i. Outline

**CODE GREEN**

*(EVACUATION)*

HAZARD
(i.e. fire)

LIMITED EVACUATION
Move personnel from affected area
(i.e. Code Red)

ACTIVATE APPROPRIATE EMERGENCY
(i.e. Code Red)

APPROPRIATE AUTHORITY
ASSESS
Incident Command will assess the emergency and
determine the need for further evacuation
Notify Reception 4444
Refer to Page 11

RECEPTION
Announce Overhead Three Times Code Green (location)
Notify Security
(613) 549-6666 ext. 4142
Refer to Page 9

EXTENDED EVACUATION
Evacuation of an entire floor(s), to another area of the Home

TOTAL EVACUATION
Total evacuation of an area or the entire Home, to the exterior of the building

PHASED TOTAL EVACUATION
Evacuation of residents for a prolonged period of time over the course of several days due to an incident that does not require immediate removal of all residents. See Sub-plan.

Note: Code Green will be announced in one of two ways, either;
“Code Green Cautionary” (where you prepare for evacuation), or,
“Code Green Stat” (where you start evacuating right away).
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# Providence Care – Providence Manor

## Code Green - Evacuation Plan

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1.0 General Overview

1.1 Code to Be Used In Case Of an Evacuation
Providence Manor has been designed to promote a ‘defend-in-place’ response to emergencies. The doors and walls of the home meet Building Code requirements to assist in protecting the occupants during times of emergencies.

Code Green is used when a pre-existing emergency has expanded beyond the ability to ensure the safety of the occupants of Providence Manor and it is necessary to relocate the occupants to another part of Providence Manor or another facility. Activation of Code Green is generally a last resort response when all other response measures have been exhausted.

1.2 Stages of Evacuation
Depending on the extent of the evacuation, a graduated system of response will be used:

**Limited Evacuation**
The evacuation of the immediate area within the initial hazard, (i.e. Fire, Bomb Threat, etc.), to a designated/alternate\(^1\) safe area, horizontally on the same level if possible or vertically (downward) if not.

**Extended Evacuation**
This evacuation involves the large scale removal of all residents, visitors and staff from an entire level or wing containing the initial hazard. This involves movement to another location within the home.

**Total Evacuation**
This evacuation involves the removal of all residents, visitors and staff from a wing or the entire home to external locations.

The Code Green will be announced in one of three ways:

“**Code Green Cautionary (Location)**”; indicates that staff in the location specified should prepare for evacuation.

“**Code Green STAT (Location)**”; indicates that staff in the location specified need to evacuate immediately to their **Primary Meeting Place**.

“**Code Green PROVIDENCE MANOR**”; whether cautionary or stat, indicates that the entire home needs to evacuate to their **Secondary Meeting Place**.

1.3 Authority to Declare a Code Green
Notification of a limited evacuation will come from the person discovering the hazard.

Notification of an extended or total evacuation will come from a higher authority (i.e. Security, Fire Department, President & CEO or delegate, etc.)

---

\(^1\) Designated safe area is the predetermined area that all staff will report to in the event that there is an emergency on their unit. The alternate location is a secondary area to meet should the designated area be the affected area.
1.4 Incident Command
The need to evacuate an area of the home is generally an extension of a pre-existing emergency such as Code Red (fire) or Code Black (bomb threat). The incident command during an evacuation will continue to be the command structure from the pre-existing emergency.

For extended and total evacuations the Emergency Operations Centre (EOC) will be activated, if not already activated for the pre-existing emergency, and will take command of the evacuation response.

The person acting as the Incident Commander (i.e. Director Protection Services/ Administrator) must be prepared to transfer command to a higher authority (i.e. VP Community Programs and Long-Term Care, CEO, etc.) or apply unified command\(^2\).

1.5 Meeting Places
**Primary Meeting Place:**
Each department, unit or area will pre-establish a primary meeting place beyond a fire separation in an adjacent wing.

**Secondary Meeting Place:**
The following areas are pre-identified as the Secondary Meeting Places for the Resident Home Areas (RHA):

**Montreal RHA 3, 4, & 5 –**
- **Auditorium on Montreal 1 (a.k.a. Bay East 1).** In the event the Auditorium is affected, the Cafeteria will be shared with Sydenham RHA 3, 4, & 5. In the event both areas are affected, the external Courtyard will be used.
  - Primary egress routes are established in two separate directions from the Auditorium, which includes:
    - The Ambulance Door (1-1039) to the southwest, and
    - The Loading Dock (1-1033J) exit to the northwest.
  - Secondary egress routes are established in two separate directions from the Auditorium, if the primaries are affected.
    - The Garden (1-1057) exit to the northeast, and
    - The Stairwell #2 (1-1062) leading to exit 1-1062A to the northwest.

---

\(^2\)“Unified Command” is a team effort which allows all department/agencies with responsibility for the incident to jointly provide management direction to an incident through a common set of incident objectives and strategies established at the command level.
Sydenham RHA 3, 4, & 5

- **Cafeteria on Sydenham 2 (a.k.a Bay West 2).** In the event the Cafeteria is affected, the Auditorium will be shared with Montreal RHA 3, 4 & 5. In the event both areas are affected, the **external Courtyard** will be used.
  - Primary egress routes are established in two separate directions from the Cafeteria, which includes:
    - The Sydenham 2 main entrance (1-2001) to the southwest, and
    - Stairwell 4 (1-2019) exit to the southeast to the external Courtyard.
  - Secondary egress routes are established in two separate directions from the Auditorium on level 1, if the primaries on Sydenham 2 are affected.
    - Stairwell 3 (1-2027) exit Level 1 to the Garden (1-1057) exit to the northeast, and
    - Stairwell 3 (1-2027) exit Level 1 to Stairwell #2 (1-1062) leading to exit 1-1062A to the northwest.

Multiple egress routes may be used, but evacuees should establish a common rendezvous point so they can establish if everyone has been safely evacuated and if anyone could be left behind.

Assign supervisory staff or a lead person to take control of the secondary meeting place and direct residents and staff as they arrive as needed.
1.6 Evacuation Procedures

When evacuating residents, they will be removed in the following order:

1. All residents in the immediate threatened area
2. Ambulatory residents
3. Semi-ambulatory residents
4. Non-ambulatory residents
5. Aggressive/non-cooperative residents

The emergency response personnel (i.e. Security, Fire Department, etc.) will need to be notified of the location of residents that cannot be safely evacuated by staff, due to extreme limitation on movement.

The following are various techniques that can be used to evacuate non-ambulatory residents:

**Swing Carry (Figure 1);** Two staff persons grasp each other’s arms and the resident sits on the arms and hangs onto the staff’s shoulders.

**Extremity Carry (Figure 2);** Two staff persons grasp the resident; one by the arms under the arm pits, the other by the legs at the bend of the knees.

**Two Person Carry Techniques**

Figure 1
Swing Carry

Figure 2
Extremity Carry
Medsleds:
Through the use of Medsleds, non-ambulatory residents can be evacuated to a safe area quickly and efficiently by staff members. Medsleds are located on Resident Home Areas. To use the Medsled use the following information:
2.0  Response & Recovery – Reception

Response
2.1  Upon Notification of the Need for an Area to Evacuate
The authorization to evacuate an area will come from Incident Command. According to the status of the notification, announce over the public address system three times:

☐ Code Green Cautionary (location)

or,

☐ Code Green STAT (location)

2.2  Upon Notification to Evacuate Sydenham 2
After announcing Code Green:
Notify:
☐ Security Operations Centre 3242 from Console or 613-548-2484) and advise that the Switchboard is being evacuated
☐ Forward emergency phone to the Security Operations Centre
☐ Gather all necessary equipment to relocate Switchboard
☐ Establish alternate Switchboard location and notify incident Command once active
☐ Notify Security Operations Centre that Switchboard has been relocated

Recovery
2.3  Upon Notification that the Crisis has Concluded
☐ Announce Code Green All Clear three times

If there was a need to relocate Reception
☐ Confirm with Incident Command that it is safe to return to Sydenham 2
☐ Gather all equipment transferred to the new Reception location
☐ Return to the Sydenham 2 Reception location

---

3 During times when Reception is not available the Security Operations Centre at KGH will respond to the emergency phone and make overhead announcements.
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3.0 Response & Recovery - Protection Services

Response

3.1 Upon Notification of the Need for an Area to Evacuate
The need to evacuate will be dependent on a pre-existing emergency (i.e. Code Red, Code Black, etc.) The incident command established during the pre-existing emergency will continue to function during an evacuation. The Emergency Operations Centre (EOC) if not already active will be established during an extended or total evacuation.

Incident Command
- Notify Administrator of PM of the need for evacuation and level required
- Notify VP Community Programs and Long-term Care, President & CEO/Delegate⁴ of the need for evacuation and level required
- Be prepared to transfer command to EOC once activated or establish unified command

Security Mobile Patrol Supervisor
Under the direction of Incident Command;
- Set up EOC (if not already activated)
- Control access to EOC to only EOC members
- Activate the stage 2 alarm (temporal tone) on the fire alarm system (Note: stage 2 alarm may not be activated during a Code Black)

Recovery

3.2 Upon Notification that the Crisis has Concluded

Security Mobile Patrol Supervisor
Under the direction of Incident Command;
- Report to EOC to dismantle
- Reset fire alarm system as per Code Red protocol

⁴ Delegate is the next level of appointed authority, for after-hours response this would be the Admin on Call
4.0 Response & Recovery – Bay St.

Response

4.1 General Overview
An evacuation may occur at any stage. Prepare to evacuate once you hear the evacuation tones. Do not evacuate until you hear the overhead instructions or are instructed by authorized personnel (Police, Fire, or Security).

4.2 Code Red (FIRE): 30 tones per minute (slow tone)
- If the emergency is on your floor, evacuate to the primary meeting place (beyond the fire separation) and await the arrival of firefighters and security.

