incident Manager** will Page three times (3x) over the Fire Panel PA System the location of the designated Evacuation Staging Area, review the Zone Maps in the Emergency Response Manual, and identify the safest evacuation route.

THE EVACUATION STAGING AREAS

Minden

Upper Level LTC and Acute - Main Parking Lot at 6 McPherson St.

Lower LTC and Hospital – Hospital Parking Lot

Haliburton

Front Entrance Parking Lot at 7199 Gelert Rd.

Or Nearest Accessible Parking Lot

10. Determine a plan and order of evacuation aimed at evacuating those in immediate danger first, and then outwards from the incident including unaffected areas of the Facility.
11. When required and possible, attempt to ensure that Patients, Residents, and Clients are protected and dressed for the weather conditions. Provide a jacket or coat, sweater and blanket if possible.
12. **When Patients, Residents, Clients, Visitors, and Staff arrive at the closest and safe Evacuation Staging Area, the Acting Incident Manager will assign available Nurse Staff to TRIAGE** all Patients and Residents according to the guidelines Work Instruction for Triage of Patients and Residents outlined in Appendix 4. The FORM - Evacuation Tracking Sheet attached to this Work Instruction must be prepared to record Patient and Resident movements and locations.
13. The Acting Incident Manager will designate available Nursing Staff to prepare the Patient and Resident medical records for transport to the External Evacuation location(s).

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14. The Acting Incident Manager will designate available Nursing Staff to prepare the Patient and Resident medications for transport, and develop a plan for medications at External Evacuation location(s).
15. Contact the Dietary Manager for preparing a Food Plan for Patients, Residents, and Staff at possible External Evacuation location(s).
16. Only if this step is safe and the area can be entered, the Acting Incident Manager will assign Staff members to pack up Residents' clothing and personal belongs into transportable bins, laundry baskets, or boxes. These bins, baskets and/or boxes need to be labelled for identifying the Resident. Maintenance Staff will assist and locate the necessary transportable bins, baskets, or boxes.
17. Maintenance Staff will secure the building upon leaving and the Director of Facilities & Projects will make Security arrangements to monitor and secure the site.
18. The Acting Incident Manager will coordinate with Manager On Call and Executive On Call for relocation to External Evacuation Centers.
 - a. Option 1 – The first option will be to arrange the transfer Patients and Residents to another HHHS Site for temporary admission and holding. This measure may be necessary in a large number of cases in order to move Patients and Residents quickly until such time more lasting arrangements can be out in place.
 - b. Option 2 – The second option will be to transfer to an External Evacuation (or temporary holding) Location are identified in Appendix 5 of this procedure when large numbers of people are affected. These are only a short-term solution. These Sites can provide an immediate safe destination but lack support resources for Patients and Residents
 - c. The Manager On Call will activate the “Fan Out List” with HHHS Managers to call-in the Staff required to support the external Evacuation.
 - d. External Evacuation Centers and contacts are included in Appendix 5 of this procedure, and the Emergency Response Manual.
 - e. Transportation Contacts are available in the Emergency Response Manual and Appendix 7 of this procedure.
 - f. Designate Staff to obtain area equipment and supplies necessary for 3 to 5-day stay at an External Evacuation Center. Basic Equipment and Supplies are attached to this procedure in Tables 1 and 2.

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19. All External Evacuation locations will be based upon the nature of the emergency, as well as a combination of assessment criteria and resource availability. The Acting Incident Manager will coordinate with CEO, CNE or designates. Evacuation locations are determined by Partner Agencies:

a. Long-Term Care Evacuations:

- i. Notify Families
- ii. Notify Ministry of Long-Term Care
- iii. Notify Ontario Health East including Home and Community Care Services
- iv. Ministry of Health EOC

b. Hospital Evacuations:

The ED Closure Protocol has contact information, and a copy is located in the Manager On Call binder and folder.

- i. Patients transfers to other Hospitals must also be accepted by an Admitting Physician at the receiving Hospital.
- ii. Notify the Ministry of Health EOC
- iii. Notify Ministry of Health Hospitals Branch
- iv. Notify Ontario Health East
- v. Notify Paramedic EMS and surrounding Hospitals

c. Emergency Department Evacuations:

- i. Implement the ED Closure Protocol located in the Manager On Call binder and folder.
- ii. Notify Physician's scheduled for upcoming shift.
- iii. HFO Physicians are to be notified through the EDLP Team

d. **Patient or Resident discharge for care by Family Members Home:** Family Discharge require appropriate supports, and must be coordinated through Long-Term Care Partner Agencies listed above. These are typically a short-term solution. Contact numbers are located in the Emergency Response Manual.

e. **Transfer to other, more distant, Long-Term Care Facilities:** The best option for some categories of Patients and Residents. This option tends to remove the Patient or Resident from easy access by Family Members. This is a long-term solution to set up, and needs to be co-ordinated through the Long-Term Care Partner Agencies listed above. Contact numbers are located in the Emergency Response Manual.

f. **Emergency & Acute Patients transfer to another Hospital is the only option.**

- i. Patients transfers to other Hospitals must also be accepted by an Admitting Physician at the receiving Hospital.
- ii. The first Hospital for contact is Ross Memorial Hospital in Lindsay, (705-324-6111) although other hospitals may also be able to assist.

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- iii. This may be a slow process, since such Patients/Residents must be moved by a limited number of ambulances, and a trip to another facility takes time.
 - I. The movement of critical Patients/Residents will be accomplished using CritiCall and ORNGE following established Hospital procedures for these groups.
20. The CEO, CNE (or designates) with the Directors of Care prepare a Communication Plan to Families and Media.
21. The Acting Incident Manager must collect all documentation of the incident, including Event Logs, Situation reports, etc., and forward to the CEO for storage for future need.
22. The CEO (or designate) needs to prepare for an After Action debriefing involving All Staff involved within 2-days after placement of All Patients and Residents into long-term care or as soon as can be organized.
23. The CEO and The Acting Incident Manager(s) (per area affected) complete an After Action Report, including any errors, gaps, or omissions identified, and any recommendations.
24. Affected Staff may require Critical Incident Stress De-briefing. Arrangements should be made for this service with the support of the CEO and Manager of Human Resources.
25. The CEO shall schedule a formal Post Incident Debriefing involving all Staff affected by the evacuation within 10-days after the initial debriefing.
26. The Director of Care and The Director of Facilities & Projects will assist the CEO and Executive Leadership Team preparing a final report on the incident, including all key learnings, recommendations, and other corrective actions, and will review this with the Management Committee within 30-days of conclusion of the incident.
27. The Director of Facilities & Projects must incorporate the final recommendations into the Emergency Response Plan.

Management Responsibilities

The Emergency Response Planning team consisting of at a minimum the Directors of Care and Director of Facilities will meet a minimum of once per year to review Code Green, the Emergency Response Plan and start the planning for the annual Code Red and, if necessary, Code Green exercises.

