

EMERGENCY EVACUATION MANUAL

SECTION:	GENERAL	INDEX I.D.: EE-01-01
SUBJECT:	EMERGENCY EVACUATION PLAN MISSION STATEMENT	PAGE: 1 OF 1
APPROVED BY:	CEO	DATE: SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE: 1/6/2023

Chester Village is a 203 bed long term care facility located in the Warden / Danforth area of the City of Toronto.

With approximately 290 staff (full and part time), the facility has sufficient human and physical resources to receive a maximum of 30 evacuees from other long term care facilities with which it has a written reciprocal agreement. Evacuees requiring medical and/or professional nursing interventions (e.g. tube feeding) should be relocated to an acute care hospital.

Should an internal disaster or interruption of essential services (e.g. gas or water) occur, requiring evacuation of residents from Chester Village, arrangements have been for both short and long-term evacuation. For all evacuations, Chester Village has written agreements with other facilities, which would act as receiving facilities for our residents.

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SECTION:	GENERAL	INDEX I.D.: EE-01-02
SUBJECT:	EMERGENCY EVACUATION PLAN PHILOSOPHY	PAGE: 1 OF 1
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE: 1/6/2023

PURPOSE

The belief that it is essential for the facility to maintain a comprehensive written evacuation plan, identifying the process, organization, and procedures required to affect efficient care and service for residents disrupted by and emergency.

The plan must have documented procedures, which encompass four (4) primary areas:

1. Evacuation – the rapid, safe removal of residents from the facility
2. Relocation – interim and/or longer accommodation as a result of an uninhabitable building
3. Isolation – the ability of the facility to survive on its own resources for a period of 5 days
4. Reception – procedures for receiving evacuees, on an emergency basis from another facility.

To effectively activate these plans, the facility must provide ongoing education to all staff, including practice via mock evacuation exercises on a regular basis.

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SUBJECT:	MOCK EVACUATION EXERCISE	PAGE: 1 OF 2
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE: 1/6/2023

PURPOSE

Evacuation procedures must be reviewed annually and practiced every year with a full evacuation exercise at least once every three (3) years.

In order for staff, residents, volunteers, and the community support agencies to understand their role in the case of an internal disaster, a full mock evacuation exercise should be planned every three years. Volunteers should be recruited as evacuees only where a resident wishes not to participate in the exercise.

PROCEDURE

1. Form a committee (6-8 staff) to determine a plan of action for the mock evacuation exercise. The committee should be chaired by the Environmental Services Manager and include the Food Service Manager, Volunteer Coordinator and at least one member of the senior Nursing management as well as any other management team members as designated by the chair. A minimum of three (3) front line staff from different departments should also form part of this committee.
2. Devise a disaster scenario for the use in the exercise.
3. Notify appropriate community support agencies i.e. Ambulance, police, local hospitals, fire department requesting their participation in the facility's mock evacuation plan.
4. Notify local receiving facilities with which written agreements have been made.
5. Arrange planning meetings with emergency support services and local receiving facilities.
6. Recruit volunteers to act as residents. Residents and families may volunteer.
7. Inform and educate staff on the mock evacuation exercise through staff meetings, in-services and memos.
8. Inform residents and families through Resident Council, Family Council, and newsletters.
9. Carry out mock evacuation.

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10. Complete an evaluation of the plan through follow-up meetings with staff and community support services. Develop action plans to address areas of deficiencies.
11. Educate staff and residents on an ongoing basis.

EMERGENCY EVACUATION MANUAL – SURGE LEARNING

SECTION:	GENERAL	INDEX I.D.:	EE-01-04
SUBJECT:	EMERGENCY CODES	PAGE:	1 OF 1
APPROVED BY:	ADMINISTRATOR	DATE:	SEPTEMBER 15, 2006
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CODE YELLOW

A missing person.

CODE BLACK

A bomb threat.

CODE WHITE

An aggressive resident.

CODE Stat

A medical emergency.

CODE GREEN

A horizontal extended evacuation of all people in the fire zone to a pre-designated area beyond the fire separation doors on the same floor.

CODE GREEN STAT

A vertical extended evacuation of all people on the fire floor in a vertically downward direction.

CODE ORANGE

A disaster (internal/external).