4.3 Code Green (EVACUATION): temporal tone – 3 quick tones then a pause
- If the emergency is on your floor or is on the floor above or below you, evacuate to the primary meeting place. Wait to hear for instructions overhead.
- If the entire wing is to be evacuated (Code Green Bay St.) evacuate to the primary meeting place.
- If the entire home is to be evacuated (Code Green Providence Manor) evacuate to the secondary meeting place. (Level 1 Auditorium)

Montreal RHA 3, 4, & 5 –
- Auditorium on Montreal 1 (a.k.a. Bay East 1). In the event the Auditorium is affected, the Cafeteria will be shared with Sydenham RHA 3, 4, & 5. In the event both areas are affected, the external Courtyard will be used.
  - Primary egress routes are established in two separate directions from the Auditorium, which includes:
    - The Ambulance Door (1-1039) to the southwest, and
    - The Loading Dock (1-1033J) exit to the northwest.
  - Secondary egress routes are established in two separate directions from the Auditorium, if the primaries are affected.
    - The Garden (1-1057) exit to the northeast, and
    - The Stairwell #2 (1-1062) leading to exit 1-1062A to the northwest.

Recovery

4.4 Upon Hearing Code Green All Clear
An all clear will be announced to advise staff that it is safe to return to their area. In the event of a total evacuation, returning may be staged to minimize impact to resident care.

All Staff
- Return to your department, unit, or area
- Assess impact of evacuation on your area and report to the Director of Care/Delegate

Director of Care
- Assess impact of evacuation on your portfolio and provide written report to Incident Command
4.5 Floor Plans
4.5.1 Level 0
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5.0 Response & Recovery – Link Area

Response
5.1 General Overview
An evacuation may occur at any stage. Prepare to evacuate once you hear the evacuation tones. Do not evacuate until you hear the overhead instructions or are instructed by authorized personnel (Police, Fire, or Security)

5.2 Code Red (FIRE): 30 tones per minute (slow tone)
☐ If the emergency is on your floor, evacuate to the primary meeting place (beyond the fire separation) and await the arrival of firefighters and security.

5.3 Code Green (EVACUATION): temporal tone – 3 quick tones then a pause
☐ If the emergency is on your floor or is on the floor above or below you, evacuate to the primary meeting place. Wait to hear for instructions overhead.
☐ If the entire wing is to be evacuated (Code Green Link Area) evacuate to the primary meeting place.
☐ If the entire home is to be evacuated (Code Green Providence Manor) evacuate to the secondary meeting place. (Cafeteria on Sydenham 2)

Recovery
5.4 Upon Hearing Code Green All Clear
An all clear will be announced to advise staff that it is safe to return to their area. In the event of a total evacuation, returning may be staged to minimize impact to resident care.

All Staff
☐ Return to your department, unit, or area
☐ Assess impact of evacuation on your area and report to the Director of Care/Delegate

Director of Care
☐ Assess impact of evacuation on your portfolio and provide written report to Incident Command
5.5 Floor Plans
5.5.1 Level 1
6.0 Response & Recovery – Montreal St.

Response

6.1 General Overview
An evacuation may occur at any stage. Prepare to evacuate once you hear the evacuation tones. Do not evacuate until you hear the overhead instructions or are instructed by authorized personnel (Police, Fire, or Security).

6.2 Code Red (FIRE): 30 tones per minute (slow tone)
☐ If the emergency is on your floor, evacuate to the primary meeting place (beyond the fire separation) and await the arrival of firefighters and security.

6.3 Code Green (EVACUATION): temporal tone – 3 quick tones then a pause
☐ If the emergency is on your floor or is on the floor above or below you, evacuate to the primary meeting place. Wait to hear for instructions overhead.
☐ If the entire wing is to be evacuated (Code Green Montreal St.) evacuate to the primary meeting place.
☐ If the entire home is to be evacuated (Code Green Providence Manor) evacuate to the secondary meeting place. (Level 1 Auditorium)

Montreal RHA 3, 4, & 5 –
• Auditorium on Montreal 1 (a.k.a Bay West 1). In the event the Auditorium is affected, the Cafeteria will be shared with Sydenham RHA 3, 4, & 5. In the event both areas are affected, the external Courtyard will be used.
  o Primary egress routes are established in two separate directions from the Auditorium, which includes:
    ▪ The Ambulance Door (1-1039) to the southwest, and
    ▪ The Loading Dock (1-1033J) exit to the northwest.
  o Secondary egress routes are established in two separate directions from the Auditorium, if the primaries are affected.
    ▪ The Garden (1-1057) exit to the northeast, and
    ▪ The Stairwell #2 (1-1062) leading to exit 1-1062A to the northwest.

Recovery

6.4 Upon Hearing Code Green All Clear
An all clear will be announced to advise staff that it is safe to return to their area. In the event of a total evacuation, returning may be staged to minimize impact to resident care.

All Staff
☐ Return to your department, unit, or area
☐ Assess impact of evacuation on your area and report to the Director of Care/Delegate

Director of Care
☐ Assess impact of evacuation on your portfolio and provide written report to Incident Command
6.5  Floor Plans
6.5.1  Level 1
6.5.3 Level 3
7.0 Response & Recovery – Sydenham St.

Response
7.1 General Overview
An evacuation may occur at any stage. Prepare to evacuate once you hear the evacuation tones. Do not evacuate until you hear the overhead instructions or are instructed by authorized personnel (Police, Fire, or Security).

7.2 Code Red (FIRE): 30 tones per minute (slow tone)
☐ If the emergency is on your floor, evacuate to the primary meeting place (beyond the fire separation) and await the arrival of firefighters and security.

7.3 Code Green (EVACUATION): temporal tone – 3 quick tones then a pause
☐ If the emergency is on your floor or is on the floor above or below you, evacuate to the primary meeting place. Wait to hear for instructions overhead.
☐ If the entire wing is to be evacuated (Code Green Sydenham St.) evacuate to the primary meeting place.
☐ If the entire home is to be evacuated (Code Green Providence Manor) evacuate to the secondary meeting place. (Sydenham 2 Cafeteria)

Sydenham RHA 3, 4, & 5
- Cafeteria on Sydenham 2. In the event the Cafeteria is affected, the Auditorium will be shared with Montreal RHA 3, 4 & 5. In the event both areas are affected, the external Courtyard will be used.
  - Primary egress routes are established in two separate directions from the Cafeteria, which includes:
    - The Sydenham 2 main entrance (1-2001) to the southwest, and
    - Stairwell 4 (1-2019) exit to the southeast to the external Courtyard.
  - Secondary egress routes are established in two separate directions from the Auditorium, if the primaries are affected.
    - Stairwell 3 (1-2027) exit to the southeast.

Recovery
7.4 Upon Hearing Code Green All Clear
An all clear will be announced to advise staff that it is safe to return to their area. In the event of a total evacuation, returning may be staged to minimize impact to resident care.

All Staff
☐ Return to your department, unit, or area
☐ Assess impact of evacuation on your area and report to the Director of Care/Delegate

Director of Care
☐ Assess impact of evacuation on your portfolio and provide written report to Incident Command
7.5 Floor Plans
7.5.1 Level 1
8.0 Phased Total Evacuation Sub-Plan

8.1 General Overview
In the event the home is required to evacuate residents for a prolonged period of time due to an incident that does not require immediate removal of all residents; a phased total evacuation should be conducted to organize the movement of residents off the units, out of the home, and to identified relocation accommodations. This sub-plan provides some guidance regarding the next steps should there be a major incident at the Home that impacts the ability to maintain normal Home operations, such as a catastrophic failure of all four elevators.

This evacuation plan is a hybrid model of defend-in place and a 28 day evacuation strategy from the decision point to evacuate (Refer to Appendix 11.1.1 - Evacuation Calendar Timeline of Events). A communication plan will be imbedded for staff/residents into this sub-plan to provide an understanding and awareness for each stage in the implementation of this sub-plan. All planning that is undertaken can be applied to future evacuation plans.

8.2 Defend-in Place Considerations
In the event of major incident that has an impact on the Home’s ability to maintain operations, all available resources will be utilized and all attempts made to allow for residents to be supported in place, however this level of disruption may require implementation of the phased total evacuation plan for the Home. Discussions pertaining to equipping staff so they can continue to provide services to residents include: review of work flow/needs, access to linen and supplies, planning for meals/delivery of meals, review of cleaning/laundry services, creation of storage spaces and identification of non-essentials that can be moved off units, movement of essential supplies up and down the stairs.

Resident Home Areas
- Identify locations to create space for main/back up supplies
  o Includes linen bundle (one per resident)
- Consider PAR levels of frequently used supplies
  o Briefs
  o Dressings/meal supplements/snacks
- Identify routines on unit that require support from off unit
  o Cluster scheduled activities
  o Review care routines and modify where possible to streamline and maximize staff efficiency
  o Utilize where possible, staff in non-traditional care models to support increased on unit work
- Consider work done off RHAs that can be relocated or partially located on unit
o Utilize washer/dryer 24/7 when possible to minimize movement of dirty linen in addition to patient’s clothes

Staff

- Identify staff/staff roles currently dependent on elevator service. Ask the following questions:
  - Does the staff have a physical limitation requiring elevator service?
  - Will staff be able to continue in their role in the absence of elevator service?
  - Does the movement of supplies up and down stairs require increased staff presence (e.g. linen cart moved by 1 person, are two people required to operate motorized dolly for safety)?
  - Is education required in order to perform their role but in a new way?
- Staffing levels
  - What is the minimum staff required on unit?
  - What other resources can be accessed if minimum staff cannot be attained
  - Will there need to be increased staff in any given area?
  - Where are the risks?