- The Directors of Care and Director of Facilities are responsible for the implementation of Code Green.
- The Director of Facilities & Projects is to ensure Fire Drills are performed at a minimum monthly, and coordinate Precautionary Evacuations to be held once per year in the presence of the Chief Fire Official.
- Facility wide evacuations or Evacuation Crisis are to be coordinated at a minimum of once per 3-years. The Director of Facilities & Projects with the support of the Directors of Care will organize a planning team including: Municipal partners, EMS, Fire Department and the LTCH Staff.
- All HHHS Managers in each Fire Zone are responsible to ensure the Fire Doors are not blocked, and the magnetic door holders work. These are activated by the Fire Alarm system and release the Fire Doors to close automatically in the event of a Fire Alarm.
- Managers are to ensure Staff are trained on Drills, use of the Fire Panel, R.E.A.C.T., maintain “Fan Out List” with Staff contacts in the event of an emergency, and this policy and procedures.

Within 30-days of an emergency being over, The Most Responsible Person involved with the Evacuation will organize key personnel to debrief and update the Emergency Plan.

Appendix 6 identifies Staff responsibilities, resources, supplies, personal protective equipment and supplies necessary for an external Evacuation Location if safe to do so.

Employee Responsibilities

- All Staff will respond to each Fire Alarm as if a real emergency and participate fully in the exercise as if a real Fire or Evacuation. Staff attendance is mandatory.
- All Staff are required to participate in training, annual Fire Drills, Precautionary Evacuations and support mock Evacuation Crisis.
- All Staff must know the location of all Fire Zones, exits and routes to these exits from all areas of the building
- All Staff must know the location and use of fire extinguishers, pull stations, and the location of Fire Panels and their use.
- All Staff must obey the Acting Incident Manager, and Municipal Chief Fire Official or Emergency Responders instructions upon arrival.
- All Staff must support Code Green activities and assigned roles from the Acting Incident Manager and Chief Fire Official.

Resident Responsibilities

- Family Counsel shall have an annual review of the Emergency Response Manual including Code Green reviews
- All Residents and Visitors should be active participants in Fire Drills, Precautionary Evacuation Drills, and preferred where able in Evacuation Crisis Drills.
- Residents should know what to do when the fire alarm sounds, stay calm, be able to pull the fire alarm pull station, and follow Staff instructions.
- All Residents are to “Call for Help” in the event of a fire in their room, leave the room and close the door.

Appendices / Links

Fire Safety Plan for each Facility approved by the Municipal Chief Fire Official is located next to each Fire Panel.

Appendix 1 – Precautionary Evacuation – Algorithm & Checklist Procedure

Appendix 2 – Evacuation Crisis – Algorithm & Checklist Procedure

Appendix 3 – Triage Work Instruction

Form 1 – Evacuation Tracking Form

Form 2 - Search Tracking Form for All Locations

Appendix 4 - Evacuation Locations

Appendix 5 – Area Responsibilities for Documentation, Supplies & Equipment

Table 1 – Hospital Evacuation Supplies & Equipment

Table 2 – LTCH Evacuation Supplies & Equipment

Appendix 6 – Emergency Evacuation Kit Contents

Appendix 7 – Transportation Plan

Form 3 – Transportation Contacts Checklist

Appendix 8 – Communication and Engagement Plan

Manager On Call Binder and folder: O:\HHHS Managers\Manager On-Call\MOC Binder

Command Center Job Action Checklists and Documents can be found within the Emergency Preparedness & Response Manual.

References

Ontario Regulation O. Reg. 246/22 Fixing Long Term Care Act, 2021,
<https://www.ontario.ca/laws/regulation/r22246>

Ontario Regulation O. Reg. 213/07 Fire Code,
<https://www.ontario.ca/laws/regulation/070213>

Ontario Regulation O. Reg. 213/07 Fire Code, Div. B, sec. 2.8 Emergency Planning,
<https://www.ontario.ca/laws/regulation/070213>

OHA Emergency Management Toolkit, Ontario Hospital Association, www.OHA.com

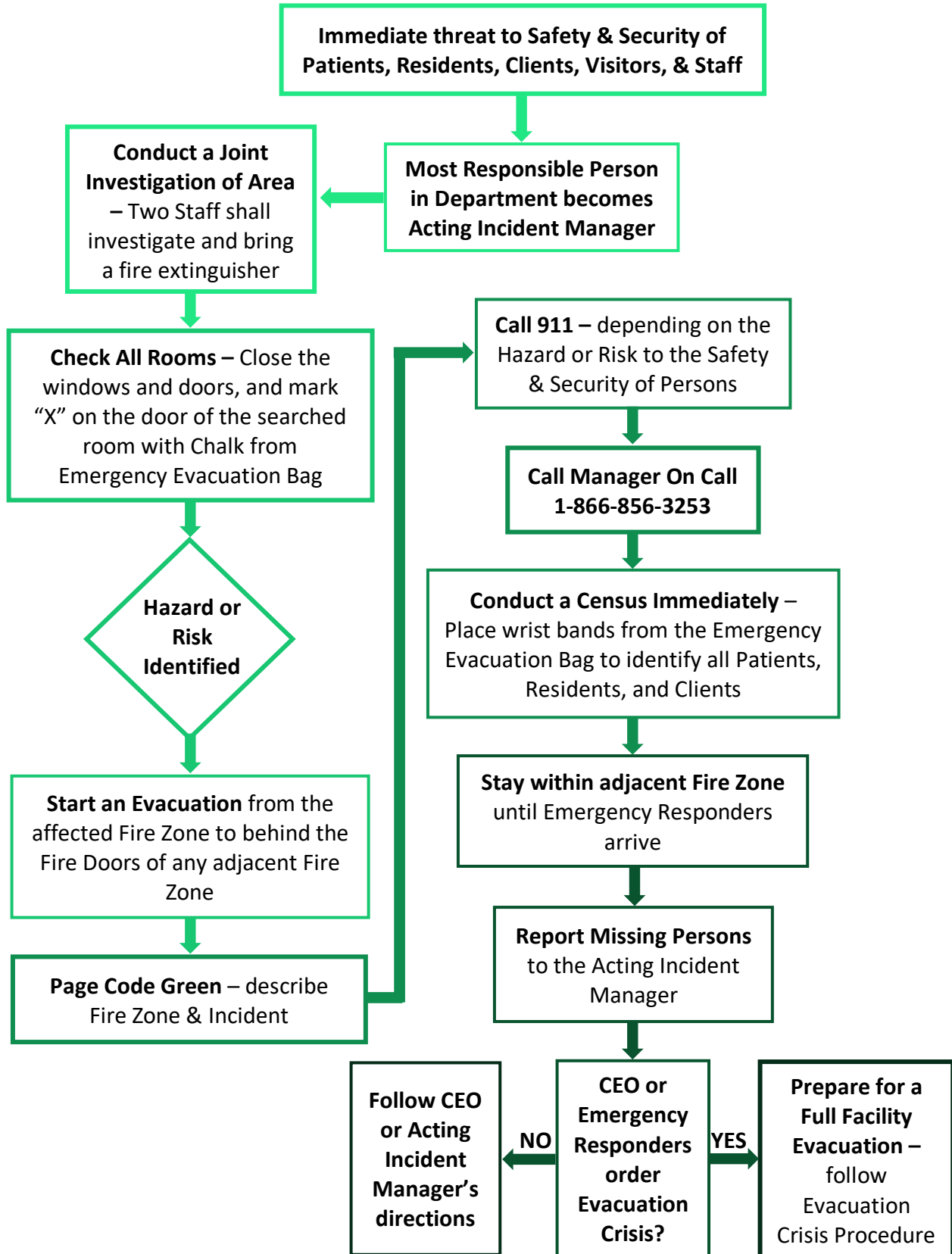
OHA Emergency Preparedness Colour Codes Poster, www.OHA.com

CAN-CSA-Z1600-17, Canadian standards Association (CSA) Standard on Emergency Management and Business Continuity Plans

CAN-CSA-Z731-03, Canadian Standards Association (CSA) Emergency Preparedness and Response Standard

Emergency Response Planning Guide, 1st Edition, 2020, Canadian Centre for Occupational Health and Safety (CCOHS), www.ccohs.ca

Appendix 1 – Precautionary Evacuation – Algorithm



Precautionary Evacuation – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Any Staff, upon discovering an immediate threat to the safety of our Patients, Residents, Clients, Visitors, and Staff, are enabled to activate a PRECAUTIONARY Horizontal Evacuation from the Fire Zone affected to any adjacent Fire Zone.