CODE RED

Evacuation of the affected room in which the CODE RED originated the adjoining and adjacent rooms and the rooms directly above and below the CODE RED room.

EMERGENCY EVACUATION MANUAL

SECTION:	GENERAL	INDEX I.D.: EE-01-05
SUBJECT:	CODE YELLOW MISSING RESIDENT	PAGE: 1 OF 5
APPROVED BY:	ADMINISTRATOR	DATE: NOVEMBER 13, 2009
REVIEWED BY:	CEO	REVIEW DATE: SEPTEMBER 27, 2022

POLICY

In the event a resident is presumed to be missing, there will be a guideline to follow.

PURPOSE

Code Yellow will be used each time a Resident is discovered missing.

An immediate and thorough search of the residence and the immediate environment will be conducted upon the suspicion/notification that a Resident is missing.

PROCEDURE

Initial Search:

1. In the event a Resident is suspected to be missing from a residence, the staff member will notify the person in charge immediately.
2. The person in charge/designate will check the sign out book and health record to see if the Resident is signed out of the residence. If applicable, the Resident wanderer's observation checklist will be checked to determine the time and location the Resident was last recorded as being seen.
3. Staff will be directed to check with Recreation staff to account for all Residents engaged in social/programming activities and report findings to the Charge Nurse.
4. The Registered staff will initiate a thorough check of the Resident's room and home area, making sure to check:
 - Each suite;
 - Each common area bathroom;
 - Utility rooms, including janitor closets;
 - All locked areas;
 - Linen closet, other closets;
 - Served areas (if applicable);
 - Other places the missing Resident might go.
5. If resident is not found:

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- Call a Code Yellow on the overhead page three (3) times including the home area and room #, e.g. "Code Yellow, Diamond, G-56"
 - Registered staff will then initiate a Missing Resident Search Checklist.
6. Searchers are advised not to call out to the lost Resident, as it is likely the lost person will not respond; doing so would also reduce the opportunity for searchers to hear the Resident quietly singing or talking to his/herself.

After announcing a Code Yellow, the search will be expanded to include:

7. All Nursing staff on each floor will search their unit in an organized fashion to include:
- Each suite;
 - Each common area bathroom;
 - Utility rooms, including janitor closets;
 - All locked areas;
 - Linen closet, other closets;
 - Servery areas (if applicable);
 - Other places the missing Resident might go.
8. Dietary staff will thoroughly search the kitchen, storage room, general receiving area, and loading areas including all areas located in the food service department.
9. Environmental services will check the service areas of the building including boiler room, elevator room, laundry, locked storage, janitor closets and garbage chute rooms.
10. The Charge Nurse/designate will contact local bus and taxi services that the Residents use to determine if the missing Resident was recently picked up.
11. Administration will check all offices and common areas as well as the grounds. In the event that no staff other than nursing is on duty, the Charge Nurse will designate responsibility to nursing staff to complete thorough searches in non-nursing areas.

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12. The Registered staff on each floor and/or the Department Manager will respond to Charge Nurse/designate promptly to indicate:

- Search for missing Resident has been completed in their respective area;
- Resident found/not found.

When the Resident is found:

13. Approach or reassure the Resident using the following guidelines:

- Maintain a calm, non-threatening approach
- Approach and observe the Resident for clues she/he is anxious and agitated
- Only one person should speak to the Resident. More than one person speaking at one time is too confusing and may possibly escalate the situation. This person should be a staff member who has a pre-established good relationship with the Resident and is someone the Resident trusts. This approach increases the likelihood of success.
- With reassurance, respecting dignity and being supportive, the designated staff will encourage the Resident to return to the residence with him/her.

14. Announce **"Code Yellow All Clear"** three (3) times.

Second Search – when the Resident is not found:

15. Staff will begin a **second search**, following the procedures outlined in Steps 1 through 12 above, and continue utilizing the **Missing Resident Search Checklist**.
16. Registered staff in charge of the Resident Residence Area will delegate two (2) employees to check the grounds outside the residence and the full perimeter of the property. Include search of public buildings if close by, e.g. stores.
17. Immediately on completion of the second search and after an exterior search is carried out, the Charge Nurse/designate will notify the Police.

