

EMERGENCY PLANS MANUAL

Policy No.: ERP- Section 4
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Issued by: Environmental Services Manager
Approved by: Administrator

EVACUATION AND RELOCATION PLAN – Temporary Evacuation Sites (Includes Regional Emergency Shelter Agreement)

A Temporary Evacuation Centre is a short-term place of refuge following a building evacuation, pending return to the Lodge or relocation to other facilities.

LOCATION -- The Emergency Control Officer shall establish the location (see below) and confirm with the contact that:

- access to the building has been secured (identify entrance to be used)
- the building is heated (winter only) and lights will be on
- the availability of a telephone and its number (use portable phone as backup)
- ensure that evacuees will be met at the Temporary Evacuation Center
- assign staff person to be in charge [***Evacuation Centre Control Nurse***]

TEMPORARY EVACUATION CENTRES

The following Facilities have agreed to **accept residents from this Home** on a temporary basis (5 to 8 hours) should evacuation from all or part of the building become necessary and time is of the essence.

If required, residents will be moved from the Temporary Evacuation Centre to other Long Term Care Homes until Strathmere Lodge becomes habitable (see Regional Emergency Shelter Agreement).

FACILITY	LOCATION	NO. OF RESIDENTS	CONTACTS
East Christian Reformed Church	Strathroy 476 Metcalfe St. E	Can accommodate all 160 residents until placement is found for them.	Wilma Zondag 222-236-7186 Wes Zwart 519 245 0454 Wick Hamstra 519 245 0494
Trillium Village	Strathroy 400 Dominion St.	Can accommodate up to 120 residents on temporary basis	Village Office 519 245 3830 Steve Reitsma 519 245 2423 Roger Kroll 519 671 7003

DUTIES OF “EVACUATION CENTRE CONTROL NURSE”

- arrive at Temporary Evacuation Centre either with first group of residents or before, if possible
- establish communications with the Emergency Control Officer by whatever means possible.
- assign floor space based on care needs and functional level of residents
- assign building staff (if available) or volunteers to assist with seating, set up and security
- establish system for holding and distributing medications
- process resident discharge into family care

The form noted below is to be used to record resident discharges

DISCHARGE OF RESIDENT

Resident _____ is discharged into my care.

Print Name _____ Tel # _____ Tel # _____

Signature _____ Staff Signature _____

Date _____ Time _____

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