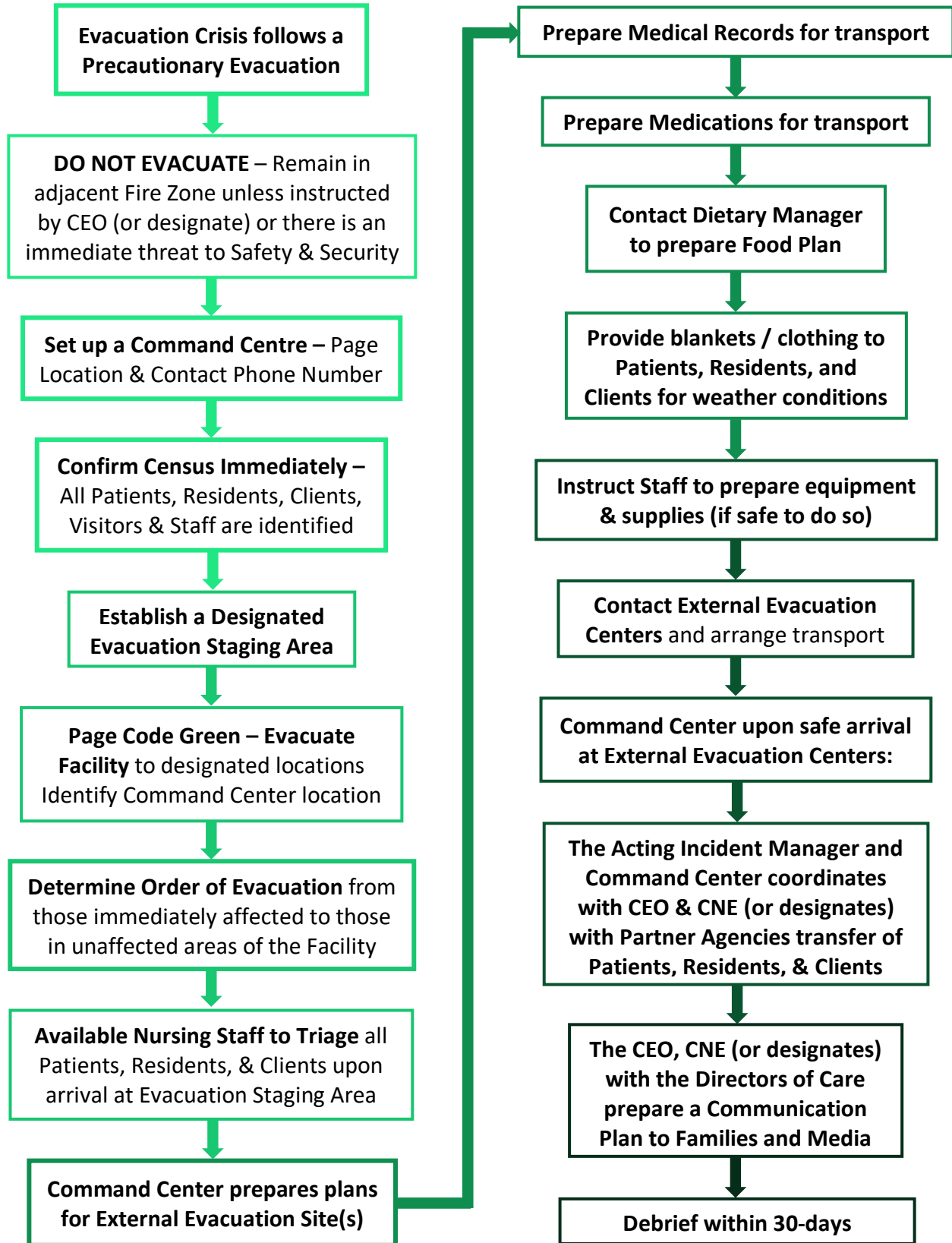
The Acting Incident Manager Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Staff are to follow the appropriate response Code procedures upon discovery of a hazard or threat. Staff are to immediately inform the Most Responsible Person in the Department.
TIME	INIT	2. If the Fire Alarm is activated, the Most Responsible Person in each Department will go to the nearest Fire Panel to determine the location of the Fire Zone activated.
TIME	INIT	3. Most Responsible Person of Department assumes role of Acting Incident Manager until relieved by Manager On Call or Executive On Call.
TIME	INIT	4. Acting Incident Manager will appoint a Staff Member to jointly investigate area and entire Fire Zone. The Staff member should bring an appropriate fire extinguisher in case of potential smoke or fire
TIME	INIT	5. The Acting Incident Manager and appointed Staff will check all rooms, close the windows and doors in each room inspected, and mark the doors with an "X" to indicate the room has been searched. Chalk is located in the Emergency Evacuation Kit and Zone Maps are located in the Emergency Response Plan binder.
TIME	INIT	6. In the case of SMOKE or FIRE being detected, follow the Code Red procedures contained in the Emergency Response Plan.
TIME	INIT	7. Upon identifying the hazard or risk, remove the Person(s) in immediate danger from the area and the entire Fire Zone. Relocate people from the Fire Zone to a safe holding area behind fire doors in the next Fire Zone.

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TIME	INIT	ACTIONS
TIME	INIT	8. Page Code Green for any Precautionary Evacuation of the Fire Zone. The Acting Incident Manager or a designate in the Fire Zone affected will proceed to annunciate (page) “Code Green,” followed by the Fire Zone, Area description, and type of Hazard three times (3x), following the Work Instruction for “Operating the Fire Panel”
TIME	INIT	9. Depending upon the Hazard or Risk, the Acting Incident Manager will determine the need to Call 911 for Emergency Responders for assistance. Otherwise, call the Manager On Call at 1-866-856-3253 if after-hours.
TIME	INIT	10. When Safe to do so, Acting Incident Manager requests help with the emergency from adjacent Departments.
TIME	INIT	11. The Acting Incident Manager will instruct the Department’s Nurse to retrieve the Emergency Evacuation Kit in the Department, and the Nurse to maintain the Department’s Emergency Evacuation Kit.
TIME	INIT	12. The Department’s Nurse will conduct a Census immediately when in a safe place, and compare to Patient census, Resident Daily Report Sheet, Client Sign-in Sheet, Visitor Screening list, and Staff Schedule.
TIME	INIT	13. The Department Nurse will place a wrist band to identify all Patients and Residents. These wrist bands can be found in the Emergency Evacuation Kits.
TIME	INIT	14. The Nurse will report any missing persons to the Acting Incident Manager. DO NOT re-enter the evacuated area unless the Acting Incident Manager says it is safe to do so.
TIME	INIT	15. Stay in adjacent Fire Zone until the CEO (or designate) arrives or Emergency Responders arrive. Follow their instructions.
TIME	INIT	16. A Missing Person search shall only be initiated by the request of the CEO (or designate) or Emergency Responders. Zone Maps located in the Emergency Response Manual, and maintain a Search Record using Form 2 of this procedure.
TIME	INIT	17. Initiate Communication Plan (Appendix 8).
TIME	INIT	18. An Evacuation Crisis may be ordered by the CEO (or designate). Follow the Evacuation Crisis Procedure and Evacuation Crisis Checklist.