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18. A Registered staff on the missing Resident's floor will take the chart, care profile and picture to the Director of Care (DOC) / Director of Resident Care (DRC) or Charge Nurse. The completed Missing Resident Checklist should be copied and a copy given to the Police. The Police will take over control of the search.
19. The person in charge/designate must notify the DOC and the CEO to inform them of the missing Resident.
20. When the Resident is found, the Charge Nurse will notify:
 - The CEO
 - The DOC
 - All Staff
 - The Attending Physician
 - Family
 - Police
21. Announce **"Code Yellow All Clear"** three (3) times.
22. The Charge Nurse will document the details of the return in the Multi-Disciplinary Progress Notes and update the Resident's Care and Service Plan to prevent reoccurrence. A complete re-assessment of the Resident's condition must be completed and documented including pertinent follow-up.
23. Following the Missing Resident event, the residence's Management Team/Quality Council will undergo a review of the Missing Resident Search Checklist to determine the root cause of the adverse situation, as well as provide employee support and education to prevent a reoccurrence.

OUTCOME

Code Yellow procedures are initiated as soon as the Resident is discovered missing.

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Search procedures are organized and thorough.

All employees will demonstrate an undertaking of their responsibilities and the appropriate actions that must be taken in the event of a **Code Yellow** being called.

Evaluation and Recovery

Chester Village strives to mitigate negative outcomes during and after emergencies by adopting effective strategies aimed to protect the physical and mental health of all individuals involved.

Emergency Code Evaluation Form (EE-01-13) will be utilized to record, evaluate, and plan for recovery following each incident of the emergency code.

The Evaluation Form will be submitted to the CEO within 7 days of completion for further review and will be provided to the Quality Committee as appropriate.

EMERGENCY EVACUATION MANUAL

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SUBJECT:	MISSING RESIDENT SEARCH PROCEDURE CHECKLIST	PAGE: 1 OF 3
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE: October 3, 2014

Resident's Name: _____ **Room No.:** _____

Physician's Name: _____

Last Time Seen: _____ **Date:** _____

Physical Description:	Age:	Height:	Weight:
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Hair:	Eyes:	Glasses:	Yes	No
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Special Identifying Features: _____

Clothing Last Worn: _____

Photograph Available: Yes: _____ No: _____

Level of Risk: _____

Areas to be Searched:	Search Completed	Areas to be Searched:	Search Completed
Bedroom Areas		Elevators	
Lounges		Storage/Service	
Closets		Stairwells	
Bathroom		Hidden Areas	
Under Bed		Vehicles	
Kitchen		Bushes	
Laundry		Sheds	
Staff Lounge		Roads	
Washrooms		Grounds	

Resident Found at: Location: _____ **Time:** _____

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REVIEWED BY:	CEO	REVIEW DATE: October 3, 2014

Search Completed – Resident not found and confirmed missing Time: _____

Notification	Time	Notified By
CEO		
Director of Care		
Corporate Office		
Police		
Family		
Physician		
Ministry of Health		

Police Notification: Yes: _____ Time: _____

Name of Officer: _____ Badge Number: _____

Next of Kin: Called: _____ Time: _____ Initials: _____

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Assessment of resident's condition when found: _____

Physician's orders received: _____

Notification: Resident Found

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REVIEWED BY:	CEO	REVIEW DATE: October 3, 2014

	Time	Notified By
CEO		
Director of Care		
Corporate Office		
Police		
Family		
Physician		
Ministry of Health		

Safety precautions to prevent re-occurrence:

Incident report documented: Yes: _____ No: _____

Charting Completed: Yes: _____ No: _____

Date

DOC/Charge Nurse/Designate

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SUBJECT:	CODE BLACK - BOMB THREAT	PAGE:	1 OF 5
APPROVED BY:	ADMINISTRATOR	DATE:	SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE:	OCTOBER 20, 2020

POLICY

In the event that a bomb threat is received, there shall be a guideline to be followed:

PURPOSE

To protect residents, staff, visitors and property.

CODE WORD- "CODE BLACK"

To avoid alarming residents and visitors it is important that the term "bomb threat" not be used. Any reference to a "bomb threat" within the facility or when contacting staff outside the building shall be by code only. This includes telephone communications with the switchboard or with other departments.