Training/Communication

- Identify new equipment that will require training
  - Motorized dolly
  - Motorized EZ Glide Chair
  - Other equipment
- Identify changes to workflow/process that will require communication
  - Location of spare equipment/supplies
  - Changes in schedule related to deliveries to the unit
  - Utilization of staff to support staying in place (e.g. when leaving unit to take items downstairs and bringing items onto unit when they are heading upstairs)

8.3 Loss of Elevator Equipment

Resident Stair Lift
- Auditorium
- S3 door no: 1-3120
- S4 door no: 1-4118
- S5 door no: 1-5119

Back Up Battery
- M3 door no: 1-3025
- M4 door no: 1-4048

Stair Lift Dolly
- All lifts are in Auditorium (1-1042) Qty. 4

8.4 Decision Making Process for Evacuation

Incident Command would be established in the event all four (4) elevators failed at PM or there was sufficient risk to the residents/staff at PM with limited elevator functionality and a
A decision to evacuate would need to be determined by the Incident Command team. The infrastructure to support evacuation of Providence Manor is limited; and there is no ability to arrange transport and ensure enough staff support are available to move all residents in one day or even several days consecutively.

It is recommended that the evacuation be staged over 28 days to maximize the PM staff available to support the continued decanting of residents and provide external resources to accommodate the transportation needs and availability of receiving sites to receive residents. Suggest evacuation by stages as identified below in section 8.5: Priority Evacuation Destination based on Resident Home Area.

8.4.1 Notification to Stakeholders of Decision to Evacuate

Notify of decision to evacuate:
- MLTC
  - Apply for Temporary licensing for receiving facilities
  - Bed in Abeyance application
- PCH Senior Leadership Team
  - Providence Care Communications department
  - Pharmacy, Nutrition, Facilities leads – prepare for residents needs at receiving site
  - Inpatient unconventional spaces – need to prepare space for occupancy within 1 week
  - RTC – need to prepare space for occupancy within 1 week
  - SDR – need to prepare space for occupancy within 1 week
  - PTCC level 3 – need to prepare space for occupancy within 1 week
- KHSC
  - Need to occupy Field Hospital
  - Need to prepare space for occupancy within 1 week
- Transportation Companies
  - EMS
  - Patient Transfer Companies
  - Accessible Bus
  - PCH transfer vehicles
- Queens and LaSalle Secondary school leads
  - Need for students to begin training to assist with evacuation devices
- Mobility Device Vendor
  - ask vendor to supply devices to exchange from top of stairs to bottom for transition to new setting
- Moving Company
Need to assist with moving resident equipment to receiving site (e.g. motorized wheelchairs, personal wheelchairs, mobility devices left behind when resident transferred down stairs by EZ glide, Medsled etc.)

8.5 Evacuation Sites
From the initial conversations with the Ministry of LTC and a review of “The Guide on the Policy, Process, and Procedures during Emergency Evacuations”; to warrant a temporary license we must offer like for like services. As a result the following sites were considered:

PTCC – Level 3
- Currently set up for 34 patient spaces
- 2 private rooms, the remainder double occupancy
- Maximum capacity can be set up for 45 patient spaces (increasing to 3 private rooms if using the independent living suite)
- Call bells in each area
- Has swipe entrance for stairwells and wander guard system for elevator

KHSC – Field Hospital or Alternative Healthcare Facility (AHF)
- Currently set up for 70 patient spaces
- Entrance doors are lockable to allow patients to wander
- Few private spaced, cubicles are all separated by curtains at the end
- Call bells in each area
- Not set up for congregant spaces (e.g. sunroom, dining room, gathering spaces)

PCH – Unconventional Spaces on unit
- 29 total unconventional spaces

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Single/Double Beds</th>
<th>Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakeview 0</td>
<td>2 single</td>
<td>2</td>
</tr>
<tr>
<td>Parkside 0</td>
<td>4 single</td>
<td>4</td>
</tr>
<tr>
<td>Heritage 1</td>
<td>1 single/2 double</td>
<td>5</td>
</tr>
<tr>
<td>Lakeview 1</td>
<td>1 single/2 double</td>
<td>5</td>
</tr>
<tr>
<td>Parkside 1</td>
<td>2 double</td>
<td>4</td>
</tr>
<tr>
<td>Heritage 2</td>
<td>1 single/1 double</td>
<td>3</td>
</tr>
<tr>
<td>Lakeview 2</td>
<td>1 double</td>
<td>2</td>
</tr>
<tr>
<td>Parkside 2</td>
<td>2 single/1 double</td>
<td>4</td>
</tr>
</tbody>
</table>

- On unit access to staff support and facilities on and off unit
- Call bells in each area
- Units can be locked and become swipe only accessible
PCH – Unconventional Spaces off unit

- 63 total unconventional spaces
- 20 private spaces, 43 open nightingale spaces
- Entrance swipe accessible and be locked to patient exiting
- Few congregant spaces, mostly nightingale set-up
- No call bells – would need to use hotel bells

Total available beds – 196 bed spaces between PTCC, KHSC and PCH with option to increase to 207

8.6 Priority Evacuation Destination based on Resident Home Area
Residents that require special medical needs will be prioritized first into any available LTC beds within the SE LHIN. Priority evacuation will then occur from a “top down” approach for each Resident Home area beginning with Montreal 5, Sydenham 5 etc.

Stages:
1. All residents that can be moved to LTC beds
   a. These would include special needs/at risk (e.g. Peritoneal Dialysis or Hemodialysis
   b. Consideration would be given to the point when these residents would need to be transferred out (e.g. down to 1 elevator working)
2. Montreal 5 Residents(43) transferred to PTCC Level 3 (43) (need temporary license)
   a. These would include residents who need locked unit requirements
   b. This unit could be staffed in the same ratios at PM without creating too much burden but would be reliant on PM staffing
3. Sydenham 5 Residents(38) transferred to PCH on unit unconditional beds(29)
   a. (2 residents go to PTCC level 3 with M5 transfers
   b. Remaining 7 go to SDR plus 8 from M4
   c. Residents that need minimal care support who’s physical needs could be managed by PSW
   d. Reduce added nursing burden on the unit and could likely be absorbed into PCH staffing complement (or up staffing by PSW only)
4. Montreal 4 Residents (43) transferred to SDR(RTC)locked area at PCH (35 left)
   a. 35 to go to PCH RTC locked area -
   b. Can accommodate 37 so (2 additional spaces available for 2 of S4 Residents)
5. Sydenham 4 Residents (38)– to Field Hospital (36) (Need a temporary license)
   a. 2 as above go to PCH RTC locked area
   b. Remaining 36 go to Field Hospital North at 340 Union Street site
6. Montreal 3 and Sydenham 3 Residents to shelter in place at PM (or depending on time for elevator functionality to return, move to Field Hospital South)
8.7 Evacuation Process
The movement of the residents out of PM will be a large and multi-faceted endeavor with key components to be considered ranging from resident needs, transport, sending and receiving staff and equipment, evacuation destination information. The 28 day Evacuation Plan will describe where the residents will be transported and the number of relocated residents that can be accommodated at each receiving facility. The receiving facility should be appropriate for the level of care required for the residents being evacuated. The plan should include the transfer agreement the facility has with a receiving facility any temporary licensing requirements, if applicable. The following should also be included in the plan:

- Feeding plan
- Medication plan
- Accommodations for relocated staff

Meals and Medications on the day of evacuation and re-location to the receiving site will need to be coordinated. E.g. morning medications and food given prior to evacuation and then receiving location to continue medication regimen and dietary requirements.

8.8 Transportation Plan
☐ The transportation plan should describe how the residents will be transported to the sheltering facilities. It should include as an attachment any contracts or Memorandums of Agreement with transportation companies, or ambulance services, or other transportation modality. The transportation plan should include:

- The number and types of vehicles required. (e.g. EMS, Patient Transfer service, Bus, Van)
- Determine minimum time/notice needed for maximum number of transport vehicles
- Determine best day of the week or frequency within the week for evacuation
- How the vehicles will be obtained.
- Who will provide the drivers?
- Medical support to be provided for the patient or resident during transportation. The following support needs should be considered:
  - Residents who are independent in ambulation.
  - Residents who require assistance with ambulation.
  - Residents who are non-ambulatory.
  - Residents with cognitive impairments.
  - Residents with equipment/prosthetics (equipment/prosthetics should accompany residents and should be securely stored in the designated mode of transportation)
- Estimation of the time to prepare residents for transportation.
- Estimation of the time for the facility to prepare for evacuation.
- Estimation of time for the patient or resident to reach the sheltering facility.
- Detailed route to be taken to each sheltering facility if possible.
Description of what items must be sent with the patient or resident such as:

- The patient’s medical record, which contains medications the patient is taking, dosage, frequency of medication administration, special diets, special care, etc.
- A three-day supply of medications (if possible).
- Special medical supplies the patient may need.
- Other items such as clothing, incontinence diapers, etc.

The medical records should be provided to the receiving facility and remain with the receiving facility until the patient or resident is transferred back to the sending facility or to another facility.

Records should be maintained of which residents are transported to which facilities.

Emergency Medical Services Resources (via CACC)
The Kingston Central Ambulance Communication Centre (CACC) receives and responds to requests for ambulances, sending paramedics to medical emergencies in Kingston. EMS can be utilized to assist with evacuation needs for PM as a “CODE 2 – scheduled transfer or appointment”

Stairwell Usage Plan
In order to ensure fluid movement of supplies, staff, residents, and visitors in the stairwells at Providence Manor, designations for use as per below should be followed. Note that stairwell use for emergencies is not limited, and

<table>
<thead>
<tr>
<th>Stairwell</th>
<th>Location</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Montreal South</td>
<td>Foot traffic</td>
</tr>
<tr>
<td>2</td>
<td>Montreal Middle</td>
<td>Medsleds</td>
</tr>
<tr>
<td>3</td>
<td>Bay West (near Elevators)</td>
<td>Montreal/Sydenham RHAs utility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>transportation for clean items</td>
</tr>
<tr>
<td>4</td>
<td>Bay West Middle</td>
<td>Montreal/Sydenham RHAs utility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>transportation for dirty items</td>
</tr>
<tr>
<td>5</td>
<td>Sydenham North (near Pub)</td>
<td>Stair chairs</td>
</tr>
<tr>
<td>6</td>
<td>Sydenham North (next to Elevator)</td>
<td>Foot traffic</td>
</tr>
<tr>
<td>7</td>
<td>Sydenham South</td>
<td>Undesignated</td>
</tr>
</tbody>
</table>

Patient Transfer Resources
Non-emergency transfer services for people with stable, non-urgent health conditions who may require stretchers, EZ Glide Chairs or oxygen.