Appendix 2 – Evacuation Crisis – Algorithm



Evacuation Crisis – Checklist Procedure

DATE _____ TIME _____
 LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Follow the Precautionary Evacuation Checklist prior to proceeding with an Evacuation Crisis Checklist.

DO NOT EVACUATE unless specifically instructed to do so by the CEO (or designate) or Emergency Responders, unless the situation affects the safety and security of others.

The Acting Incident Manager Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Acting Incident Manager or designate will begin setting up Command Center in proximity to the affected Fire Zone but away from the hazards. Command Center locations are located in the Emergency Response Plan and Appendix 5 of this procedure.
TIME	INIT	2. Using the Fire Panel PA System, Page the Command Center location and contact phone number three times (3x).
TIME	INIT	3. The Acting Incident Manager will activate the Command Control System Team. This is described in the Emergency Response Manual. Assign the Emergency Response Manual Jog Action sheets to the team members.
TIME	INIT	4. The Acting Incident Manager will designate Staff to conduct a census to ensure all Patients, Residents, Clients, Visitors, and Staff are accounted for.
TIME	INIT	5. The designated Department Nurse will contact the Command Center when the unit is ready for evacuation.
TIME	INIT	6. Initiate Communication Plan (Appendix 8)

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TIME	INIT	ACTIONS
TIME	INIT	<p>7. When ready, the Acting Incident Manager will communicate the Designated Evacuation Staging Area and the safest Evacuation Route over the Fire Panel PA System three times (3x). Evacuation Staging Areas are:</p> <p style="text-align: center;">Minden Upper Level LTC and Acute - Main Parking Lot at 6 McPherson St. Lower LTC and Hospital – Hospital Parking Lot Or nearest accessible parking lot</p> <p style="text-align: center;">Haliburton Front Entrance Parking Lot at 7199 Gelert Rd. Or Nearest Accessible Parking Lot</p>
TIME	INIT	8. The Acting Incident Manager and designated Nurse will plan the order of the evacuation aimed at those in immediate danger first, and then outward from the incident including unaffected areas.
TIME	INIT	9. Staff shall attempt to ensure that Patients, Residents, and Clients are protected and dressed for the weather conditions; provide a jacket or coat, sweater and blanket if possible
TIME	INIT	10. The Acting Incident Manager will designate Nursing Staff to:
TIME	INIT	a. TRIAGE all Patients and Residents following the Work Instruction in Appendix 4 of the Evacuation Crisis Procedure.
TIME	INIT	b. Prepare Patient and Resident medical records for transport.
TIME	INIT	c. Prepare Patient and Resident medications for transport
TIME	INIT	d. Contact the Dietary Manager to prepare a Food Plan at possible External Evacuation location(s).
TIME	INIT	e. Only if this step is safe and the area can be entered, the Acting Incident Manager will assign Staff members to pack up Residents’ clothing and personal belongs into transportable bins, laundry baskets or boxes. These bins, baskets and/or boxes need to be labelled for identifying the Resident.
TIME	INIT	f. Maintenance Staff will secure the building upon leaving and the Director of Facilities & Projects will make Security arrangements to monitor and secure the site.

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TIME	INIT	ACTIONS
TIME	INIT	11. The Acting Incident Manager will coordinate with the Manager On Call and the Executive On Call for relocation to External Evacuation Centers.
TIME	INIT	a. Manager On Call will activate the “Fan Out List” for Managers to call in Staff to support the external evacuation.
TIME	INIT	b. External Evacuation Centers and contacts are available in Appendix 5 of this procedure and the Emergency Response Manual.
TIME	INIT	c. Transportation Contacts are available in the Emergency Response Manual and Form 3 of this procedure.
TIME	INIT	d. The Command Center will make arrangements for Area Responsibilities transportation of equipment and supplies necessary for the external Evacuation Centers. The Equipment and Supplies are identified in Tables 1 and 2 of this procedure and in the Emergency Response Manual.
TIME	INIT	12. All External Evacuation locations will be based upon the nature of the emergency. The Command Center will coordinate with the CEO, CNE or designates longer term evacuation locations through partner Agencies included in the Manager On Call binder.
TIME	INIT	13. Follow procedures for applying for Temporary Emergency Licenses, as required.
TIME	INIT	14. Patients transferred to other Hospitals must also be accepted by an Admitting Physician at the receiving Hospital.
TIME	INIT	15. The Command Center will implement the ED Closure Protocol located in the Manager On Call binder. Notify Physicians scheduled for upcoming shifts.
TIME	INIT	16. Family Discharge require appropriate supports and must be coordinated by the Command Center through Long-Term Care Partner Agencies listed in the procedure.
TIME	INIT	17. Residents transferred to other Long-Term Care Facilities is the best option for some Residents. These transfers need to be coordinated by the Command Center through Long-Term Care Partner Agencies listed in the procedure and Manager On Call binder.

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TIME	INIT	ACTIONS
TIME	INIT	18. The movement of critical Patients or Residents shall be accomplished through CritiCall and ORNGE - follow established ER procedures for these groups.
TIME	INIT	19. Maintain accurate records of Patient and Resident movement and destinations for future references.
TIME	INIT	20. The Acting Incident Manager must collect all documentation of the incident, including Event Logs, Situation reports, etc., and forward to the CEO for storage for future need.
TIME	INIT	21. The CEO (or designate) needs to prepare for an After Action debriefing involving All Staff involved within 2-days after placement of All Patients and Residents into long-term care or as soon as can be organized.
TIME	INIT	22. Affected Staff may require Critical Incident Stress De-briefing. Arrangements should be made for this service with the support of the CEO and Manager of Human Resources.
TIME	INIT	23. The CEO shall schedule a formal Post Incident Debriefing involving all Staff affected by the evacuation within 10-days after the initial debriefing.
TIME	INIT	24. The Director of Care, Director of Facilities & Projects will assist the CEO and Executive Leadership Team preparing a final report on the incident, including all key learnings, recommendations, and other corrective actions, and will review this with the Management Committee within 30-days of conclusion of the incident.
TIME	INIT	25. The Director of Facilities & Projects must incorporate the final recommendations into the Emergency Response Plan.

