**Code Green: Evacuation**

**Section One – Introduction**

There are a variety of circumstances that could necessitate evacuation of the building including: fire, explosion, flood, bomb threat, loss of heat, power or water for an extended period of time and community disaster - i.e. Toxic Spill.

**TYPES OF EVACUATION:**

When discussing evacuation, there are three levels of evacuation to consider.

1. **Simple Evacuation** involves removing people from one room, for example, removing the occupants of a room where there is a fire to a safe area in the building.
2. **Partial Evacuation** is what it sounds like – removing residents from an area of danger to another area on the same level, preferably behind a smoke barrier door. At Pinecrest this would be Horizontal Evacuation. Long term care homes that are more than one story need to have a plan for Vertical evacuation which would involve moving residents to another floor, usually downward.

- **Total Evacuation** would involve total evacuation of the building to the outside and would be carried out only in an extreme emergency.

**MAKING THE DECISION TO EVACUATE:**

The decision to enact a simple or partial (horizontal) evacuation of a wing shall be made by the Registered Staff upon discovery of a fire or another situation that threatens the widespread safety of Pinecrest residents & staff. The Fire Safety Plan describes how a simple or partial evacuation would proceed. (see the page titled “Evacuation”)

The decision to implement a total evacuation would be made by the Administrator/ Director of Care or Registered Staff in collaboration with the Fire Department and EMS. Generally evacuation occurs in three steps – the simple evacuation first, followed by evacuation of those within the affected zone and then, only if necessary, total evacuation.

**RESPONSIBILITY DURING EVACUATION:**

When the decision to evacuate has been made and instructions given as to the degree of evacuation, the Director of Care or Registered Staff shall be responsible for directing the evacuation including:

1. Directing staff in the evacuation of residents.
- Maintaining a record of evacuees and ensuring that all residents have an identification bracelet or other means of identification.
- Transporting the resident's charts & medications to the place where residents have been relocated.

**Sequence of Evacuation**

- Evacuate the room of origin first, if possible. If any resident in the room uses oxygen, immediately turn off oxygen and remove resident from the room.

- When leaving room of origin, ensure door is closed and, if room empty, post an orange marker on outside of door. Place wet bedding or towels in front of the door of fire origin to reduce smoke entering the hall.

- Evacuate the rooms on either side of the room of fire origin and the room directly across the hall. If any resident in one of those rooms has oxygen, evacuate that room next. Immediately turn oxygen off and remove resident from the room. Mark evacuated rooms with orange markers on doors

- Evacuate ambulatory persons next. They should be moved in a group whenever possible. If they are not moved, they may open their room doors and be exposed to fire and smoke. Visitors and other occupants capable of evacuating should be instructed to leave the fire area on their own or with some assistance. Visitors could provide assistance if given suitable instructions. Residents requiring assistance should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.

- Residents in wheelchairs should be moved next.

- Other non-ambulatory residents should then be evacuated.

- Finally, evacuate resistant residents. If they are not in immediate danger, they should be left in their room with the door closed. The Code Coordinator (Registered Staff) must be informed of their location.

- When the fire zone has been evacuated, a final search of all rooms, with the exception of the room of origin, should be carried out if possible. (at this time staff should also move any equipment in the hall into empty rooms. A staff should then be assigned at the separation doors leading to the fire zone to prevent re-entry of unauthorized persons.

When evacuating residents:

Staff must recognize their personal limitations and abilities when preparing to move a resident using an evacuation technique. It is important to recognize if a resident is too heavy to be moved by one rescuer. Sometimes the rescuer may have an injury or problem such as a bad back, that could prevent them from using a certain type of lift or carry. The rescuer should be able to determine how the resident should be safely moved. Other than the room where the fire is located, staff should have adequate time to transfer residents using a mechanical lift. Once the Room of origin in evacuated, staff should refocus, reminding each other that there is time to work at a steady pace without need to panic or rush.