- Quality Patient Transfer Service
  830 John Counter Blvd, Kingston, ON K7K 2R1 (613-547-8034)

- Priority Patient Transfer Service (Providence Care has a services contract with Priority)
  11 Bentley Ave, Ottawa, ON K2E 6T7 (1-866-561-7787)

Priority Patient Transfer Service Resources available:
If Priority is provided 2 days planned notice (48 hours advanced notice) they will be able to supply 2-3 vehicles and staff

1 vehicle is regular size for stretcher transfer

2 vehicles are for double stretcher transfers (accommodate 2 residents per trip) available in Kingston

Can increase to 1-2 additional vehicles and staff if pull from other jurisdictions (e.g. Ottawa)

Typical hours of work would be 0600-1800 hours or 0800-2000 hours at client’s request (staff require 30 minute break every 4 hours). Approximately 10 trips within Kingston per day per vehicle (x two for double stretcher vehicle)

Allow for 1 hour for each transfer from Providence Manor to receiving facility and then return to PM

Can provide this service 1-2 times per week if spaced

Alternating weeks preferred

Need appropriate ramp/entrance to facilitate transfers

8.9 Staffing Plan
The Staffing Plan should include how the relocated residents will be cared for at the sheltering facility as well as the number and type of staff that is needed at the evacuating facility to help evacuate the residents. The Staffing Plan should include:

- Description of how care will be provided to relocated residents
- Identification of number and type of staff needed to evacuate the facility and to receive residents at the sheltering facility

8.10 Advanced Preparation Needs for Residents

- A check list must be completed for each resident
  - Identifies stage of evacuation (e.g. Stage 1 versus Stage 6)
  - Identifies evacuation type (e.g. Medsled or EZ Glide Chair)
  - Identifies resident needs (e.g. mobility/equipment and other needs)

- Checklist to be given to receiving destination

- 2 days before anticipated move date, begin packing identified belongings that need to be transferred with or before the resident
  - Consider assignment of student volunteers (see 8.10) to evacuating residents to assist with packing and transportation of personal belongings
  - May need to increase staffing levels before move date to assist with packing
Leaving PM
☐ Three teams for each resident (these can manage multiple consecutive residents)

   Team 1
   ☐ Responsible for packing the identified belonging they will be taking with them
   ☐ Responsible for transferring the resident into either the Medsled or EZ Glide Chair
to transport to the top of the stairs

   Team 2
   ☐ Responsible for transporting the residents safely down the stairs

   Team 3
   ☐ Responsible for assisting

Receiving destination
☐ Review the completed resident checklist ensuring all equipment/dietary needs can be covered
☐ Day before move/ day of, set up space to reflect needs of resident arriving
☐ Ensure all stakeholders within receiving facility are aware of the residents’ arrival
☐ On move day, arrange for staff to receive, unpack, and set up resident

8.11 Other Resources
☐ Reach out to other stakeholders who could potentially assist (e.g. LHIN, City of Kingston)
☐ Touch base with schools; are their clinical students who could assist? Are there other students? (e.g. LaSalle Secondary emergency management students, Queens Nursing, PT/OT students )
☐ Is there opportunity to use other PC staff to support?

8.12 Staff Training for Medsleds and EZ Glide Chair
☐ Determine how training will be provided
   ☐ Develop training materials for hands on EZ Glide chair training
   ☐ Establish which stairwells will be used for which pieces of equipment
☐ Determine who requires training
☐ Provide training as per 30 day calendar evacuation timeline
   ☐ Staff to view video on how to use Medsled and EZ Glide Chair
   ☐ Provide hands on Training for EZ Glide chair to targeted staff
   ☐ Provide hands on Medsled training to targeted staff
☐ Ensure each staff member on each shift is knowledgeable and able to follow details of the evacuation plan
☐ Training needs to address the psychological and emotional aspects on caregivers, families, residents and the community at large
8.13 **Trigger for returning Residents back to Providence Manor from their evacuation destination site**

- When there are two (2) functional elevators at Providence Manor begin planning the return of residents to Providence Manor
  - Return residents in the reverse order of evacuation by returning residents to level 2, then 3, then 4 of the Sydenham and Montreal sides of the home
8.14 Incident Management System

The location of incident command will be the Sydenham 2 Board Room.
9.0 Phased 28 Day Evacuation Job Actions

9.1 Days 1-3

Incident Commander/Planning Officer – Administrator/Delegate

☐ Establish the Incident Command Centre (Sydenham 2 South Board Room)

☐ Be prepared to transfer command to a higher authority (e.g. VP Community Programs and Long-Term Care)

☐ Appoint the following positions, only if the regular assigned persons are not available

☐ Operations __________________________

☐ Planning __________________________

☐ Logistics __________________________

☐ Communications __________________________

☐ Food and Nutrition Services __________________________

☐ Facilities Management __________________________

☐ Recording Scribe __________________________

☐ Request resident transition profile reports from Operations Officer to categorize ambulation, and special requirements regarding cognition/mental health, dietary restrictions

☐ Provide situational report to VP Community Programs & Long Term Care

☐ Liaise with Vice President of Community Programs and Long-Term Care and assess the need to activate the Corporate Emergency Operations Center (EOC)

☐ If required, notify the Kingston Hospitals’ Security Operations Centre Operator (613-548-2484) to call Providence Care Corporate EOC members and have them report to the EOC via a fan out using “Call-Em-All” for Providence Manor and Providence Care Hospital Primary Contacts

☐ Notify the Providence Care Communications office

☐ If required, authorize Providence Manor staff fan-out lists in consultation with Program Directors/Managers

☐ Ensure the VP Community Programs & Long Term Care is appropriately informed of any identified risk issues, if active

☐ Assessments required for:

☐ Resource level

☐ Feasibility of equipment usage
☐ Staffing Plan
☐ Initiate all required documentation per LTC Evacuation Policy
☐ Critical Incident Report
☐ Temporary License Request, if not already completed
☐ Beds in Abeyance Request, if not already completed
☐ Ministry of Health & Long Term Care
   ☐ Apply for temporary licensing for receiving facilities
   ☐ Bed in Abeyance application
☐ LHIN
☐ PCH Senior Leadership Team
   ☐ Providence Care Communications department
   ☐ Pharmacy, Nutrition, Facilities, Information Technology leads – prepare for residents needs at receiving site
   ☐ Inpatient unconventional spaces – need to prepare space for occupancy within 1 week
   ☐ RTC – need to prepare space for occupancy within 1 week
   ☐ SDR – need to prepare space for occupancy within 1 week
   ☐ PTCC level 3 – need to prepare space for occupancy within 1 week
☐ KHSC
   ☐ Need to occupy Field Hospital
   ☐ Need to prepare space for occupancy within 1 week
☐ Physician group (Dr. Dave Barber)
☐ 3SO
   ☐ Reorganization of material management for evacuated residents
   ☐ Ordering of care supplies and other material needs to be altered at evacuation destinations to support evacuated residents
   ☐ Billing to be absorbed by Providence Manor
   ☐ Regional Hospital Laundry Services
☐ Communicate with VP community Programs & Long Term Care (if active) regarding:
   ☐ Notifications to other stakeholders regarding resident evacuees
      ☐ Ministry of Health & Long Term Care
      ☐ LHIN
      ☐ Providence Care:
         ☐ VP Patient & Client Care
         ☐ Medical Director
         ☐ Pharmacy
         ☐ Human Resources
      ☐ Kingston Health Sciences Centre (VP Clinical Services)
      ☐ Providence Transitional Care Centre (Regional Director Transitional Care)
- Non-Ministry funded placements
- City of Kingston (via Emergency Operations Centre liaison, Director of Protection Services)
- Contracted Service Providers (waste pick up, linen, etc.)
- Review section 10.0 Providence Manor Stairwell Map and Evacuation Designations
- Consider moving palliative residents and support staff to Hildegarde during evacuation
- Confirm availability of all evacuation locations for evacuation of all residents

<table>
<thead>
<tr>
<th>Evacuation Stage</th>
<th>Location (#)</th>
<th>Resident Needs</th>
<th>Resident Evacuation Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All areas of Home</td>
<td>Special (peritoneal dialysis, hemodialysis)</td>
<td>Able to move to LTC bed (query KHSC or another LTCH)</td>
</tr>
<tr>
<td>2</td>
<td>Montreal 5 (43)</td>
<td>Locked unit. Staffed in same ratio as PM, with PM staff</td>
<td>PTCC Level 3</td>
</tr>
<tr>
<td>3</td>
<td>Sydenham 5 (38)</td>
<td>2 residents go to PTCC level 3 7 go to Seniors Day Rehab. (Minimal care 0 physical needs supported by PSWs)</td>
<td>PCH unit unconventional beds (29) PTCC (2) PCH SDR (7)</td>
</tr>
<tr>
<td>4</td>
<td>Montreal 4 (43)</td>
<td>8 go to Seniors Day Rehab. 35 go to PCH Rehab Therapy Clinic is a locked area (can accommodate 37)</td>
<td>Seniors Day Rehabilitation – PCH (8) Rehabilitation Therapy Clinic – PCH (35)</td>
</tr>
<tr>
<td>5</td>
<td>Sydenham 4 (38)</td>
<td>36 to Field Hospital North (temporary license required) 2 to PCH Rehab Therapy Clinic</td>
<td>Field Hospital North - 340 Union Street – (36) Rehabilitation Therapy Clinic – PCH (2)</td>
</tr>
<tr>
<td>6</td>
<td>Montreal and Sydenham 3</td>
<td>If it becomes necessary evacuate to Field Hospital South</td>
<td>Shelter in place at Providence Manor</td>
</tr>
</tbody>
</table>