Appendix 3 – Triage of Patients and Residents

Work Instruction:

1. Upon arrival at a safe location, all Patients and Residents will be identified and triaged by a Staff Nurse for Evacuation according to three (3) basic characteristics as follows:
 - A. **Clinical Acuity** (High and Low ranges)
 - i. **HIGH** – requires complex in-Patient care in a hospital bed
 - ii. **LOW** – could be successfully cared for in the Community with supports
 - B. **Degree of Mobility** (High and Low ranges)
 - i. **HIGH** – able to self-ambulate with minimal assistance (cane/walker)
 - ii. **LOW** – unable to self-ambulate and requires complex support
 - C. **Supervision Required** (High and Low ranges)
 - i. **HIGH** – known exit-seekers, dementia, mental health, sedated or medicated
 - ii. **LOW** – able to understand and comply with Staff instructions and directions.
2. Upon completion of the triage process, all Patients and Residents should be cohorted according to their triage categories, (Evacuation Staging Areas), where they can receive appropriate care and evacuation resources. Here, they will await transport to appropriate evacuation destinations (e.g., home with family, transfer to LTC facility, transfer to another acute care facility).
3. The triage categories/final cohort placement of each Patient and Resident will be recorded and reported to the Command Center using the Form Evacuation Tracking Sheet in attached to this Work Instruction as Form 1.

Form 1 – Evacuation Tracking Sheet

Site: _____
 Unit: _____
 Date: _____

Room	Bed	Patient/Resident Name	Triage			Destination	Chart	Meds	POA
			Acuity	Mobility	Supervision				

Form 2 - Search Tracking Form for All Locations

Missing Person Search to be initiated only at request of the Fire Chief

Site: Haliburton Minden
 Primary Search Secondary Search

Room	By Whom	Time	Comments

Note: Zone Maps for each Facility are located in the Emergency Response Manual

Appendix 4 – Command Center & Evacuation Locations

HHHS Internal Designated Command Center locations are:

1. **HHHS Boardrooms** at each site; if accessible
2. **Community Support Services Building (Green House)** located at 7185 Gelert Road adjacent to the HHHS Haliburton Facility
3. **Geriatric Assessment Intervention Building (GAIN)** located at 8 Winchester Street adjacent to HHHS Minden Facility

External Designated Command Center locations are:

1. **Royal Canadian Legion Branch 129** located at 719 Mountain Street, Haliburton, Contact: 705-457-2571
2. **Royal Canadian Legion Branch 636** located at 12847 HWY 35, Minden, Contact: 705-286-4541
3. **Pinestone Resort** located at **4252** County Road 21, Haliburton, Contact: 705-457-1800
4. **S.G. Nesbitt Area & Community Center** located at 55 Parkside Street, Minden, Contact: 705-286-1936 or After-hours: 1-866-856-3253

Evacuation Locations:

1. **Royal Canadian Legion Branch 129** (Letter of Understanding issued)
719 Mountain street, Haliburton
705-457-2571
rcl129@outlook.com
Don Pittman 905-718-3261
2. **Royal Canadian Legion Branch 636** (Letter of Understanding issued)
12847 HWY 35, Minden
705-286-4541
Rclbranch636@hotmail.com
Wendy Bolt
3. **Pinestone Resort** (2019 agreement; needs renewal and discussion)
4252 County Road 21, Haliburton
705-457-1800
gm@pinestone-resort.com
General Manager – Miles Harding
4. **S.G. Nesbitt Area & Community Center** (needs discussion)
55 Parkside Street, Minden
705-286-1936 or After-hours # 1-866-856-3253
cbelfry@mindenhills.ca
Director - Craig Belfry

Appendix 5 – Area Responsibilities for Documentation, Supplies & Equipment

1. Hospital Evacuation Supplies (see attached Table 1 of Hospital Evacuation Supplies)

Required Documentation			
1. Patient Charts		3. Patient Census & Client and Visitor Sign-in Sheets	
2. Patient Medication Instructions			
Supplies		Equipment	
Y/N	Box of Saline, Ringers, Primary & Secondary Lines	Y/N	Crash Cart with both Zolls
Y/N	Medications Pulled from ADU: Gravol, Benadryl, Toradol, morphine, dilaudid, ceftriaxone, ancef, Tylenol, Advil (child & Adult), tetracaine eye drops	Y/N	Intubation Cart with BVM, O2 tubing, masks & prongs
Y/N	Travel Nursing Bag	Y/N	Peds Cart with Broslow bags from wall
Y/N	Clip Boards & Paper	Y/N	Suture Cart with dressing supplies
Y/N	Case of Gloves and Masks	Y/N	O2 tanks (as many as possible)
Y/N	Bed pan & urinal	Y/N	Ventilator (requires Ambulance to run)
		Y/N	IV Machines (5)
		Y/N	Portable Suction

2. LTCH Department (see attached Table 2 of LTCH Evacuation Supplies)

Required Documentation			
1. Resident Charts		3. Resident Health Cards	
2. Resident Care Plans		4. Resident Lists & Visitor Sign-in Sheets	
Equipment			
Y/N	Bin, Laundry Baskets or moving boxes to be sourced by Maintenance Staff		

3. Dietary Department

Supplies		Equipment	
Y/N	Food Supplies (other site)	Y/N	Assuming use of kitchen at Evac. Location
Y/N	Paper Plates (disposables) (other site)	Y/N	Food Processor & Blender – Canadian Tire
Y/N	Grocery Stores locally – basic supplies		
Y/N	Sysco Emergency Delivery	Y/N	Toasters – Canadian Tire
Y/N	Kawartha Dairy – Fridge & Freezer (Reefer)		
Y/N	Nutritional Supplements (Pharma)		

4. Support Services (Housekeeping, Laundry, Maintenance)

Supplies		Equipment	
Y/N	Home Hardware & Canadian Tire (Maint.)	Y/N	Air Mattresses, Lawn Chairs – Canadian Tire
Y/N	Oxivir, Deb Hand Sanitizer (1 case)	Y/N	Brooms, micro clothes, mop & bucket
Y/N	Papers & toiletries - Grocery	Y/N	Beds other sites
Y/N	Pharma (disinfectants, ABR)	Y/N	24 Military Cots in Minden Crawl Space
Y/N	Garbage bag (1 case) - Grocery	Y/N	10 Hospital Beds in Storage, Unit #4 Industrial Park Road, Haliburton
Y/N	Hand Towels, Face Clothes, Perry Towels (1 set per day, per Resident)	Y/N	Laundromats – Minden, Haliburton & West Guilford
Y/N	Blankets (1 per day, per Resident)	Y/N	Tents
Y/N	Extra Patient Gowns (2 sets per Patients)	Y/N	Heaters (weather dependent)

Table 1 – Hospital Evacuation Supplies & Equipment

Emergency Evacuation Supplies

- Ventilator- requires high flow O2 so would need an ambulance to make it run.
- O2 tanks, as many as possible
- IV machines, all 5
- Portable suction
- If able, 4 carts: 1. crash cart with both Zolls, 2. intubation cart with BVM, O2 tubing, masks and prongs, 3. Peds cart with Broslow bags from the wall and 4. Suture cart with dressing supplies.
- Box of Saline
- Box of Ringers
- Box of primary lines
- Box of Secondary lines
- Dump Blood tubes from IV trays and fill with angios and saline syringes
- Medications pulled from the ADU all the gravol, Benadryl, toradol, morphine and dilaudid, ceftriaxone, ancef, Tylenol, advil (child and adult), tetracaine eye drops
- Grab the travel nursing bag
- Clip boards and paper
- Case of Gloves and Masks
- Bed Pan and Urinal
- Emergency Evacuation Kit