**Total Evacuation**

If the fire or smoke conditions in the building become severe, total evacuation of the building may be necessary. This may be determined by the Code Coordinator and/or the fire department and would involve evacuating residents to the exterior of the Nursing Home by taking them to the back of the building, to the east, across the driveway (by the stone wall)

2 PSWs should work together to transfer residents to wheelchairs, geri-chairs, loungers, commodes, blankets on the floor, etc and remove from room to hall

*1-2 PSWs work together to porter residents to next fire zone*

**Code Coordinator**
Has 911 been called?
Has Administrator &/or DOC been called?

**Designate safe area** as control
Use the central zone or whichever zone is safe. Use Back Yard only as last choice***
if residents must be moved to external waiting point at back of building, assign 1 registered staff & 3 PSW to remain at back while other PSWs, and support staff assist residents to the waiting point.

**Identify main entrance** to be used
Determine which door will be the main door (front door, service door, North hall door) All other doors will be restricted to use by EMS personnel only.

**Retrieve** CODE GREEN BOXES (2)
or delegate registered staff to get from Treatment room. Place at nurses station.

Administrator
Notifications **- List 1** (all lists are clipped together in Code Green Supplies box**.)** Act as contact person with emergency services

DOC
Triage residents (determine order of evacuation & evacuation location) Give **List 2**
Give remote access to PCC to Reg staff going to Case if able

Code Coordinator

** as staff report for assignment – go to the page that outlines their position & assign the next available task to them – write the staff name next to the task they have been assigned.

**Delegate the tasks** below (*specify below who assigned to each task)*:

| Registered Staff | Role | Supplies Needed |
|---|---|---|
| 1. (name) | Door Monitor: to run main door | Give **List 3 ***** will need a cell phone |
| 2. (name) | Conduct a resident head count. | **List 4** - head count & id bracelets |
| 3. (name) | Med Nurse: responsible for the Residents' Charts, MARs, Medications, treatments – print MARS | **List 5** - work with Triage Nurse – as residents identified for evacuation – give their bag & sheet to PSW to collect personal belongings if able |
| 4. (name) | Triage (with DOC if here) | **List 2** (if DOC not here) should have cell phone |
| 5. (name) | supervise residents in building – move from evacuated residents to residents in rooms | |
| 6. (name) | send to Case Manor to assist arriving residents when evacuations start | **List 6a** (small sheet) |
| 7. (name) | send to Legion to assist residents when evacuation there starts | **List 6b** (small sheet) |
| 8. (name) | send to United church to assist residents when evacuations there start | **List 6c** (small sheet) |
| 9. (name) | ask DOC for remote access and go to Case Manor to print required information (ask DOC) | |
| Nurse Clerk | | |
| 1. (name) | 2 staff<br>List 7- Go to an office space that is available | |
| 2. (name) | | |

| PSW | Role | Supplies Required |
|---|---|---|
| 1. (name) | Report to Registered staff #2 to assist with head count & apply ID bracelets | |
| 1. (name) | report to Registered Staff #5 to stay with evacuated residents in control zone & ensure security at exit doors | |
| 2. (name) | | |
| 1. (name) | report to Registered Staff #5 to monitor & assist residents in unevacuated hall, assist as needed, & ensure security at exit doors | |
| 2. (name) | | |
| PSW or Activity 1. (name) | monitor door to evacuated area – ensure no residents, staff enter | |
| PSW or Activity 1. (name) | Report to Registered Staff #4 – Triage Nurse 2 assist to collect residents personal belongings for evacuation | |
| 2. (name) | | |
| 3. (name) | | |
| PSW or Activity 1. (name) | refer to Registered Staff #1 – Door Monitor assist at door with evacuations | |
| 2. (name) | | |
| PSW 1. (name) | Report to Triage Nurse 2<br>Assist Residents & belongings to Exit once ready for evacuation Ensure residents being evacuated are properly clothed and covered as appropriate. | |
| 2. (name) | | |
| PSW 1. (name) | drive to receiving location and assist residents there until replaced | List 6d |
| 2. (name) | | List 6e |
| 3. (name) | | List 6f |
| 4. (name) | | List 6g |
| 5. (name) | | List 6h |
| 6. (name) | | List 6i |