The code word for a bomb threat at Chester Village will be **"Code Black"** repeated **three (3) times** and is to be announced at the initiation of the threat.

It is the responsibility of each manager to ensure that all staff members know the code word and understand the procedure to be followed if a bomb threat is received.

GENERAL

The most common method of receiving a bomb threat is by telephone call. The caller could be an upset employee, an ex-employee, a prankster, a resident or relative thereof who feels he has been unfairly treated.

When a bomb threat is received, 3 basic principles should be practiced.

1. Avoid alarming people as panic could occur.
2. News media should not be informed of any threats received as publicity may cause further upset and disruption.
3. A suspected bomb must not be touched - leave this to the Police.

PREVENTION

1. When possible, keep empty rooms and offices locked.
2. Report any person loitering or carrying what appears to be a suspicious parcel (to the administrator/designate or the Charge Nurse).

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APPROVED BY: ADMINISTRATOR

DATE: SEPTEMBER 15, 2006

REVIEWED BY: CEO

REVIEW DATE: OCTOBER 20, 2020

3. Report any threats received (other than bomb threats) to the administrator/designate for documentation for further reference; this would include any threats whether they are in the form of letter, telephone call or personal contact. This information may be useful in tracing the perpetrator of a bomb threat.

PROCEDURES FOR PERSON RECEIVING A BOMB THREAT CALL

1. Remain calm
2. If possible, signal a second person that there is this type of call on the line: the second person **should notify the Police 911 immediately.**
3. Try to keep the caller on the line as long as possible; ask him to repeat the message or pretend you do not understand him.
4. Attempt to have the caller name the location where the bomb is supposedly planted and time it is due to detonate.

List details of the call while in conversation:

1. Time and date of call, location, telephone where was received.
2. Type of voice, sex, approximate age, etc.
3. Characteristics of speech, accent, etc.
4. Background noise, such as music, traffic, etc.
5. Try to record the message verbatim.
6. Was warning given of a specific place and time?
7. Was the voice familiar?

Try to determine:

1. When the bomb is going to explode.
2. Where the bomb is now.
3. What it looks like.
4. What kind of bomb it is.
5. Why the caller placed the bomb.

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6. If the switchboard operator did not receive the call, notify him/her immediately after the caller hangs up.
7. Switchboard operator must notify the senior staff member on site using the code word and request further instructions.
8. As soon as practical, complete the relay of information to the switchboard operator, giving as much detail as possible; and
9. Proceed to systematically search your own area.

PROCEDURES TO FOLLOW AFTER RECEIVING A BOMB THREAT

1. Upon receipt of a bomb threat, announce **CODE BLACK** 3 times on the overhead page and begin search procedures immediately.
2. The Administrator/designate shall be in charge, assisted by the Director of Care and Environmental Services Manager. These persons or their designate shall be contacted immediately upon receipt of the bomb threat. The person receiving the call shall also contact the Police Department (911).
3. The Administrator/designate and those assigned to assist shall meet in the Administrator's office and formulate directions for the search and proceed to areas as the situation indicates.
4. The Administrator/designate, shall contact personnel in strategic areas to conduct searches.

SEARCH PROCEDURES

1. The following procedure shall be followed:
2. Nursing staff shall search their respective floors.
3. Maintenance staff shall check the utility rooms & areas, the grounds and perimeter of the building and if possible, assist in the search within the building.
4. Dietary staff shall search the Dietary Department, dining rooms, and storage areas.
5. All other Departments shall search their respective areas.
6. One person shall be assigned by the Administrator to direct the Police to the site of the suspected bomb.

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REVIEWED BY:	CEO	REVIEW DATE:	OCTOBER 20, 2020

7. Once the search has been completed, the Administrator must be notified in the main office.

Note: Do not touch, move or handle a suspicious package. Report the location to the Police.

It is important, wherever possible, that persons familiar with an area search that area. In many cases a suspected device could be an innocent looking package that could only be recognized as suspicious by someone familiar with the area.