Table 2 – LTCH Evacuation Supplies & Equipment

<input type="checkbox"/>	Urinals	<input type="checkbox"/>	Colostomy supplies (if Residents require)
<input type="checkbox"/>	Bed pans	<input type="checkbox"/>	Medical tape
<input type="checkbox"/>	Commodes	<input type="checkbox"/>	K-basins
<input type="checkbox"/>	Air mattress	<input type="checkbox"/>	Toothbrushes
<input type="checkbox"/>	Beds	<input type="checkbox"/>	Tooth paste
<input type="checkbox"/>	Potable mechanical lift	<input type="checkbox"/>	G-tube feed supplies (if Residents require)
<input type="checkbox"/>	Slings for lift	<input type="checkbox"/>	Disposable gowns
<input type="checkbox"/>	Tena wipes	<input type="checkbox"/>	Masks
<input type="checkbox"/>	All incontinence products	<input type="checkbox"/>	Goggles/face shield
<input type="checkbox"/>	a. Size 1, 2 , 3	<input type="checkbox"/>	Garbage cans
<input type="checkbox"/>	b. Size S/M, L, XL, 2XL, bariatric	<input type="checkbox"/>	Garbage bags
<input type="checkbox"/>	c. Liners	<input type="checkbox"/>	Medications:
<input type="checkbox"/>	Shampoo, body wash	<input type="checkbox"/>	a. Stat box- narcotic and non-narcotic
<input type="checkbox"/>	Vaseline	<input type="checkbox"/>	b. Narcotic sign off book
<input type="checkbox"/>	Gloves – S, M, L, XL	<input type="checkbox"/>	c. Laptop to access PCC
<input type="checkbox"/>	Dressing supplies	<input type="checkbox"/>	d. Medication cart
<input type="checkbox"/>	a. Mepilex	<input type="checkbox"/>	e. Resource
<input type="checkbox"/>	b. No sting spray	<input type="checkbox"/>	f. Puddings
<input type="checkbox"/>	c. Cavelon	<input type="checkbox"/>	g. Small medication spoons
<input type="checkbox"/>	d. Duoderm	<input type="checkbox"/>	Towels
<input type="checkbox"/>	e. Dressing trays	<input type="checkbox"/>	Peri cloths
<input type="checkbox"/>	f. Band-aids	<input type="checkbox"/>	Wash cloths
<input type="checkbox"/>	g. Normal saline	<input type="checkbox"/>	Wash basins
<input type="checkbox"/>	Catheters	<input type="checkbox"/>	Oxygen and portable supplies
<input type="checkbox"/>	Catheter bags		
<input type="checkbox"/>	Emergency Evacuation Kit		

Appendix 6 – Emergency Evacuation Kit Contents

Emergency Evacuation Kit Contents		Quantity
<input type="checkbox"/>	Small Flashlights	4
<input type="checkbox"/>	Headlamp	1
<input type="checkbox"/>	Identification Vests	4
<input type="checkbox"/>	Name tags	1 pack
<input type="checkbox"/>	Masking tape	1
<input type="checkbox"/>	Flagging tape	1
<input type="checkbox"/>	Caution tape	1
<input type="checkbox"/>	Coloured chalk	1 box
<input type="checkbox"/>	White chalk	1
<input type="checkbox"/>	Clipboards	2
<input type="checkbox"/>	Markers/pens	1 bag
<input type="checkbox"/>	Triage Tags	1 pack
<input type="checkbox"/>	Emergency Preparedness & Response Manual	1
<input type="checkbox"/>	First Aid Kit	1
<input type="checkbox"/>	Search Kit	1
Search Kit Contents		
<input type="checkbox"/>	“Searched” Flyers	2 sheets
<input type="checkbox"/>	Minden or Haliburton Detailed Zone Maps	1 doc
<input type="checkbox"/>	Whistles	1 pack

Appendix 7 – Transportation Planning

DATE	TIME
LOCATION	COMPLETED BY

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

In the event of an Evacuation Crisis, the Acting Incident Manager through the Command Center procedures will assign the Transportation Planning Coordination to a Staff member to provide shelter from the weather for vulnerable Patients and Residents and to organize transportation to the temporary External Evacuation locations identified in Code Green.

Transportation options will be required for relocation of Patients, Residents and possible Clients to and from the evacuation site. In addition, transportation options can be used to provide temporary shelter from weather conditions. In order to plan for the safe transport of Patients, Residents, and Clients, it is important to try to triage evacuated Patients, Residents and Clients by Form 1 - Evacuation Tracking Sheet located in Code Green, and establish the type and number of transportation vehicles that could be required.

The transportation contact list provides for a number of options, given that, depending on circumstance, not all transportation organizations listed may be immediately available.

The Acting Incident Manager Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. The Acting Incident Manager will assign the Transportation Planning Coordinator to a Staff member of the Command Center, provide the census of persons requiring shelter and location of External Evacuation centers identified in Code Green.
TIME	INIT	2. The Transportation Planning Coordinator will summarize the requirements: evacuation location, number of persons affected, Form 1 requirements for type of transportation and any special requirements.
TIME	INIT	3. The Transportation Planning Coordinator will use Form 3 – Transportation Contacts Checklist to arrange various transportation options. These Contacts have been contacted as part of the Emergency Preparedness & Response Manual annual review.
TIME	INIT	4. The Transportation Planning Coordinator will direct Transportation Services as to vehicle staging locations, pick-up and delivery locations from The Acting Incident Manager.

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TIME	INIT	ACTIONS
TIME	INIT	5. The Transportation Planning Coordinator shall coordinate movement of critical Patients or Residents through ER Staff. ER staff shall coordinate through CritiCall and ORNGE - follow established ER procedures for these groups.
TIME	INIT	6. The Transportation Planning Coordinator shall inform the Acting Incident Manager of arrangements to coordinate arrangement with Security and Maintenance Staff
TIME	INIT	7. The Acting Incident Manager will assume control of coordination timelines once the Transportation Planning Coordinator plan is communicated.

Form 3 – Transportation Contacts Checklist

Depending on circumstance, not all Transportation Service organizations may be immediately available. The Transportation Coordinator should utilize internal HHHS work through the following list, and if needed, not be limited to the following list and research alternatives through Bell White Pages or Google searches (if available).

The assigned Transportation Coordinator should document the actions taken using the following checklist.

Organization	Contact	Action Taken Checklist		
		Contacted		Able to Assist
HHHS Community Vans	Client Services Manager Ext. 3243	TIME	INIT	Y or N
Haliburton County Paramedics	Call 911 or (705) 457-1616	TIME	INIT	Y or N
Dysart Fire Department	Call 911 or (705) 457-2126	TIME	INIT	Y or N
Minden Hills Fire Department	Call 911 or (705) 286-1202	TIME	INIT	Y or N
Haliburton Bus Lines	(705) 457-8882	TIME	INIT	Y or N
Hammond Transportation Ltd.	(705) 325-2774	TIME	INIT	Y or N
Hyland Taxi	(705) 457-1777	TIME	INIT	Y or N
North Country Movers Equipment	(705) 455-2444	TIME	INIT	Y or N
RJR Industries Ltd Refrigeration & Equipment	(705) 344-3871	TIME	INIT	Y or N
CritiCall	Follow ER Procedures	TIME	INIT	Y or N
ORNGE	Follow ER Procedures	TIME	INIT	Y or N
Voyago Medical Transportation	(855) 263-7163	TIME	INIT	Y or N

Appendix 8 – Communication and Engagement Plan

Created: September 1, 2020

Updated: June 28, 2022

Context

Haliburton Highlands Health Services relies on a number of emergency codes to guide staff and management actions during an emergency situation.