| Staff | Role | Supplies Required |
|---|---|---|
| Housekeeping/Laundry | Gather required supplies for residents<br>Report to Registered Staff #1 Door Security with supplies. | List 9 |
| 1. (name) | | |
| 2. (name) | | |
| Maintenance | Restrict building to all unauthorized persons<br>Maintenance Keep front parking lot and driveways free of traffic | List 8 |
| Dietary | Report to kitchen | List 10 |
| 1. (name) | | |
| 2. (name) | | |
| 3. (name) | | |
| Staff with truck | move wheelchairs, etc to evacuation locations<br>-report to Door Security | |
| 1. (name) | | |
| 2. (name) | | |
| 3. (name) | | |

When all residents evacuated:

1. Building needs to be secured (maintenance)
2. staff assignments to replace staff at evacuation locations (Nurse Clerk)
3. arrangements for accommodation for residents (Administrator, DOC)
4. if possible- pack belongings for residents being relocated
5. if long-term- pack all resident's belongings, label bags with resident's name

Admin/DOC

-Contact the following using the Emergency Phone List

911- Fire, EMS, Police as required to inform that total evacuation is being implemeneted

| | | |
|---|---|---|
| MOHLTC | during Business Hours – initiate and submit an on-line Critical Incident System form identifying this as a Critical Incident | |
| | Ministry Of Health – After Hours Emergency contact<br>(leave a message that a critical incident and need to speak to Ministry of Health). | 1-888-999-6973 |
| LHIN | Between 8:30 am – 4:30 pm Monday – Friday:<br><br>for all System-Level Emergencies / Incidents Notification | 1-905-430-3308 x 3213<br>Toll Free: 1-800-263-3877 |
| LHIN | After Hours Weekdays (4:30pm – 8:30 am), Weekends & Holidays<br>all system related emergencies/ incident notifications | 1-833-833-4314<br><br>Email: afterhours-ce@lhins.on.ca |
| City of Kawartha Lakes | Municipal Call center<br>After Hours Emergency | 705-324-9411<br>1-877-885-7337 |
| Community Care | Wheelchair, stretcher<br>Car & volunteer drivers | 705-324-7323 x 223<br>705-324-7323 x 654 |
| Home hardware | Roger- will provide medical equipment transportation | See Appendix 11 |
| Kawartha Bus Lines | Transportation | 705-324-8882 (also see Appendix 11) |
| United Church Bobcaygeon | Receiving Center | 705-738-5135<br>See Appendix 11 |

| | | |
|---|---|---|
| Extendicare Lakefield | Receiving Center | See Appendix 11 |
| Royal Canadian Legion Bobcaygeon | Receiving Center<br>After hours- | See Appendix 11 |
| Case Manor | Receiving Center | 705-738-2374 |
| Caressant Care McLaughlin Road Lindsay | Receiving Center | 705-324-0300 |
| Riverview Manor | Receiving Center | 705-748-6706 |
| Ross Memorial Hospital | | 705-324-6111<br>ER department 705-328-6164 |
| | Cell<br>Fax | |
| *This is _____from Pinecrest Nursing Home. We have an emergency that requires we evacuate our residents from our building. Transportation is on its way. We will be transporting #____ residents to ___(location) shortly for temporary shelter until accommodation can be arranged for them. They will be accompanied by several staff. Please prepare to accept them. You can contact us at _____ (use personal cell phone #)* | | |
| LTC Homes | Fenelon Court | 705-887-2100 |
| LTC Homes | Extendicare Kawartha Lakes | 705-878-5392 |
| LTC Homes | Caressant Care on McLaughlin | 705-324-0300 |
| LTC Homes | Caressant Care Lindsay | 705-324-1913 |
| LTC Homes | Frost Manor | 705-324-8333 |
| LTC Homes | Victoria Manor | 705-324-3558 |
| LTC Homes | Extendicare Lakefield | 705-652-7112 |
| LTC Homes | Riverview Manor | 705-748-6706 |
| | | |
| Retirement | Country Estates Retirement | 1-800-631-9394 |
| Retirement | Kawartha North Retirement | 705-738-6741 |
| Retirement | Forestview on Mary Retirement | 705-928-5968 |
| Retirement | Adelaide Place Retirement | 705-324-7878 |
| Retirement | Lakeland Village Assisted | 705-328-3444 |
| Retirement | William Place Retirement | 705-328-1016 |