**Staff Movement Plan:**
<table>
<thead>
<tr>
<th>Number of Residents moved per evacuation day</th>
<th>Providence Manor Staffing</th>
<th>Evacuation Location Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>Basic 5-6 PSWs</td>
<td>Start:</td>
</tr>
<tr>
<td></td>
<td>Additional 3-5</td>
<td>1 PSW/1 RPN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Each transportation group:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-2 PSWs</td>
</tr>
<tr>
<td>38</td>
<td>Basic 5-6 PSWs</td>
<td>Start:</td>
</tr>
<tr>
<td></td>
<td>Additional 3-5</td>
<td>1 PSW/1 RPN</td>
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<td></td>
<td></td>
<td>Each transportation group:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-2 PSWs</td>
</tr>
<tr>
<td>43</td>
<td>Basic 5-6 PSWs</td>
<td>Start:</td>
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<tr>
<td></td>
<td>Additional 3-5</td>
<td>1 PSW/1 RPN</td>
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<td></td>
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</tr>
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<td></td>
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<td>1-2 PSWs</td>
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<td>38</td>
<td>Basic 5-6 PSWs</td>
<td>Start:</td>
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<td></td>
<td></td>
<td>Each transportation group:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-2 PSWs</td>
</tr>
</tbody>
</table>

**SLT Liaison Officer – VP of Community Programs and Long-Term Care /Delegate**
- Discuss with Incident Commander whether to activate the Corporate Emergency Operations Center (EOC) at Providence Care Hospital
- Provide liaison between Providence Manor and Providence Care Hospital
- Review section 10.0 Providence Manor Stairwell Map and Evacuation Designations

**Operations Officer – Director of Care/Delegate**
- Provide Incident Commander with resident profile reports to categorize mobility/mobility aids, evacuation method (Medsled, EZ Glide Chair, etc.), and special requirements regarding cognition/mental health, dietary restrictions
- Utilize Section 11.1.2 Resident Checklist to identify items needed for evacuation for what will accompany resident to placement:
  - PHI/electronic file
  - Hard copy of chart including face sheets
  - Medications/treatments
  - Personal effects, including clothing, based on duration of alternative placement
  - Checklist for priority items such as glasses, dentures
  - Assess staffing levels
Compose Staffing Plan (see section 11.1.4) for how the relocated residents will be cared for at the sheltering facility as well as the number and type of staff that is needed at the evacuating facility to help evacuate the residents. The Staffing Plan should include:

- Description of how care will be provided to relocated residents
- Identification of number and type of staff needed to evacuate the facility and to receive residents at the sheltering facility
- Orientation process for the destination site

Review section 10.0 Providence Manor Stairwell Map and Evacuation Designations

Complete listings for Resident Evacuation Checklist – Care Supplies

- Care supplies
- Care equipment (bladder scanner, oxygen concentrator, vitals tower)
- Mobility devices/lifts that need repair

Relocation of care team considerations

- Coverage for care
- Familiarity with resident
- Skillset for resident needs

Considerations for timeline to return to home

- What to take
- What to leave
- Resident care supplies expiry

**Logistics Officer – Representative of Protection Services Department**

- Liaise with the Incident Commander to determine if additional security staff are required, and source if needed
- Discuss options for distribution of security staff in the Home to assist with logistical movement/access control/elevator monitoring, etc.
- Provide radio communication as necessary to Incident Command Centre
- Contact:
  - Transportation Companies
    - EMS
    - Patient Transfer Companies
    - Accessible Bus
    - PCH transfer vehicles
  - Queen’s University, St. Lawrence College, and LaSalle Secondary School leads
    - Need for students to begin training to assist with evacuation devices
  - City of Kingston office of Emergency Management
  - Mobility Device Vendor
    - Align Home Health Care
- 1407 John Counter Blvd - (613) 766-1365
  Ask vendor to supply devices to exchange from top of stairs to bottom for transition to new setting

- Moving Company
  - Need to assist with moving resident equipment to receiving site (e.g. motorized wheelchairs, personal wheelchairs, mobility devices left behind when resident transferred down stairs by EZ glide chair, Medsled etc.)

- Develop Transportation plan, incorporating:
  - Information required by Patient Transfer Service

### Patient Transfer Company Contacts:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Patient Transfer Service (contract service provider)</td>
<td>11 Bentley Ave, Ottawa, ON K2E 6T7</td>
<td>1 866-561-7787</td>
</tr>
<tr>
<td>Quality Patient Transfer Service</td>
<td>830 John Counter Blvd, Kingston, ON K7K 2R1</td>
<td>(613) 547-8034</td>
</tr>
</tbody>
</table>

### Priority Patient Transfer Service Resources

<table>
<thead>
<tr>
<th>Notice required:</th>
<th>48 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicles available:</td>
<td>1 regular size (1 resident), 2 oversize (2 residents) 1-2 additional vehicles can be recalled from other jurisdictions</td>
</tr>
<tr>
<td>Working hours:</td>
<td>0600-1800 or 0800-2000 (30 minute breaks every 4 hours)</td>
</tr>
<tr>
<td>Trips per day:</td>
<td>Approximately 10 per vehicle (30 residents with 1 regular and 2 oversize vehicles)</td>
</tr>
<tr>
<td>Time required:</td>
<td>1 hour for each transfer, roundtrip</td>
</tr>
<tr>
<td>Services per week:</td>
<td>1-2, if spaced out (alternating weeks preferred)</td>
</tr>
</tbody>
</table>

An appropriate designated entrance/ramp is required to facilitate transfers

- The number and types of vehicles required. (Reliance to be on Priority Patient Transfer Service for the majority of transfers)
- Determine minimum time/notice needed for maximum number of transport vehicles
- Determine best day of the week or frequency within the week for evacuation
- Medical support to be provided for the resident during transportation. The following support needs should be considered:
  - Residents who are independent in ambulation.
  - Residents who require assistance with ambulation
☐ Residents who are non-ambulatory
☐ Residents with cognitive impairments
☐ Residents with equipment/prosthetics (equipment/prosthetics should accompany residents and should be securely stored in the designated mode of transportation)
☐ Schedule of the time to prepare residents for transportation.
☐ Estimation of the time for the destination facility to prepare for evacuation
☐ Estimation of time for the patient or resident to reach the sheltering facility.
☐ Detailed route to be taken to each sheltering facility if possible
☐ Delivery location by site
☐ Description of what items must be sent with the patient or resident such as:
  ☐ The patient’s medical record, which contains medications the patient is taking, dosage, frequency of medication administration, special diets, special care, etc.
  ☐ A three-day supply of medications (if possible).
  ☐ Special medical supplies the patient may need.
  ☐ Other items such as clothing, incontinence diapers, etc.
☐ The medical records should be provided to the receiving facility and remain with the receiving facility until the patient or resident is transferred back to the sending facility or to another facility.
☐ Records should be maintained of which residents are transported to which facilities.
☐ Move all EZ Glide stair chairs to Montreal 5
☐ Review section 10.0 Providence Manor Stairwell Map and Evacuation Designations

**Communications Officer**
☐ Discuss communications options with Incident Commander for:
  ☐ Residents, staff, visitors, guests, partners, suppliers, services
  ☐ Community or resident family members
☐ If authorized, send a communication to families (email, Cliniconex, social media)
☐ Determine options for keeping Home staff aware of the evacuation status on a regular basis

**Food and Nutrition Services Officer**
☐ Initiate Food and Nutrition Services no elevator plan
☐ Review section 10.0 Providence Manor Stairwell Map and Evacuation Designations

**Facilities Management Officer**
☐ Liaise with elevator repair company and provide regular updates on progress to the Incident Commander
Review section 10.0 Providence Manor Stairwell Map and Evacuation Designations
   □ Label stairwells for use as designated

□ Order disposal bin for courtyard
   □ Implement plan for garbage disposal via courtyard bin

9.2 Days 4-6

Incident Commander/Planning Officer – Administrator/Delegate
□ Work with Operations Officer to begin Staff assignment for M5 resident destination
   (PTCC Level 3) see section 11.1.4 Staffing Plan Tables
□ By Day 5 Make determination on final evacuation approval for Montreal 5

Liaison Officer – VP of Community Programs and Long-Term Care/Delegate
□ Gather situation update information for PM Incident Command
□ Create situation update report for Providence Care Senior Leadership Team
□ Provide situation update report for Providence Care Senior Leadership Team

Operations Officer – Director of Care/Delegate
□ Designate Evacuation and Destination Leads and Stairwell Evacuators

<table>
<thead>
<tr>
<th>RHA</th>
<th>Evacuation Lead</th>
<th>Stairwell to Patient Transfer Pick Up Movement Teams (Evacuators)</th>
<th>Destination Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montreal 5</td>
<td></td>
<td>Sender ________________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Escort ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receiver ___________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Sydenham 5</td>
<td></td>
<td>Sender ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Escort ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receiver ___________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Montreal 4</td>
<td></td>
<td>Sender ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Escort ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receiver ___________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Site Code</td>
<td>Phased Total Evacuation Sub-Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Sydenham 4 | Sender ____________________________  
|           | Escort ____________________________  
|           | Receiver ____________________________  |
| Montreal 3 | Sender ____________________________  
|           | Escort ____________________________  
|           | Receiver ____________________________  |
| Sydenham 3 | Sender ____________________________  
|           | Escort ____________________________  
|           | Receiver ____________________________  |

- In consultation with Incident Commander, begin Staff assignment for resident destination
- Work with Food and Nutrition Services to organize meal and medication plans for day of evacuation based on times of departure
- Assign student/volunteers for packing and transportation of belongings from Montreal 5

**Logistics Officer – Representative of Protection Services Department**
- Confirm transportation plan actions with Patient Transportation Services
- Confirm moving plan actions with moving company
- Confirm student volunteer availability for resident personal item packing on Day 7