Activation of a Code Green indicates an evacuation from HHHS units or buildings is underway. A Code Green may be activated on its own, but it often follows the activation of another code (e.g., Code Red – Fire). Refer to the HHHS Code Green for a list of potential reasons for evacuation.

This Plan documents the communication and engagement activities that should be undertaken by HHHS and its partners to ensure that all affected stakeholders – patients, Long-Term Care residents, staff, family members of patients and residents, volunteers, and the broader community are informed and, as appropriate, involved in the emergency response and activities that will lead to the repatriation of patients and residents back to HHHS facilities.

Timing

This plan is in effect as of September 1, 2020.

Objectives

- To ensure that all audiences receive timely and appropriate information regarding the emergency response;
- To involve patients, residents, staff, family members, and volunteers in sharing information with other stakeholders;
- To be proactive in managing reputation and communications.

Communications and Engagement Plan Team membership

- Carolyn Plummer, CEO, Haliburton Highlands Health Services
- Lauren Hunter, Communications Lead, Haliburton Highlands Health Services

Spokespeople

The following people speak on behalf of their organizations to address any questions or to provide updates on this process based on the guidelines contained in this communication and engagement plan.

Organization	Main Spokesperson(s)	Delegate(s)
HHHS	Jan Walker, Board Chair Carolyn Plummer, CEO	David O'Brien, Board Vice-Chair Darlene Moore, VP Support Services & CFO; Lauren Hunter, Communications Lead

Key Messages

- Haliburton Highlands Health Services (HHHS) is committed to providing the highest quality care and service for our Patients, Residents, and Clients.
- Should an emergency situation arise within or around HHHS facilities, Staff are trained to activate and use a series of emergency response procedures to maintain the health and safety of all Patients, Residents, Clients, Staff, and others in the Facility.
- On [date] at [time], a Code Green was called by HHHS in response to [incident/related Code], which meant that [specify which unit or facility] was evacuated in a safe and orderly manner.
- During any evacuation, Staff will assess whether sheltering in place is possible, given the vulnerability of the population within the facilities, or whether a full or partial evacuation is needed.
- In this case, a [full OR partial] evacuation was activated, with an immediate focus on moving as many people as possible to safety as quickly as possible; [patients/residents/clients/staff] have been temporarily relocated to [location].
- HHHS will continue to provide updates as the situation evolves, including timing of repatriation of [patients/residents/clients/staff] back to the [unit/facility].
- HHHS recognizes that an evacuation can be a stressful and disruptive event for everyone involved.
- We are grateful for our exemplary Staff, who followed the prescribed emergency procedures and ensured that Patients, Residents, Clients, and others in the building were evacuated in a safe and orderly manner.
- HHHS is also grateful to our Patients, Residents, Clients, Visitors, and others in the building at the time of the evacuation for their cooperation and patience.
- We appreciate the support from our community and all of our partners as we responded to this situation.

Additional Key Messages

- **If emergency services were called:**
 - After the Code Green was activated and the evacuation began, emergency services [specify which – fire, police, paramedics, etc.] were contacted in order to address the reason for the evacuation.
- **If short-term evacuation:**
 - Once emergency services responded and addressed the cause of the evacuation, Staff were able to assist Patients, Residents, and Clients back into the Facility in a safe and orderly manner.
 - Following any activation of an emergency code, HHHS conducts a debriefing session with Staff and Managers to ensure proper procedures were followed and to identify any areas for further improvement.
- **If long-term or unknown duration evacuation:**
 - HHHS is now in the process of determining when a return to the Facility will be possible, in collaboration with emergency services, the Ministry of Health, and our community partners.
 - Once more information is available regarding the expected duration of the evacuation, the temporary location of Patients and Residents and a plan to re-occupy the Facility, HHHS will communicate this to family members and the community.
 - [Add additional directions to community – e.g. re-routing ED traffic to alternative site, how to contact residents/patients, where to call for information, how to help, etc.]

Audiences (in order of priority)

- Patients, Residents, Clients
- HHHS Staff, Physicians, and Volunteers, including Board of Directors
- Patient, Resident, and Client family members
- Health Service Provider partners – EMS, Family Health Team, other regional hospitals
- HHHS Foundation
- Ministry of Health and Ontario Health East
- Unions
- Media and the public
- Government
 - Municipal (Haliburton County CAO and Warden; municipal Mayors)
 - Regional
 - Provincial
 - Federal

Tools and Tactics

- News Releases
- Staff Meetings
- Family/Resident and Patient Meetings
- Telephone Hotline
- Information Webpage
- Social Media (Facebook, Twitter)
- FAQs/Scripts
- Stakeholder Meetings
- Direct Email Updates
- Letters / Direct Mail

Level of Engagement with Audiences/Stakeholders

Engagement refers to the methods by organizations interact, share and gather information from and with their stakeholders. The purpose of engagement is to inform, educate, gather feedback, consult, involve and empower stakeholders in both planning and decision-making processes.

- **Inform and Educate** – To provide accurate, timely, relevant and easy to understand information to stakeholders. This level of engagement will provide information about the development and implementation of any initiatives associated with the Code Green emergency response and offers opportunities to stakeholders to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.
- **Gather Input** – To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for stakeholders to voice their opinions, express their concerns and identify modifications. There may be potential to influence the final outcome.
- **Consult** – To seek out and receive the views of stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between stakeholders and the parties to the Code Green emergency response process. Consultation may result in changes to the final outcome.
- **Involve** – To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable stakeholders to raise their own issues. In this level, stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.
- **Empower** – To allow final decision making.
 - *Note that the Empower Level of Engagement rests with the government (as appropriate), the Board of Ontario Health East (as appropriate) and the board of Haliburton Highlands Health Services (who has the accountability for a Code Green emergency response) or their delegates.

Frequency of Communication and Engagement with Audiences/Stakeholders

- Frequency of messages and engagement with audiences should be guided by the specific context of the Code Green.
 - Example: a gas leak in a facility causes a short-term evacuation, but is quickly remedied and repatriation is able to occur later that same day. This would not require extended communications, but rather an initial alert to audiences, followed by an update about the remedy and repatriation, and then follow-up/debriefing meetings with families, Staff, the Ministry, and possibly health service providers.
- Frequency should therefore be determined by the Manager of the Incident in question.
- In cases of longer-term evacuations, particularly where Residents and/or Patients are moved to other facilities for a period of time, the focus should be on providing regular messages and engagements with families, Staff, and the community, even if there is no new information to share.
 - Example: flooding occurs in one of the Long-Term Care facilities and Residents must be evacuated to other facilities within and/or outside the community. Following the initial alert to audiences, regular messages should be sent – this would mean daily messages while the crisis is occurring and as critical new information is received, and no less than weekly messages while the evacuation remains in place (even to just reiterate the status quo and confirm no new information is available at the time). Messages should increase in frequency as preparations for repatriation are made, with follow-up messages once repatriation is complete. Opportunities to gather input, consult, and possibly involve audiences (particularly family members) should be implemented as soon as possible after the evacuation and should continue regularly.