LIST 2: TRIAGE

From CODE GREEN BOX in Treatment Room remove:

- ID Tag- TRIAGE- add your name to tag
- TRIAGE transfer sheets

Next- Determine order of evacuation of residents & location each resident is to be transferred to (RMH, Legion, United Church, Long-Term Care Homes)

Determine order and location based on following criteria:

| Resident status | Location and Mode |
|---|---|
| -resident with injuries and/or medical conditions requiring assessment | RMH for assessment by ambulance |
| - stable resident requiring transfer by mechanical lift | -Long-term care homes starting closest<br>-ambulance - C.C. van |
| -stable residents requiring wheelchair | -United Church<br>- bus -car |
| -Stable residents that walk | -Legion<br>-bus -car |

Start Triage transfer sheet- Add Lab Label, evacuation location and mode of transportation. As sheets complete, give to Triage Nurse # 2

LIST 2: TRIAGE 2

From CODE GREEN BOX in Treatment Room remove:

- ID: TRIAGE 2, write your name
- Belonging bags
- Resident Belonging sheets

as TRIAGE nurse identifies a resident for transfer:

1. place a lab label on a Resident Belongings Sheet (see Nurse Clerk for labels)
2. complete: transfer to, transportation by
3. mark resident's name on belongings bag & add lab label
4. PSWs, Activity Staff will report to you to gather resident's belongings
   - give PSW / Activity staff the belongings sheet & bag for next resident on the list
5. Med Nurse
   - give returned sheet & bag to Med Nurse to add medications, & documentation & return to you
6. on Triage Transfer Worksheet, add time & additional notes as needed.
7. Give Belongings sheet & bag to PSW that is assisting with exits
   - find resident & ensure they are properly clothed, covered for transport (look for linen cart with sheets, blankets, etc near exit)
   - take resident with belongings & Belongings sheet to Door Security

LIST 3 DOOR SECURITY ***You will need a cell phone for taking photographs

get Code Green Box from treatment room if not at Nurses Desk. Remove **Envelope 1** from box, leave box at Nurses Desk

**Your responsibility**: You are responsible to direct all individuals entering and exiting the building. Emergency personnel may enter by any door. All others, staff, volunteers, family, etc must enter by the Main Door (as specified by the Code Coordinator).

Everyone entering is required to sign in. Everyone exiting the building must sign out
You will sign out <u>every resident</u> as they leave the building & ensure they have their belongings bag & belongings sheet

1. Open Envelope 1

Contents:

- Identification badge (Door Security) – add your first name to the tag
- Sign for Main Door
- Signs for all other doors
- Sign in /out sheets for entering the building
- Sign out sheets for Residents being evacuated
- Pens

1. Complete signs for all doors with restricted entrance by naming the Main door that individuals must enter by (for example: all others must enter at **Front** Door)

2. Post appropriate signs at all doors (get tape from nurses desk or main office)

3. Put sign in sheets at Main door with pens.

4. As staff enter building – ensure they sign in, with time of arrival. Dietary staff should immediately go to the kitchen and follow the Code Green procedure for Dietary staff.

All other staff should be directed to the Code Coordinator for assignment
1 or 2 PSWs or Activities staff will be assigned to assist you with residents being evacuated.