PROCEDURE IF A SUSPECTED BOMB OR SUSPICIOUS ARTICLE IS FOUND

1. Do not touch any suspected device.
2. Notify the Police if they have not arrived and advise them that a suspected device has been found, its location, and request that they notify the Metropolitan Toronto Police Bomb Squad.
3. While waiting for the arrival of the Emergency Disposal Unit, make sure no person or persons goes near or attempts to move the suspected device.
4. Make every effort to establish the ownership of the suspicious object; legitimate property may have been left behind in error by innocent persons prior to the bomb threat received.
5. Continue the search procedure until results from areas have been reported to the main office; it is possible that more than one device may be planted.

EVACUATION PROCEDURE

1. Normally when a suspicious object is found, evacuation to a distance of 300 feet, plus the floor above and below should be carried out.
2. The decision to evacuate the building and to what extent will be made by the Emergency Disposal Unit in conjunction with the Administrator/designate.
3. Should evacuation be necessary, procedures outlined in the Disaster Manual will be followed.
4. Before evacuation is carried out, it is imperative that all exit routes be thoroughly searched.
5. Elevators should not be used for evacuation purposes.
6. When evacuation has been completed, switchboard must be notified.

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REVIEWED BY:	CEO	REVIEW DATE:	OCTOBER 20, 2020

Evaluation and Recovery

Chester Village strives to mitigate negative outcomes during and after emergencies by adopting effective strategies aimed to protect the physical and mental health of all individuals involved.

Emergency Code Evaluation Form (EE-01-13) will be utilized to record, evaluate, and plan for recovery following each incident of the emergency code.

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EMERGENCY EVACUATION MANUAL

SECTION:	GENERAL	INDEX I.D.: EE-01-07
SUBJECT:	CODE WHITE VIOLENT/AGGRESSIVE BEHAVIOR	PAGE: 1 OF 2
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE: September 27, 2022

POLICY

Code White will be used to obtain immediate assistance in a situation related to violent/aggressive behaviors.

PURPOSE

To protect residents, staff, visitors and property.

PROCEDURE

1. If a staff member comes across a violent or aggressive situation, call out "**code white**" to your fellow co-workers for immediate assistance. Unit staff to respond immediately to area of concern.
2. Remove Residents/visitors from immediate area.
3. Send someone to announce overhead "**Code White**", include floor number and location, e.g. "Code White, Diamond, Room G-56" three (3) times.
4. Return to Resident and ensure environment is safe. Using principles noted in the Management of Aggressive Resident Behaviour Policy RCSM-E-116, attempt to diffuse the situation.
5. Charge Nurses must always respond to **Code White**.
6. Once situation is assessed then:
 - a. If able to diffuse violent behaviors, stay with Resident, provide reassurance and assess contributing factors. Document on MDPN's interventions and outcomes.
 - b. If unable to diffuse violent behaviors, call 911 for emergency response. Notify physician, family, CEO and the DOC. Complete a Critical Incident Report as required and document strategies on MDPNs.
7. When emergency is declared over, announce "Code White all clear" three (3) times.

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APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 15, 2006
REVIEWED BY:	CEO	REVIEW DATE: September 27, 2022

OUTCOME

Code White will ensure violent/aggressive behaviors are responded to and managed according to outlined policy and procedure.

Evaluation and Recovery

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SECTION:	GENERAL	INDEX I.D.: EE-01-08
SUBJECT:	CODE STAT MEDICAL EMERGENCY	PAGE: 1 OF 2
APPROVED BY:	ADMINISTRATOR	DATE: FEBRUARY 1, 2009
REVIEWED BY:	CEO	REVIEW DATE: October 17, 2020

POLICY

Code Stat will be used to obtain immediate assistance in any situation related to a medical emergency.

PURPOSE

To provide immediate emergency medical assistance to those in need.

PROCEDURE

1. If a staff member comes across a medical emergency or requires the assistance of additional Registered personnel, they will call a code stat.
2. Go yourself or designate someone to announce overhead "Registered Staff Code Stat", including the resident home area where the emergency is located, e.g. **"Registered Staff, Code Stat, Amethyst" three (3) times.**
3. Ensure staff remove other residents and/or visitors from immediate area.
4. Charge Nurse must always respond to **Code Stat.**, as well as any other Registered Persons on duty.
5. When emergency is declared over, announce "Code Stat all clear" three (3) times.

OUTCOME

Code Stat will ensure medical emergencies are responded to and managed according to outlined policy and procedure.