**Communications Officer**
- Update outgoing communications with information for upcoming days:
  - Packing of Montreal 5 resident personal items on Day 7
  - Staff orientation to PTCC Level 3 on Day 9
  - Move of M5 Residents to PTCC Level 3 on Day 10

**Food and Nutrition Services Officer**
Monitor Food & Nutrition Services elevator contingency plan implementation

Facilities Management Officer
- Assess RHA garbage and linen status
- Oversee delivery of disposal bin in courtyard

9.3 Days 7-9 (Prep move Group 1 Special Care Residents (peritoneal dialysis, hemodialysis) to LTC spaces)

Incident Commander/Planning Officer – Administrator/Delegate
- Confirm preparations for special care residents move to LTC spaces
- Confirm staffing for LTC spaces and orientation on Day 9
- Liaise with Logistics officer and Operations Officer regarding student volunteers assisting residents with personal item packing
- Day 9:
  - Staff orientation to LTC spaces is completed

Logistics Officer – Representative of Protection Services Department
- Day 7:
  - Oversee student volunteer/family packing of personal belongings for special care residents
- Day 8:
  - Oversee moving company movement of personal belongs to LTC spaces
- Day 9:
  - Oversee moving company movement of personal mobility devices to LTC spaces

Operations Officer – Director of Care/Delegate
- Monitor production of medication and meal plans for special care residents

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team

9.4 Days 10 – 11 (Move of Group 1 Special Care Residents to LTC spaces and Prep for move of Group 2 M5 to PTCC Level 3)

Incident Commander/Planning Officer – Administrator/Delegate
- Day 10:
  - Liaise with Operations Officer regarding move of special care residents to LTC spaces
  - Liaise with Logistics officer regarding moving company transport of mobility devices
Day 11:
- Confirm preparations for M5 resident move to PTCC Level 3
- Confirm staffing for PTCC Level 3 and orientation on Day 12
- Liaise with Logistics officer and Operations Officer regarding student volunteers assisting residents with personal item packing

**Operations Officer – Director of Care/Delegate**

Day 10:
- Oversee movement of residents off special care residents to LTC spaces

Post move:
- Assign staff to conduct environmental sweep of evacuated special care resident rooms
  - Check for:
    - Resident belongings that were missed
    - Resident equipment that was missed
    - Personal care items that will expire before resident returns:
      - Cleaning products
      - Medications
      - Syringes and other treatment supplies

Day 11:
- Oversee student volunteer/family packing of personal belongings for M5 residents

**Logistics Officer – Representative of Protection Services Department**

Day 10:
- Oversee moving company movement of mobility devices from LTC spaces

Day 11:
- Oversee student volunteer/family packing of personal belongings for M5 residents

**Liaison Officer – VP of Community Programs and Long-Term Care /Delegate**

- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team

**Facilities Management Officer**

Day 10:
- Stop linen for special care residents

Day 11:
- Review clean-up of special care resident rooms

**9.5 Days 12-13 (Move of Group 2 from M5 to PTCC Level 3)**

**Incident Commander/Planning Officer – Administrator/Delegate**

- Confirm preparations for M5 resident move to PTCC Level 3
Confirm staffing for PTCC Level 3 and orientation on Day 12

Day 12:
- Ensure completion of orientation of staff to PTCC Level 3

**Logistics Officer – Representative of Protection Services Department**

- Day 12:
  - Oversee moving company movement of personal belongs to PTCC Level 3
- Day 13:
  - Oversee moving company movement of personal mobility devices to PTCC Level 3

**Operations Officer – Director of Care/Delegate**

- Monitor production of medication and meal plans for S5 residents
- Day 13
  - Oversee movement of residents off Sydenham 5
- Post move:
  - Assign staff to conduct environmental sweep of evacuated Resident Home Area
    - Check for:
      - Resident belongings that were missed
      - Resident equipment that was missed
      - Personal care items that will expire before resident returns:
        - Cleaning products
        - Medications
        - Syringes and other treatment supplies

**Liaison Officer – VP of Community Programs and Long-Term Care /Delegate**

- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team

9.6 Days 14 – 15 (Prep for move of Group 3 S5 to remainder of PTCC Level 3 and PCH Unconventional Beds (UB) and SDR)

**Incident Commander/Planning Officer – Administrator/Delegate**

- Day 14:
  - Liaise with Operations Officer regarding prep for move of S5 to PTCC Level 3 and PCH UB & SDR
  - Liaise with Logistics officer regarding moving company transport of mobility devices.
  - Liaise with Logistics officer and Operations Officer regarding student volunteers assisting residents with personal item packing
- Day 15:
  - Confirm preparations for S5 resident move to PTCC Level 3 and PCH UB & SDR
Confirm staffing for PTCC Level 3 and PCH UB & SDR and orientation on Day 16

Logistics Officer – Representative of Protection Services Department
□ Day 14:
□ Oversee student volunteer/family packing of personal belongings for S5 residents

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
□ Gather situation update information for PM Incident Command
□ Create situation update report for Providence Care Senior Leadership Team
□ Provide situation update report for Providence Care Senior Leadership Team

9.7 Days 16-17 (Move of Group 3 from S5 to PTCC Level 3 and PCH UB & SDR)
Incident Commander/Planning Officer – Administrator/Delegate
□ Confirm preparations for S5 resident move to S5 to PTCC Level 3 and PCH UB & SDR
□ Confirm staffing for PTCC Level 3 and PCH UB & SDR and orientation on Day 17
□ Day 16:
□ Ensure completion of orientation of staff to PTCC Level 3 and PCH UB & SDR

Logistics Officer – Representative of Protection Services Department
□ Day 16:
□ Oversee moving company movement of personal mobility devices to PTCC Level 3 and PCH UB & SDR
□ Day 17:
□ Oversee moving company movement of personal belongings to PTCC Level 3 and PCH UB & SDR

Operations Officer – Director of Care/Delegate
□ Monitor production of medication and meal plans for S5 residents
□ Day 17
□ Oversee movement of residents off S5
□ Post move:
□ Assign staff to conduct environmental sweep of evacuated Resident Home Area
□ Check for:
□ Resident belongings that were missed
□ Resident equipment that was missed
□ Personal care items that will expire before resident returns:
□ Cleaning products
□ Medications
□ Syringes and other treatment supplies
Liaison Officer – VP of Community Programs and Long-Term Care /Delegate

☐ Gather situation update information for PM Incident Command
☐ Create situation update report for Providence Care Senior Leadership Team
☐ Provide situation update report for Providence Care Senior Leadership Team

Facilities Management Officer

☐ Day 17:
  ☐ Stop linen for S5

9.8 Days 18 – 19 (Prep for move of Group 4 M4 to PCH SDR & RTC)
Incident Commander/Planning Officer – Administrator/Delegate

☐ Day 19:
  ☐ Liaise with Operations Officer regarding prep for move of M4 to PCH SDR & RTC
  ☐ Liaise with Logistics officer regarding moving company transport of mobility devices.
  ☐ Liaise with Logistics officer and Operations Officer regarding student volunteers assisting residents with personal item packing

☐ Day 20:
  ☐ Confirm preparations for M4 resident move to PCH SDR & RTC
  ☐ Confirm staffing for Group 5 (S4) at PTCC AHF North & PCH RTC and orientation on Day 19

Logistics Officer – Representative of Protection Services Department

☐ Day 18:
  ☐ Oversee student volunteer/family packing of personal belongings for M4 residents

☐ Day 19:
  ☐ Oversee moving company movement of mobility devices from M4

Facilities Management Officer

☐ Day 18:
  ☐ Review clean-up of S5

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate

☐ Gather situation update information for PM Incident Command
☐ Create situation update report for Providence Care Senior Leadership Team
☐ Provide situation update report for Providence Care Senior Leadership Team

9.9 Days 20-21 (Move of Group 4 from M4 to PCH SDR & RTC)
Incident Commander/Planning Officer – Administrator/Delegate

☐ Confirm preparations for M4 resident move to PCH SDR & RTC
☐ Confirm staffing for PCH SDR & RTC and orientation on Day 20
Day 20:
- Ensure completion of orientation of staff to PCH SDR & RTC

Day 21:
- Begin decision making process to decide if Group 6 (Montreal and Sydenham 3) residents will shelter in place or evacuate to PTCC AHF South

Logistics Officer – Representative of Protection Services Department
- Day 20:
  - Oversee moving company movement of personal mobility devices to PCH SDR & RTC
- Day 20:
  - Oversee moving company movement of personal belongings to PCH SDR & RTC

Operations Officer – Director of Care/Delegate
- Monitor production of medication and meal plans for M4 residents
- Day 20
  - Oversee movement of residents off M4
- Post move:
  - Assign staff to conduct environmental sweep of evacuated Resident Home Area
    - Check for:
      - Resident belongings that were missed
      - Resident equipment that was missed
      - Personal care items that will expire before resident returns:
        - Cleaning products
        - Medications
        - Syringes and other treatment supplies

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team

Facilities Management Officer
- Day 20:
  - Stop linen for M4
- Day 21:
  - Review clean-up of M4.