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Audience	Medium	Frequency
Patients, Residents, and Clients	In-person communication	At critical milestones: as soon as possible after/as the Code Green is called, as Patients, Residents, and Clients are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation
	Patient and Resident meetings	As appropriate during Code and repatriation At critical milestone: Following repatriation
HHHS Staff and Volunteers	Direct email updates	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily During long-term evacuations: Weekly
	Staff meetings	As appropriate during Code and repatriation At critical milestone: Following repatriation
	FAQs/Scripts	As soon as possible after the Code Green is called, and updated as new information is received.
Patient, Resident, and Client Family Members	Direct email updates	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily During long-term evacuations: Weekly
	Telephone hotline	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email) During short-term evacuation: Update hourly or daily During long-term evacuation: Update weekly
	Information webpage	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email) During long-term evacuation: Update weekly
	Patient and resident family meetings	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During long-term evacuation: Meet bi-weekly

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Health Service Provide partners	Direct email updates	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation.
		During short-term evacuations: Hourly or daily During long-term evacuations: Weekly
	Stakeholder meetings	As needed, depending on reason for Code Green
Ministry of Health and Ontario Health East	Direct email updates	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation.
Media and the public	News releases	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation.
		During short-term evacuations: Hourly or daily During long-term evacuations: Weekly
	Telephone hotline	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email) During short-term evacuation: Update hourly or daily During long-term evacuation: Update weekly
	Information webpage	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email) During long-term evacuation: Update weekly
Government (including municipal)	Direct email updates	At critical milestones: as soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily During long-term evacuations: Weekly

Deliverables

- Complete the chart as communications and engagements are conducted

Date & Time	Audience	Level of Engagement	Item/Action	Responsible	Status	Outcome
MILESTONE – [date] Residents/Patients/Clients repatriated to [facility] – PENDING						
MILESTONE – [date] – Residents/Patients/Clients temporarily sent to [facility] - PENDING						
Date – Time	Media	Inform	Media Release #1 issued	HHHS CEO		
Date – Time	HHHS / LHIN / MOH / MOLTC	Empower	Situation Update – Actions taken	All		Update shared with HHHS / OH East / MOH / MOLTC teams
Date – Time	MOH / MOLTC	Inform	OH East sends alert to MOH re: situation at HHHS	OH East		
Milestone – [date] - HHHS initiates Code Green emergency response – IN PROGRESS						

Contact Information

Name	Title	Organization	Work Phone	Cell Phone
Anna Greenberg	OH Toronto & East	Ontario Health East	See Email List Below	
Ministry of Health, Hospitals Branch			See Email List Below	
ED Locum Program (OH - Health Force)			See Email List Below	
Karen O'Brien	Senior Manager, Strategic Communications and Stakeholder Relations	Ontario Health East	(905) 430-3308 ext 3212	
Dr. Peter McLaughlin	President and CEO	Peterborough Regional Health Centre	(705) 743-2121	
Kelly Isfan	President and CEO	Ross Memorial Hospital	(705) 324-6111	
Susan Walsh	President and CEO	Northumberland Hills Hospital	(905) 372-6811	
Eric Hanna	Interim President and CEO	Campbellford Memorial Hospital	(705) 653-1140	
Stacey Daub	President and CEO	QHC North Hastings Hospital	(613) 332-2825	
Cheryl Harrison	President and CEO	South Muskoka Memorial Hospital and Huntsville District Memorial Hospital	(705) 645-4404 ext. 6002	
Cynthia Davis	President and CEO	Lakeridge Health	(905) 576-8711 ext. 34421	
David Graham	Interim President and CEO	Scarborough Health Network	(416) 438-2911	
Kim Robinson	Executive Director and Manager	Haliburton Highlands Family Health Team/Haliburton Family Medical Centre	(705) 457-1212 ext. 368	(613) 334-9884
Marina Hodson	Executive Director	Kawartha North Family Health Team	(705) 887-3535	
Good Doctors Kinmount			(705) 702-4597	
Lisa Tompkins	Executive Director	HHHS Foundation	(705) 457-2240	

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Name	Title	Organization	Work Phone	Cell Phone
Gail Simon	President	HHHS - Minden Auxiliary	See Email List Below	
Tim Waite	Chief	Haliburton County Paramedic Services/Community Paramedicine Program	(705) 457-1616 ext. 24	(705) 457-8728
Haliburton Ambulance Base			(705) 457-1616	
CritiCall			1-800-668-4357	
ORNGE			1-833-401-5577	
Mike Iles	Fire Chief	Fire Department - Dysart et al	(705) 457-2126	
Nelson Johnson	Fire Chief	Fire Department - Minden Hills	(705) 286-1202 ext. 560	
Michael French	Fire Chief/CEMC	Fire Department - Algonquin Highlands	(705) 489-2379 ext. 343	
Chris Baughman	Fire Chief	Fire Department - Highlands East	(705) 448-2981 ext. 428	
Amanda Gilbert	Constable	Ontario Provincial Police - Minden Detachment	(705) 286-1431	
Mike Rutter	CAO	County of Haliburton	(705) 286-1333 ext.223	
Liz Danielsen	Warden	County of Haliburton	(705) 489-3907	(705) 754-5962
Carol Moffatt	Mayor	Township of Algonquin Highlands	(705) 489-3554	(705) 455-2154
Dave Burton	Mayor	Municipality of Highlands East	(705) 448-9355	(613) 334-9678
Andrea Roberts	Mayor	Municipality of Dysart et al	(705) 457-1740	(705) 457-6735
Brent Devolin	Mayor	Township of Minden Hills	(705) 455-7077	
Hon. Laurie Scott	Member of Provincial Parliament	Haliburton-Kawartha Lakes-Brock	1-800-424-2490	
Jamie Schmale	Member of Parliament	Haliburton-Kawartha Lakes-Brock	1-866-688-9881	(705) 340-3791
Krysta Sharp	Administrator	Extendicare Haliburton	(705) 457-1722	
Rachel Fearrey	Director of Care	Extendicare Haliburton	(705) 457-1722	

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Kim Ballantyne	Senior Manager, Patient Services, Hospitals	OH East Home and Community Care Support Services	1-800-347-0285 x5250	
Marg Cox	Executive Director	Point in Time	(705) 457 5345 ext. 310	(705) 854-0645
Dr. Natalie Bocking	Medical Officer of Health	HKPR District Health Unit	1-866-888-4577	
Selena Eastman	General Manager	Gardens of Haliburton	(705) 457-4848 ex. 104	(705) 455-7618
Darcy Burke	Local ONA President	Ontario Nurses Association	See Email List Below	
Nancy Cowan	Senior Steward	SEIU Healthcare	See Email List Below	

Contact Emails

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HHHS - Managers	Internal Email List
HHHS - HHHS Foundation	Internal Email List
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HHHS - Volunteer Coordinator	Internal Email List
HHHS - LTC Directors of Care	Internal Email List
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Appendices to Attach to Communication Plan Documents

- Add all press releases, messages to family members/community, staff/family/community FAQs used during the emergency response.
- Number each appendix and refer back to them in the Deliverables table.