Evaluation and Recovery

Chester Village strives to mitigate negative outcomes during and after emergencies by adopting effective strategies aimed to protect the physical and mental health of all individuals involved.

Emergency Code Evaluation Form (EE-01-13) will be utilized to record, evaluate, and plan for recovery following each incident of the emergency code.

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APPROVED BY:	ADMINISTRATOR	DATE: FEBRUARY 1, 2009
REVIEWED BY:	CEO	REVIEW DATE: October 17, 2020

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SECTION:	GENERAL	INDEX I.D.: EE-01-09
SUBJECT:	CODE ORANGE DISASTER (INTERNAL/EXTERNAL)	PAGE: 1 OF 2
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 27, 2022
REVIEWED BY:	CEO	REVIEW DATE: SEPTEMBER 27, 2022

POLICY

Code Orange will be used to respond safely and effectively to a disaster internal/external to Chester Village that is likely to increase the capacity and use of home resources.

PURPOSE

To ensure the safety of our resident, staff, visitors and to prepare for the possible admission of Citizens to Chester Village from the community. Plans of action must be well established and familiar to all staff so that there is no delay or unnecessary suffering when the crucial time comes.

PROCEDURE

Refer to Emergency Evacuation Manual:

SECTION 3 INTERNAL DISASTER

Definition.....	EE-03-01
Emergency Evacuation From Building - General	EE-03-02
Initiation of Internal Disaster Evacuation Plan	EE-03-03
Procedure within Building.....	EE-03-04
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SECTION 4 EXTERNAL DISASTER

Definition of External Disaster & Responsibilities	EE-04-01
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Responsibilities of the Nursing Department.....	EE-04-07
Responsibilities of the Building Services Department	EE-04-08
Responsibilities of the Dietary Department	EE-04-09
Responsibilities of the Life Enrichment Department	EE-04-10

OUTCOME

Code Orange to respond to the immediate critical needs of individuals involved.

Evaluation and Recovery

Chester Village strives to mitigate negative outcomes during and after emergencies by adopting effective strategies aimed to protect the physical and mental health of all individuals involved.

Emergency Code Evaluation Form (EE-01-13) will be utilized to record, evaluate, and plan for recovery following each incident of the emergency code.

The Evaluation Form will be submitted to the CEO within 7 days of completion for further review and will be provided to the Quality Committee as appropriate.

EMERGENCY EVACUATION MANUAL

SECTION: GENERAL

INDEX I.D.: EE-01-10

SUBJECT: CODE GREEN

PAGE: 1 OF 3

APPROVED BY: ADMINISTRATOR

DATE: SEPTEMBER 27, 2022

REVIEWED BY: CEO

REVIEW DATE: SEPTEMBER 27, 2022

POLICY

Code Green response to an incident that requires the movement of Residents, visitors, and staff to a location away from the incident.

A CODE GREEN may be caused by either internal or external incidents, for example:

- Fire
- Flood
- Electrical malfunction
- chemical spill
- Bomb threat
- Gas leaks

PURPOSE

To ensure the safety of resident, staff, volunteers, and visitors.

PROCEDURE

Refer to Emergency Evacuation Manual:

SECTION 3 INTERNAL DISASTER

Definition.....	EE-03-01
Emergency Evacuation From Building - General	EE-03-02
Initiation of Internal Disaster Evacuation Plan	EE-03-03
Procedure within Building.....	EE-03-04
Evacuation of Residents to Other Sites	EE-03-05
Fan Out Staff Telephone List	EE-03-06
Evacuation Plan to Other Sites - Nursing Department	EE-03-07
Interruption of Essential Services.....	EE-03-12

EMERGENCY EVACUATION MANUAL

SECTION:	GENERAL	INDEX I.D.: EE-01-10
SUBJECT:	CODE GREEN	PAGE: 2 OF 3
APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 27, 2022
REVIEWED BY:	CEO	REVIEW DATE: SEPTEMBER 27, 2022

Resident Evacuation DesignationEE-03-14

SECTION 4 EXTERNAL DISASTER

Definition of External Disaster & Responsibilities	EE-04-01
Notification	EE-04-02
Evacuation of Residents	EE-04-03
Admission of Evacuees.....	EE-04-04
Responsibilities of the Departments	EE-04-05
Responsibilities of the Administration Department	EE-04-06
Responsibilities of the Nursing Department.....	EE-04-07
Responsibilities of the Building Services Department	EE-04-08
Responsibilities of the Dietary Department	EE-04-09
Responsibilities of the Life Enrichment Department	EE-04-10

OUTCOME

Code green will guide the staff to determine the best course of action, whether that is moving all people to another unit within the home or outside the building. All staff, volunteers and visitor will assist and follow the Code Green evacuation procedure.