9.10 Days 22 – 23 (Prep for move of Group 5 S4 to PTCC AHF North & PCH SDR
Incident Commander/Planning Officer – Administrator/Delegate
Day 22:
- Confirm preparations for S4 resident move to PTCC AHF North & PCH SDR
  - Liaise with Operations Officer regarding prep for move of S4 to PTCC AHF North & PCH SDR
- Confirm staffing for PTCC AHF North & PCH SDR and orientation on Day 23
  - Liaise with Logistics officer regarding moving company transport of mobility devices.
  - Liaise with Logistics officer and Operations Officer regarding student volunteers assisting residents with personal item packing
- Day 23:
  - Confirm preparations for S4 to PTCC AHF North & PCH SDR

Logistics Officer – Representative of Protection Services Department
- Day 22:
  - Oversee student volunteer/family packing of personal belongings for S4 residents
- Day 23:
  - Oversee moving company movement of mobility devices from S4

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team

9.11 Days 24-25 (Move of Group 5 from S4 to PTCC AHF North & PCH SDR)
Incident Commander/Planning Officer – Administrator/Delegate
- Confirm preparations for S4 resident move to PTCC AHF North & PCH SDR
- Day 24:
  - Ensure completion of orientation of staff to PTCC AHF North & PCH SDR
- Day 25:
  - Finalize decision making process to decide if Group 6 (Montreal and Sydenham 3) residents will shelter in place or evacuate to PTCC AHF South

Logistics Officer – Representative of Protection Services Department
- Day 24:
  - Oversee moving company movement of personal mobility devices to PTCC AHF North & PCH SDR
- Day 24:
  - Oversee moving company movement of personal belongings to PTCC AHF North & PCH SDR
Operations Officer – Director of Care/Delegate
☐ Monitor production of medication and meal plans for S4 residents
☐ Day 24
  ☐ Oversee movement of residents off S4
☐ Post move:
  ☐ Assign staff to conduct environmental sweep of evacuated Resident Home Area
    ☐ Check for:
      ☐ Resident belongings that were missed
      ☐ Resident equipment that was missed
      ☐ Personal care items that will expire before resident returns:
        ☐ Cleaning products
        ☐ Medications
        ☐ Syringes and other treatment supplies

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
☐ Gather situation update information for PM Incident Command
☐ Create situation update report for Providence Care Senior Leadership Team
☐ Provide situation update report for Providence Care Senior Leadership Team

Facilities Management Officer
☐ Day 24:
  ☐ Stop linen for S4
☐ Day 25:
  ☐ Review clean-up of S4

9.12 Days 26 – 27 (Prep for move of Group 6 (M3 & S3) to PTCC AHF South
Incident Commander/Planning Officer – Administrator/Delegate
☐ Day 26:
  ☐ Confirm preparations for M3 & S3 resident move to PTCC AHF South
    ☐ Liaise with Operations Officer regarding prep for move of M3 & S3 to PTCC AHF South
  ☐ Confirm staffing for PTCC AHF South and orientation on Day 23
    ☐ Liaise with Logistics officer regarding moving company transport of mobility devices.
    ☐ Liaise with Logistics officer and Operations Officer regarding student volunteers assisting residents with personal item packing
☐ Day 27:
  ☐ Confirm preparations for M3 & S3 to PTCC AHF South
Logistics Officer – Representative of Protection Services Department
- Day 26:
  - Oversee student volunteer/family packing of personal belongings for M3 & S3 residents
- Day 27:
  - Oversee moving company movement of mobility devices from M3 & S3

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team

9.13 Day 28 Move of Group 6 (M3 & S3) to PTCC AHF South
Incident Commander/Planning Officer – Administrator/Delegate
- Confirm preparations for S4 resident move to PTCC AHF South
- Confirm orientation of staff to PTCC AHF South.

Logistics Officer – Representative of Protection Services Department
- Oversee moving company movement of personal mobility devices to PTCC AHF South

Operations Officer – Director of Care/Delegate
- Monitor production of medication and meal plans for M3 & S3 residents
- Oversee movement of residents off M3 & S3
- Post move:
  - Assign staff to conduct environmental sweep of evacuated Resident Home Area
  - Check for:
    - Resident belongings that were missed
    - Resident equipment that was missed
    - Personal care items that will expire before resident returns:
      - Cleaning products
      - Medications
      - Syringes and other treatment supplies

Liaison Officer – VP of Community Programs and Long-Term Care /Delegate
- Gather situation update information for PM Incident Command
- Create situation update report for Providence Care Senior Leadership Team
- Provide situation update report for Providence Care Senior Leadership Team
Recovery

9.14 Upon Notification That the Crisis Has Concluded

**Incident Commander/Planning Officer – Administrator/Delegate**

- When there are two (2) functional elevators at Providence Manor begin planning the return of residents to Providence Manor
  - Return residents in the reverse order of evacuation by returning residents to level 3, then 4, then 5 of the Sydenham and Montreal sides of the home
- Notify Vice President of Community Programs and Long-Term Care
- Conduct a debriefing with Incident Command Centre and Emergency Operations Centre, if activated
- Instruct staff to resume normal duties
- Review legislative requirements for reporting of incident

**Planning Officer – Director of Care/Delegate**

- Prepare for a debriefing with the Incident Command Centre

**Operations Officer – Director of Care/Delegate**

- Debrief staff on lessons learned and procedural/equipment changes needed
- Instruct staff to resume normal duties

**Facilities Management Officer**

- Prepare for a debriefing with Plant Maintenance staff
- Debrief Facilities staff on lessons learned and procedural/equipment changes needed
- Instruct Facilities staff to resume normal duties

**Communications Officer**

- Provide communication to community/resident family members that the loss of communications is resolved
- Participate in for a debriefing with the Incident Command Centre

**Logistics Officer – Representative of Protection Services Department**

- Compile any reports for debriefing

**Food and Nutrition Services – Director of Logistics and Nutrition Services**

- Prepare for a debriefing with FANS staff
- Debrief staff on lessons learned and procedural/equipment changes needed
- Instruct staff to resume normal duties
Recording Scribe
- Document recovery actions and communication within the Incident Command Centre
10.0 Providence Manor Stairwell Map and Evacuation Designations

Legend
- Green: Stairwell
- Blue: Elevator

<table>
<thead>
<tr>
<th>Stairwell</th>
<th>Location</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Montreal South</td>
<td>Foot traffic</td>
</tr>
<tr>
<td>2</td>
<td>Montreal Middle</td>
<td>Medsleds</td>
</tr>
<tr>
<td>3</td>
<td>Bay West (near Elevators)</td>
<td>Montreal/Sydenham RHAs utility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>transportation for clean items</td>
</tr>
<tr>
<td>4</td>
<td>Bay West Middle</td>
<td>Montreal/Sydenham RHAs utility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>transportation for dirty items</td>
</tr>
<tr>
<td>5</td>
<td>Sydenham North (near Pub)</td>
<td>Stair chairs</td>
</tr>
<tr>
<td>6</td>
<td>Sydenham North (next to Elevator)</td>
<td>Foot traffic</td>
</tr>
<tr>
<td>7</td>
<td>Sydenham South</td>
<td>Undesignated</td>
</tr>
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### 11.0 Appendices and Checklists