1. They should help you to check that residents leaving the building have all the items listed on their Resident Belongings Sheet.
2. Use your cell phone to take a photograph of resident belongings list so we have a record of what they have taken with them & write the resident's info on the Resident Exit List

- PSWs should then assist the resident to the transportation and help them board (if necessary). Mobility aides that cannot go with the resident should be placed in an area outside the door for transport to their evacuation location.
- Note: At some point HK or Laundry staff will report to you to label & sort equipment that needs to go to evacuation locations. Once someone is found to move the equipment these staff can help to load and transport.

LIST 4- HEAD COUNT

**Your responsibility**: do a head count to establish the location of every resident, identify if any residents are missing, and then apply an ID bracelet to every resident in the building.

One PSW will assist you with this.

The Nurse Clerk has been assigned to print resident lists for you to use for the head count. Look for them for this information.

1. Divide the residents by wing for the head count. One staff to find all the residents that have been evacuated from the affected wing & one to establish where the residents from the unaffected wing are. It may be helpful to mark beside each name, where they are currently located.
2. When the head count is completed – identify if there are any missing residents. Report to Code coordinator and determine search plan for finding any missing residents.

The Nurse Clerk has also been assigned to prepare the ID bracelets. They will bring them to you as they complete them. (or go and get what they have completed) They will start with bracelets for the residents who have been evacuated from their rooms.

1. Working together, (2 staff needed to confirm that the identity of the resident matches the name on the bracelet) apply the ID bracelets to each resident.
2. Document that each bracelet has been applied on the resident lists.
3. When all residents have been located and are wearing their ID bracelet, report back to Code Coordinator for next assignment.

LIST 5- MEDICATION NURSE

- get your identification tag “Med Nurse” in Code Green box in Treatment Room- write your name
- if printing is available – start to print MARS – start with wing that has been evacuated.

Gather in 1 location: (consider using the tub room)
- med carts, treatment cart, chart racks, health card & transfer books, MARs

HK staff come to you to assist with supplies. Give them the attached list and direct to bring these supplies. Will be asked to collect extra blankets, sheets, towels and bring to your area to add to Resident's belongings as needed before being evacuated

Triage Nurse #2 will give you Resident's belongings list and belongings bag after PSWs have added personal effects.

Add and check on Belonging list each item you add:
- MARS (if available)
- Medications
- Treatments
- Residents chart (blue binder)
- Health Card
- DNR sheet

Tell Triage #2 that resident's pack is complete (she will give to a PSW to take, with the reside

LIST 6 RECEIVING CENTER

| **REGISTERED STAFF** | | **REGISTERED STAFF** |
|---|---|---|
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: **CASE MANOR** | | Go to: **LEGION** |
| -drive your vehicle or with another team member going to the same location | | -drive your vehicle or with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
| -assist with transfers, toileting, snacks & meals | | -assist with transfers, toileting, snacks & meals |
| - medications | | - medications |
| - assessments, supervision | | - assessments, supervision |
| | | |
| **Do not leave until replaced or directed to do so**. | | **Do not leave until replaced or directed to do so.** |
| | | |
| **REGISTERED STAFF** | | **REGISTERED STAFF** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: **UNITED CHURCH** | | Go to: **EXTENDICARE LAKEFIELD** |
| -drive your vehicle or with another team member going to the same location | | -drive your vehicle or with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
| -assist with transfers, toileting, snacks & meals | | -assist with transfers, toileting, snacks & meals |
| - medications | | - medications |
| - assessments, supervision | | - assessments, supervision |
| | | |
| **Do not leave until replaced or directed to do so.** | | **Do not leave until replaced or directed to do so.** |