Evaluation and Recovery

Chester Village strives to mitigate negative outcomes during and after emergencies by adopting effective strategies aimed to protect the physical and mental health of all individuals involved.

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EMERGENCY EVACUATION MANUAL

SECTION: GENERAL

INDEX I.D.: EE-01-10

SUBJECT: CODE GREEN

PAGE: 3 OF 3

APPROVED BY: ADMINISTRATOR

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EMERGENCY EVACUATION MANUAL

SECTION: GENERAL	INDEX I.D.: EE-01-11
SUBJECT: CODE GREEN STAT	PAGE: 1 OF 3
APPROVED BY: ADMINISTRATOR	DATE: SEPTEMBER 27, 2022
REVIEWED BY: CEO	REVIEW DATE: SEPTEMBER 27, 2022

POLICY

Code Green Stat is a total evacuation due to a threat that requires emergency evacuation of the facility. Immediate removal of Residents is necessary to prevent injury or loss of life.

This evacuation may be either:

- Precautionary: When a threat is present but lead – time exists
- Crisis: When a clear and immediate threat exist

A CODE GREEN STAT may be caused by either internal or external incidents, for example:

- Fire
- Flood
- Electrical malfunction
- chemical spill
- Bomb threat
- Gas Leaks

PURPOSE

To ensure the safety of resident, staff, volunteers, and visitors.

PROCEDURE

Refer to Emergency Evacuation Manual:

SECTION 3 INTERNAL DISASTER

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EMERGENCY EVACUATION MANUAL

SECTION:	GENERAL	INDEX I.D.: EE-01-11
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APPROVED BY:	ADMINISTRATOR	DATE: SEPTEMBER 27, 2022
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Evacuation Plan to Other Sites - Nursing Department	EE-03-07
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OUTCOME

Code Green Stat will guide the staff to determine the best course of action, whether that is moving all people to another unit within the home or outside the building. All staff, volunteers and visitor will assist and follow the Code Green evacuation procedure.

Evaluation and Recovery

EMERGENCY EVACUATION MANUAL

SECTION: GENERAL

INDEX I.D.: EE-01-11

SUBJECT: CODE GREEN STAT

PAGE: 3 OF 3

APPROVED BY: ADMINISTRATOR

DATE: SEPTEMBER 27, 2022

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Emergency Code Evaluation Form (EE-01-13) will be utilized to record, evaluate, and plan for recovery following each incident of the emergency code.

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EMERGENCY EVACUATION MANUAL

REVIEW DATE: SEPTEMBER 27, 2022

EMERGENCY CODE EVALUATION FORM

[illegible]

EMERGENCY EVACUATION MANUAL

SECTION: GENERAL

INDEX I.D.: EE-01-13

SUBJECT: EMERGENCY CODE EVALUATION FORM **PAGE:** 2 OF 2

APPROVED BY: ADMINISTRATOR

DATE: SEPTEMBER 27, 2022

REVIEWED BY: CEO

REVIEW DATE: SEPTEMBER 27, 2022

RESPONSE, RESOLUTION AND RECOVERY REPORT

OUT COME

FEEDBACK FROM DEBRIEFING

PLAN OF RECOVERY (WHERE NORMAL OPERATIONS ABLE TO RESUME)

<input type="checkbox"/> Normal operations able to resume
<input type="checkbox"/> Other (specify)

RESIDENT OR STAFF AFFECTED BY INCIDENT / SUPPORT PROVIDED IF NEEDED

<input type="checkbox"/> Normal operations able to resume
<input type="checkbox"/> Other specify

Signature
(Person Completing Form)

Date

CEO

Date

Submit this form to the CEO within 7days of completion for further review.