

FNIHB-OR Nursing Policy and Procedure

Section: **Administration**

Policy Number: **I - 04**

Subject: **Evacuation Plan**

Issued: **2015-03-31**

Revised:

Distribution: **All Nursing Facilities**

1. POLICY:

- 1.1 The decision to evacuate a community due to fire, flood or health related emergencies lies primarily with the Province of Ontario, in conjunction with the Chief and Band Council and the Federal Government.
- 1.2 All First Nations and Inuit Health Branch – Ontario Region (FNIHB-OR) nurses are to comply with lawful evacuation orders.

2. PRINCIPLES:

- 2.1 During evacuations, staff safety is a priority for First FNIHB-OR.

3. PROCEDURE:

The roles and responsibilities for the health care team are as follows:

3.1 *The Director of Nursing (DON):*

Pre-Evacuation Planning Stage:

- 3.1.1 By March 1st each year, the updated contact list of nursing leaders (Regional and Zone offices) are to be sent to the Regional Nursing Office.
- 3.1.2 The Director of Nursing will ensure the updated contact lists are stored in a shared drive and Business Continuity Coordinator is notified.
- 3.1.3 Engage in on-going review of the emergency/evacuation plans and disseminate all updates to the FNIHB-OR staff.

During a Declared Evacuation:

- 3.1.4 Confirm with affected Zone(s) that the contact list is current, and establish alternate contacts as necessary.
- 3.1.5 Liaise with the FNIHB-OR Regional Executive, Business Continuity Coordinator, Emergency Management Coordinator.
- 3.1.6 Maintain daily contact with zone and the emergency management team during the period of emergency.

3.2 *The ZNO or designate:*

Pre-Evacuation Planning Stage:

- 3.2.1 Ensure all nursing personnel are familiar with the Regional Evacuation Plan policy.
- 3.2.2 Provide the First Nations Health Director and DON office with a copy the Regional Evacuation Plan by March 1st each year.
- 3.2.3 Ensure the client information sheets are reviewed and updated annually in April.
- 3.2.4 In the SLZ, the Bush Box are to be reviewed annually in April of each year. All out-dated equipment and medications are to be promptly replaced. Nurses are to refer to the SLZ Desk Reference Manual for the approved Bush Box content list.

During a Declared Evacuation:

- 3.2.5 The ZNO will collaborate with mandated Ontario provincial health and emergency services to determine the level of nursing services that will be required at the evacuation receiving site.
- 3.2.6 The emergency management team will arrange for accommodation in the receiving community.
- 3.2.7 Maintain daily contact with the nursing personnel at the evacuation site.
- 3.2.8 Provide daily evacuation status updates to the Senior Manager of Program Delivery and Assistant Director of Nursing. Once the evacuation commences, the frequency of updates may increase.

3.3 *The Community Health, Nurse in Charge (NIC) or designate:*

Pre-Evacuation Planning Stage:

- 3.3.1 Review the evacuation plan with staff, highlighting each member's professional and personal responsibilities.
- 3.3.2 Ensure the client health profile for all high risk clients, high risk client registries (e.g. clients with special needs and prenatal) and important contact numbers are completed and updated annually. Updates may occur more frequently in order to prepare for an upcoming high risk season, such as a flood risk or fire risk seasons. These profiles do not have to be sent out with the evacuees.
- 3.3.3 In the SLZ, the "Bush Emergency Kit" must be maintained in an easily accessible location and checked once a month for content expiry dates and replenished accordingly. Refer to the SLZ Desk Reference Manual for a current Content List.
- 3.3.4 Instruct the nursing staff to have a small sized bag (13-15lb) containing personal effects to be ready at all times - The time between notice of evacuation and the actual evacuation from the community may be very short.
- 3.3.5 Provide community education to ensure all evacuated clients bring their necessary medications with them.