#### 11.1 Evacuation Calendar Timeline of Events

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week One</strong></td>
<td><strong>Day 1</strong></td>
<td><strong>Day 2</strong></td>
<td><strong>Day 3</strong></td>
<td><strong>Day 4</strong></td>
<td><strong>Day 5</strong></td>
<td><strong>Day 6</strong></td>
</tr>
<tr>
<td><strong>Initiate:</strong> Incident Command</td>
<td><strong>Refresh team re:</strong> navigation of stairs with</td>
<td><strong>Prioritize Special Care residents, residents from M5, S5, S4 and M4 for evacuation based on assessment of potential destinations and needs.</strong></td>
<td><strong>Assess linen and garbage status</strong></td>
<td><strong>Make determination on final evacuation approval for Special Care Residents</strong></td>
<td><strong>Assess linen and garbage status</strong></td>
<td><strong>Prep first group of residents (Special Care Residents) for movement: checklist</strong></td>
</tr>
<tr>
<td><strong>Notify:</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>- PCH</td>
<td>- Medsleds</td>
<td>- Staff Chairs</td>
<td>- Stair Chairs</td>
<td>- Dollies</td>
<td>- Administration, Volunteers, Docs, Wellness Staff</td>
<td>- Meal and medication plans for day of evacuation based on times of departure</td>
</tr>
<tr>
<td>- RTC</td>
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<tr>
<td>- SDR</td>
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<td>- Queen’s &amp; LaSalle SS leads</td>
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<tr>
<td><strong>Initiate:</strong></td>
<td><strong>Ensure availability of PTCC level 3 for evacuation of Montreal 5 residents.</strong></td>
<td><strong>Assess linen and garbage status</strong></td>
<td><strong>Assign student volunteers to identified evacuees. i.e. assisting with packing and transportation of belongings</strong></td>
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<tr>
<td><strong>Order disposal bin for courtyard</strong></td>
<td><strong>Assess Food and Nutrition Services process</strong></td>
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<td><strong>Label stairwells for use as designated in plan.</strong></td>
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<tr>
<td>Week Two</td>
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<td></td>
<td>Assess linen and garbage status</td>
<td>Orient Staff Grp 1 (Special Care Residents) to new space (LTC spaces)</td>
<td>Move first group of residents Special Care Residents to LTC beds</td>
<td>Clean up of Special Resident Rooms (removal of garbage and unused supplies)</td>
<td>Orient Staff Grp 2 (M5) to new space (PTCC Level 3).</td>
<td>Move second group of residents M5 to PTCC L3</td>
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<td></td>
<td>Prep Staff &amp; Residents Group 2 for movement using checklists. Moving company takes personal belonging totes from Special Care Residents to LTC beds</td>
<td>Assess linen and garbage status</td>
<td>Prep second group of residents for movement: checklist</td>
<td>Prep linen for M5</td>
<td>Stop linen for M5</td>
<td>Prep third group of residents (S5) for movement using checklist</td>
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<td>Moving Company takes personal mobility devices from M5 to PTCC L3</td>
<td>Stop linen for M5</td>
<td>Moving Company takes personal mobility devices from S5 to PTCC L3</td>
<td>Move stair chairs to S5 in preparation for next evacuation stage</td>
<td>Moving company takes personal belonging totes from M5 to PTCC L3</td>
<td>Medication plans Meal plans Sleep plans</td>
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<tr>
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<td>Move stair chairs to S5 in preparation for next evacuation stage.</td>
<td>Clean up of Special Resident Rooms (removal of garbage and unused supplies)</td>
<td>Meal plans Sleep plans</td>
<td>(72 hours prior to move day)Packing planning: Hairdressing, Students Family</td>
<td>Move stair chairs to S5 in preparation for next evacuation stage</td>
<td>(72 hours prior to move day)Packing planning: Hairdressing, Students Family</td>
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Phased Total Evacuation Sub-Plan 74 March 2022
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<tbody>
<tr>
<td><strong>Assess linen and garbage status</strong></td>
<td>Orient Staff Grp 3 (S5) to new space, PCH SDR, Unconventional, &amp; PTCC</td>
<td>Move third group of residents S5 to PCH SDR, Unconventional, &amp; PTCC</td>
<td>Clean up of S5 (removal of garbage and unused supplies)</td>
<td>Orient Staff Grp 4 (M4) to new space.</td>
<td>Move fourth group of residents M4 to PCH SDR &amp; RTC</td>
<td>Move stair chairs to S4 in preparation for next evacuation stage</td>
<td>Clean up of M4 (removal of garbage and unused supplies)</td>
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<td>Prep Staff &amp; Residents Group 3 (S5 to remainder of PTCC Level 3, PCH UB and SDR) for movement using checklists.</td>
<td>Stop linen for S5</td>
<td>Prep fourth group of residents for movement using checklists.</td>
<td>Prep Staff &amp; Resident Group 4 (M4) for movement using checklists.</td>
<td>Stop linen for M4</td>
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<td>Assess linen and garbage status</td>
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<td>Moving Company takes personal mobility devices from S5 to PCH SDR, UB, &amp; PTCC</td>
<td>Moving company takes personal belonging totes from S5 to PCH SDR, Unconv., &amp; PTCC</td>
<td>Moving Company takes personal mobility devices from M4 to PCH SDR &amp; RTC</td>
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<td>Moving company takes personal belonging totes from M4 to PCH SDR &amp; RTC</td>
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<td>Assess linen and garbage status</td>
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<td>Move stair chairs to S4 in prep for next evacuation stage</td>
<td>Medication plans Meal plans Sleep plans</td>
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<td>Begin decision making process to decide if Group 6 (Montreal and Sydenham 3) residents will shelter in place or evacuate to PTCC AHF South</td>
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<td><strong>Prep fifth group of residents (S4) for movement using checklist</strong></td>
<td>Orient Staff Grp 5 (S4) to new space (PTCC AHF North &amp; PCH RTC).</td>
<td>Move fifth group of residents S4 to PTCC AHF North &amp; PCH RTC</td>
<td>Clean up of S4 (removal of garbage and unused supplies)</td>
<td>Prep sixth group of residents (M3 &amp; S3) for movement using checklist</td>
<td>Prep sixth group of residents Mon 3 &amp; Syd 3 to PTCC AHF South.</td>
<td>Orient Staff Grp 6 (M3 &amp; S3) to PTCC AHF South.</td>
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<tr>
<td><strong>Medication plans</strong></td>
<td>Prep Staff &amp; Residents Group 6 for movement using checklists.</td>
<td>Stop linen for S4</td>
<td>Assess linen and garbage status</td>
<td>Medication plans Meal plans Sleep plans</td>
<td>Prep Staff &amp; Resident Group 6 for movement using checklists.</td>
<td>Prep Staff &amp; Resident Group 5 (M3 &amp; S3) for movement using checklists.</td>
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<tr>
<td><strong>Meal plans</strong></td>
<td>Prep Staff &amp; Resident Group 5 (S4) for movement using checklists.</td>
<td>Moving company takes personal belonging totes from S4 to PCH RTC &amp; SDR</td>
<td>Move stair chairs to M3 &amp; S3 in preparation for next evacuation stage</td>
<td>Moving company takes personal belonging totes from M3 &amp; S3 to PTCC AHF South.</td>
<td>Stop linen for M3 &amp; S3</td>
<td>Moving company takes personal belonging totes from M3 &amp; S3 to PTCC AHF South.</td>
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<tr>
<td><strong>Sleep plans</strong></td>
<td>Moving Company takes personal mobility devices from S4 to PTCC AHF North &amp; PCH RTC</td>
<td>Assess linen and garbage status</td>
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<td><strong>(72 hours prior to move day)</strong></td>
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<td>Assess linen and garbage status</td>
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<td><strong>Packing planning:</strong></td>
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### 11.1.2 Resident Checklist- items needed for evacuation

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<tr>
<th>Date/Time completed</th>
<th>Initials</th>
<th>Item Description</th>
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<tbody>
<tr>
<td></td>
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<td>Resident identification, such as a picture, wrist band, identification tag, or other identifying document to ensure residents are not misidentified</td>
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<td>Resident Medical record/ chart</td>
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<td>Legal forms e.g. Power of Attorney, Advance Directives</td>
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<td>Medication administration record</td>
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<td>Medications – non-prescription</td>
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<td>Prescription Medications and dosages labelled, physician order sheet</td>
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<td>How medical records and medications will be transported so they can be matched with the resident to whom they belong</td>
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<td>Medical Supplies, dressings, ostomy supplies, inhalers, nasal cannula’s, oxygen</td>
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<td>Clothing with each resident’s name on their bag</td>
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<td>Toiletries – comb, brush, shampoo, toothbrush, razors, tissues, deodorant, denture holders, cleansers</td>
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<td>Personal care items e.g. incontinent products, wipes</td>
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<td>Personal small electronic devices, alarm clocks, tablet computer, etc.</td>
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<td>Cash, credit cards if applicable</td>
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<td>Notification to next of Kin</td>
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<td>Dietary requirements listed</td>
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Helping Residents in the Relocation:
- Present an optimistic, favorable attitude about the relocation
- Anticipate that anxiety will occur and encourage the resident to talk about expectations, anger and/or disappointment
- Encourage family participation
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# 11.1.3 Nursing Lead Checklist

<table>
<thead>
<tr>
<th>Date/Time completed</th>
<th>Initials</th>
<th>Item Description</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Notify families of evacuation transfer date for each resident</td>
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<td>Cancel special activities (e.g. trips, activities, family visits)</td>
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<td>Use master list of Resident names with associated receiving facility and expected time of transfer to coordinate transfers</td>
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<td>Secure resident information package and provide to transport company staff</td>
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<td>Supervise or assist with clearing hallways</td>
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<td>Coordinate movement of residents</td>
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<td>Coordinate transport of residents from rooms to departure areas</td>
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<td>Coordinate Transfer of residents to transportation vehicles</td>
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<td>Provide any just in time training to staff</td>
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<td>Record which residents are transported to each facility and the time of transfer</td>
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<td>Coordinate staffing needs</td>
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## 11.1.4 Staffing Plan Tables

<table>
<thead>
<tr>
<th>Resident Cohort</th>
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<th>Staff Members Assigned</th>
<th>Location</th>
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### Montreal 5 Student/Volunteer Assignment Tracking Table

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### Sydenham 5 Student/Volunteer Assignment Tracking Table

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<td>Behaviour</td>
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Phased Total Evacuation Sub-Plan

March 2022
### 11.1.12 Evacuation Destination for Providence Manor Residents – Resident Home Area

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Level of Care</th>
<th>Facility Type</th>
<th>Transfer Method</th>
<th>Transport Type</th>
<th>Stairwell to be used</th>
<th>Pick up location for patient transfer vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Joe Smith</td>
<td>1</td>
<td>PCH</td>
<td>Medsled</td>
<td>EMS</td>
<td>#2 - Montreal Middle</td>
<td>Courtyard</td>
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<tr>
<td></td>
<td>Skilled Nursing</td>
<td>Unconventional Beds</td>
<td>Ambulatory</td>
<td>Medsled</td>
<td>#1 - Montreal South</td>
<td>Main entrance Courtyard</td>
</tr>
<tr>
<td></td>
<td>No acute medical conditions, but require medical monitoring, treatment or personal care beyond home setting</td>
<td>PTCC level 3</td>
<td>Wheelchair</td>
<td>EMS (behavioural/aggessive)</td>
<td>#2 - Montreal Middle</td>
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<td></td>
<td>3- assistance with personal or medical care locked unit</td>
<td>PCH SDR &amp; RTC</td>
<td>E-Z Glide chair</td>
<td>Patient Transfer</td>
<td>#3 - Bay West (near Elevators)</td>
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<td></td>
<td>4- locked unit</td>
<td>Field Hospital</td>
<td>Medsled</td>
<td>Car/Van/Bus</td>
<td>#4 - Bay West Middle</td>
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<td>#4 - Sydenham North (near Pub)</td>
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<td>#5 - Sydenham North (next to Elevator)</td>
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<td>#6 - Sydenham South</td>
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## Resident Home Area Totals

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Sydenham 3</th>
<th>Sydenham 4</th>
<th>Sydenham 5</th>
<th>Montreal 3</th>
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<th>Montreal 5</th>
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<td><strong>Care Requirements</strong></td>
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<td>Other LTC Home</td>
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<td>PCH on Unit Unconventional beds (max 29)</td>
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<td>PCH SDR &amp; RTC (63)</td>
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<td>PTCC level 3 (base 34 – max 45)</td>
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<td>PTCC level 2 (base 30 – max 36)</td>
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<td>Field Hospital (70)</td>
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<td><strong>Transfer Requirements</strong></td>
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<td>Ambulatory</td>
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<td>Wheelchair/EZ glider chair</td>
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<td>Car/van/Bus</td>
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<td>Patient Transfer</td>
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<td>Paramedic EMS</td>
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<td>Staff required for transfer from bed to stairwell</td>
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<td>Staff required for stairwell</td>
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<td>Staff required for transfer from stairwell to ground level exit</td>
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11.1.15

PTCC – Level 3 Floor Plan
11.1.18        PCH Rehabilitation Therapy Centre Unit 2 Floor Plan

REHAB THERAPY CENTRE
UNIT 2

Modified: 2021-06-16

Phased Total Evacuation Sub-Plan

March 2022
11.1.19 PCH Rehabilitation Therapy Centre Unit 3 & 4 Floor Plans

REHAB THERAPY CENTRE
UNIT 3
Model: 2021-05-26

REHAB THERAPY CENTRE
UNIT 4
Version: 2021-03-26

Existing Equip.

Phased Total Evacuation Sub-Plan

March 2022