| | | |
|---|---|---|
| **PSW** | | **PSW** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: **CASE MANOR** | | Go to: **CASE MANOR** |
| - drive your own vehicle or travel with another team member going to the same location | | - drive your own vehicle or travel with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
| -assist with transfers, toileting, snacks & meals | | -assist with transfers, toileting, snacks & meals |
| | | |
| **Do not leave until replaced or directed to do so by Pinecrest Registered Staff or Management**. | | **Do not leave until replaced or directed to do so by Pinecrest Registered Staff or Management**. |
| | | |
| **PSW** | | **PSW** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: **LEGION** | | Go to: **LEGION** |
| - drive your own vehicle or travel with another team member going to the same location | | - drive your own vehicle or travel with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
| -assist with transfers, toileting, snacks & meals | | -assist with transfers, toileting, snacks & meals |
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| | | |
|---|---|---|
| **PSW** | | **PSW** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: **UNITED CHURCH** | | Go to: **UNITED CHURCH** |
| - drive your own vehicle or travel with another team member going to the same location | | - drive your own vehicle or travel with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
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| | | |
| **PSW** | | **PSW** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: **EXTENDICARE LAKEFIELD** | | Go to: **EXTENDICARE LAKEFIELD** |
| - drive your own vehicle or travel with another team member going to the same location | | - drive your own vehicle or travel with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
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| | | |
|---|---|---|
| **REGISTERED STAFF** | | **REGISTERED STAFF** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: | | Go to: |
| -drive your vehicle or with another team member going to the same location | | -drive your vehicle or with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
| Assist with Resident's as they arrive from Pinecrest | | Assist with Resident's as they arrive from Pinecrest |
| -assist with transfers, toileting, snacks & meals | | -assist with transfers, toileting, snacks & meals |
| - medications | | - medications |
| - assessments, supervision | | - assessments, supervision |
| | | |
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| | | |
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| - assessments, supervision | | - assessments, supervision |
| | | |
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| | | |
|---|---|---|
| **PSW** | | **PSW** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: | | Go to: |
| - drive your own vehicle or travel with another team member going to the same location | | - drive your own vehicle or travel with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
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| | | |
| **PSW** | | **PSW** |
| **Leave your cell # with Code Coordinator | | **Leave your cell # with Code Coordinator |
| Go to: | | Go to: |
| - drive your own vehicle or travel with another team member going to the same location | | - drive your own vehicle or travel with another team member going to the same location |
| 1 Registered staff and 2 PSWs are assigned to each location | | 1 Registered staff and 2 PSWs are assigned to each location |
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| -assist with transfers, toileting, snacks & meals | | -assist with transfers, toileting, snacks & meals |
| | | |
| **Do not leave until replaced or directed to do so by Pinecrest Registered Staff or Management**. | | **Do not leave until replaced or directed to do so by Pinecrest Registered Staff or Management**. |

LIST 7 NURSE CLERK

- If PCC & printer accessible, print 5 copies of resident list and give to RN conducting a head count. If not available, manually make list of residents (using chart racks as a guide, organize by room #)
- Give 3 copies to the RN conducting head count
- Give 2 copies to Triage Nurse

2. ID Bracelets are in Code Green Box in Treatment room

- prepare emergency identification bracelets (start with evacuated residents)
- Use lab labels (kept in med room) to make bracelets
- When done, give lab labels to Triage
- When bracelets ready, give to Nurse doing head count

3. Answer telephone

- Other duties are required by Code Coordinator, Triage Nurse, Director of Care, Administrator

- Collect completed TRIAGE Transfer Worksheets from Triage Nurse

- Contact families re evacuation & where resident sent – document on TRIAGE Transfer Worksheet

LIST 8 Maintenance

- Keep front parking lot and driveways free of traffic
- Restrict building to unauthorized persons
- direct staff, volunteers, families, etc to front entrance

Only Emergency Staff may enter any entrance. All others must enter by Front Door & sign in and out.

LIST 9

Supplies Collection:

Collect as many of the items below – pile on (or in) a clean linen cart & take to Door Security Nurse at Main Door
**** do not enter areas of the building that are not safe**

- Blankets & spreads (check linen cupboards, Room 68, Room 44- back left corner)
- Sheets (check linen cupboards, room 68)
- Towels (bath towels in back right corner room 68)
- Pads (clean linen, room 68)
- any slings
- pillows

Once supplies are collected, outside the main entrance, out of the way of people coming in & out:

1. label & sort equipment that needs to go to evacuation locations. (for example, resident's wheelchairs or walkers.)
2. A list at the door will tell you where the residents has been taken. Mark the location & resident's name on tape and attach to equipment.
3. Once someone is found to move the equipment, help to load and transport equipment to the evacuation sites.