During a Declared Evacuation:

- 3.3.6 Upon notification of a community evacuation mandated by the Province of Ontario, inform the ZNO or designate.
- 3.3.7 The NIC or designate will maintain lines of communication with the ZNO or designate throughout the evacuation process.
- 3.3.8 Promptly notify the health facility staff of the evacuation order and coordinate their activities related to the evacuation. All health care staff will follow the evacuation procedure as directed by the local emergency planning officials.
- 3.3.9 Throughout the evacuation process, the nursing station/health centre will remain closed, with the exception of providing emergency services.
- 3.3.10 When a client requires additional assistance, the nurses will assist in designating an escort

or attendant for that client, as needed.

- 3.3.11 The NIC or designate should be the last FNIHB-OR employee to leave the facility.
- 3.3.12 In the event of a complete evacuation, the following information should be sent to the evacuation centre: (i) List of phase one evacuees and (ii) client health sheets for high or at risk clients. Maintaining privacy is paramount. The details on transferring this information will be confirmed at the time of the evacuation, as each zone may have a variation in the process. Consult the Community's Evacuation Plan for additional details.
- 3.3.13 All controlled substances must be handled as per *FNIHB Policy and Procedures on Controlled Substances for First Nations Health Facilities*. Special considerations for the handling of Suboxone must also be followed, as outlined in the Suboxone Guidelines.
- 3.3.14 In the event of a complete evacuation, requests for vacation or compensatory time off will be assessed on an individual basis.
- 3.3.15 Nurses (or designate) will verify that the evacuated clients have all their necessary medications.
If an evacuated client does not have the necessary identification (Indian Status Card or Ontario Health Insurance Plan Card), the nurse (or designate) will seek appropriate resources to assist in the process of obtaining such records.
- 3.3.16 The evacuation will include nurses, nuclear family members and/or significant others. There will be no transportation or accommodation provided for personal pets. It is recommended that the pets be crated and flown out prior to the evacuation.

4. RELATED POLICIES:

Appendix A: Community Go Bag Poster
FNIHB Policy and Procedures on Controlled Substances for First Nations Health Facilities
Nursing Act
Sioux Lookout Zone Desk Reference Manual – Bush Box Content List
Suboxone Guidelines

5. REFERENCES:

First Nations and Inuit Health Branch (2013). FNIHB Policy and Procedures on Controlled Substances for First Nations Health Facilities

Approved by:	Effective Date: March 31, 2015
Director of Nursing, Ontario Region FNIHB Date:	
Regional Executive, Ontario Region, FNIHB Date:	

See attached Community GO Bag Poster

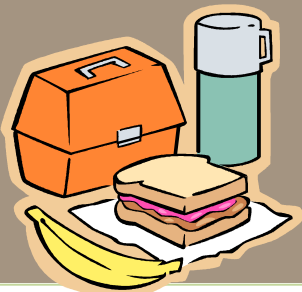
Be Prepared for Evacuation and



Today



- *write down medications and the dosages of each drug*
- *include a list of allergies with all prescribed medications*
- *have a list of names and telephone numbers (such as family members, group contact person, etc.)*



What should you pack in your GO! bag?

- Medications
- Identification
- Water bottle and snack bar
- Cash / wallet and keys
- Change of clothes (e.g., socks, underwear, a pair of pants, t-shirt, sweater, jacket, mittens, hat)
- Personal items (e.g., soap, toothbrush, toothpaste, shampoo, feminine hygiene supplies, cell phone, iPod, charger)

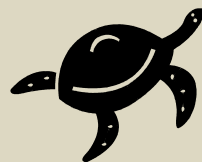


Elders and children may need special items.

For Elders these include:

- Hearing aids
- Prescription eyewear and footwear
- Walkers or canes
- Vitamin supplements
- Extra dentures and cleaner

For young children these include:



- Infant formula, extra bottles
- Diapers
- Activity books with crayons
- Favourite toy

Remember you should be ready to go at a moment's notice. Everyone should prepare a GO! bag including children and adults. A GO! bag should be your carry-on baggage and cannot weigh more than 13lbs.