LIST 10 DIETARY

Direct staff in dietary to collect food, supplies needed, to take to evacuation sites. Keeping in mind, safe food handling practices, pack:

1. juice, tea bags, coffee, disposable plates, bowls, cutlery
2. bread products, margarine, cookies, canned meats, soups, supplements, fresh fruit
3. using bags as cold packs, pack milk, yogurt, cold meat, cheese, hard cooked eggs (if available) in cardboard boxes or bus pans

Send 2 + staff to each location to commence food prep.

Prepare beverages, snacks for staff, emergency workers, residents:

4. set up 3 carts with beverages, disposable cups & snack
    5. 1 to Main Dining Room to serve residents
    6. 1 to wing that was not evacuated
    7. 1 to service wing – some place that emergency staff can access it

Contents of **Code Green Supplies Box**

| Item | Quantity |
|---|---|
| ID Tags: | |
| TRIAGE | 1 |
| TRIAGE 2 | 1 |
| MED NURSE | 1 |
| ENVELOPE 1- Door Security | |
| Lists for Staff Assignments | |
| Pens, Pencils | |
| TRIAGE Transfer Sheets | 25 |
| Resident Belongings Sheets | 65 |
| Extra Copy Code Green | |
| | |
| Contents: Envelope 1- Door Security | |
| Sign for Main Door | 1 |
| Sign for all other doors | 6 |
| Sign in, sign out sheets | 10 |
| Resident Tracking Sheets | 5 |
| Pens | 3 |
| Tape | 1 |
| ID Tag: DOOR SECURITY | 1 |
| | |
| Code Green Bracelets & Bags Box Contents | |
| Resident Identification Bracelets | 65 |
| Resident Belongings Bags | 65 |
| Permanent Markers | |
| Pen, pencils | |

| | | |
|---|---|---|
| Triage | *Attach resident lab label here* | Transfer to |
| | | Transportation by |

| | | check if included | |
|---|---|---|---|
| PSW | Glasses | | Notes, comments |
| | Dentures | | |
| | Walker | | |
| | Wheelchair | | |
| | Incontinent Products | | |
| | Sweater, Coat, etc | | |
| | Footwear | | |
| | Other | | |
| | | | |
| | | | |
| | MARs | | |
| Med | Medications | | |
| Nurse | Treatments | | |
| | Chart (Blue book) | | |
| | Health Card | | |
| | DNR sheet | | |
| | | | |
| | | | |
| | Blanket | | |
| | Pillow | | |
| | Sheets | | |
| | Towel | | |
| | Other | | |

| Resident<br>*attach lab label here* | | Transfer to<br>Transfer by |
|---|---|---|
| Time: | POA Called | Comments |

| Resident<br>*attach lab label here* | | Transfer to<br>Transfer by |
|---|---|---|
| Time: | POA Called | Comments |

| Resident<br>*attach lab label here* | | Transfer to<br>Transfer by |
|---|---|---|
| Time: | POA Called | Comments |

| Resident<br>*attach lab label here* | | Transfer to<br>Transfer by |
|---|---|---|
| Time: | POA Called | Comments |

Resident Exit List

| Resident | Time | Transferred to | Transferred by | Belongings bag | Notes |
|---|---|---|---|---|---|
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SIGN IN SHEETS

**CODE GREEN SIGN IN**- All persons entering Pinecrest during an Emergency MUST sign in and out.

** Only Exception: EMS personnel.

| Name | Time In | Time Out | Staff | Family | Other (specify) |
|---|---|---|---|---|---|
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Main Entrance

All staff, Volunteers & Visitors must enter here.

Please sign in as you arrive & see Door Security for assistance
Sign out when leaving the building

DO NOT ENTER

EMS Personnel Only

All others must enter at

Name Tags

Medication Nurse

Triage Nurse 1

Triage Nurse 2

Door Security