

# Emergency Planning for Special Need Population Centres A Concise Handbook



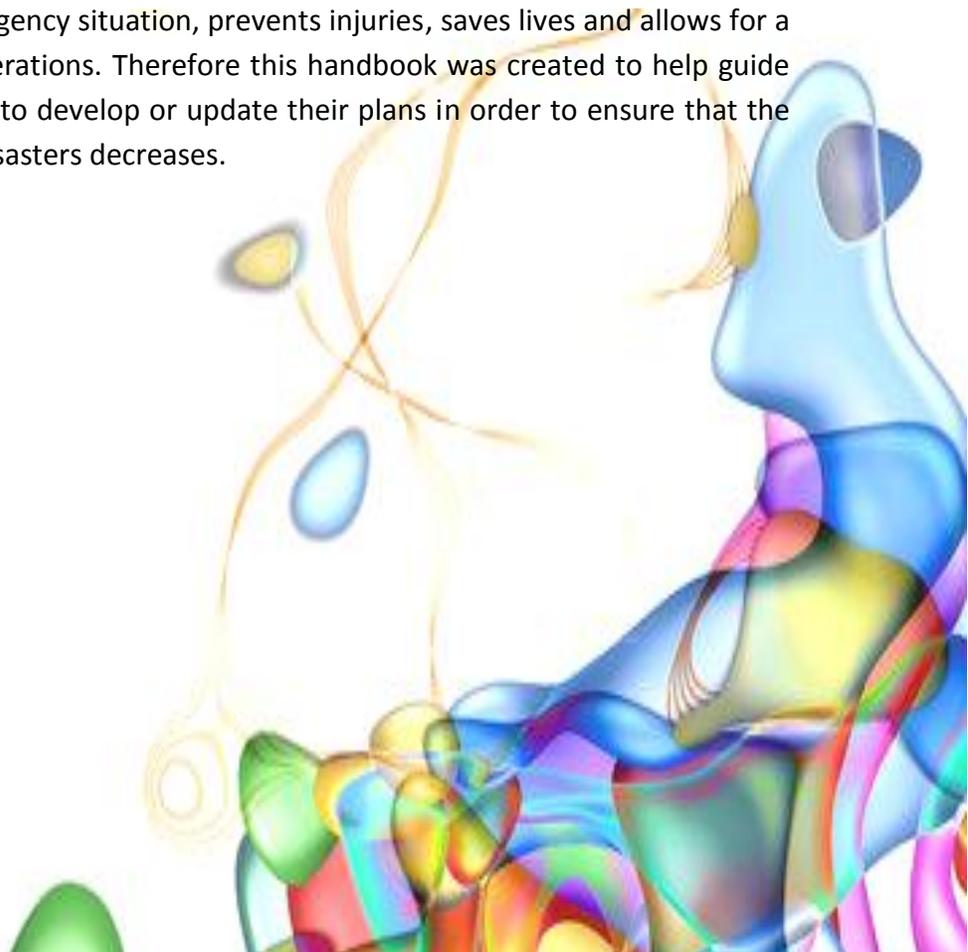
**Office of Disaster Preparedness and Management**  
*A division of the Ministry of National Security*



In keeping with its obligations to fulfilling Priorities One and Three of the Hyogo Framework for Action (HFA) 2005-2015: Ensuring that disaster risk reduction is a national priority and using knowledge, education and innovation to build a culture of safety and resilience, the ODPM has implemented several outreach initiatives and a media campaign that focuses on enhancing the awareness of the citizenry to the various hazards that could impact Trinidad and Tobago and ways in which they can mitigate against them. Special emphasis has been placed on emergency planning in various sectors. This concise handbook is specific to emergency planning for Special Needs Population Centres/Homes in Trinidad and Tobago.

The need for such a handbook became more evident given the alarming statistics of how socially vulnerable groups are disproportionately negatively impacted when severe disasters occur. The United Nations International Strategy for Disaster Reduction (UNISDR) has stated that, “persons with disabilities remain at high risk with respect to disasters caused by natural hazards. For example, the death rate of persons with disabilities in the 2011 Great East Japan Earthquake and Tsunami was more than double that of the death rate for the entire population. The earthquake in Haiti in 2010 also disproportionately affected many persons with disabilities.” These statistics are alarming and further emphasises the need for these centres that cater to the persons who are differently able to have customised and comprehensive emergency plans that are tested at least once a year.

There are many benefits to having a plan for these special needs centres as it allows all staff members and residents to know their roles and responsibilities during and after an emergency, improves the response to an emergency situation, prevents injuries, saves lives and allows for a quicker return to normal daily operations. Therefore this handbook was created to help guide special needs populations centres to develop or update their plans in order to ensure that the number of lives lost during such disasters decreases.





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## 1.0 Developing a Comprehensive Disaster Management Plan for Special Needs Populations Centres

A comprehensive disaster management plan should outline the processes to be followed before, during and after an emergency or disasters occurs. A comprehensive plan will consist therefore of all the phases of the Disaster Management Cycle; Prevention, Preparedness, Mitigation, Response and Recovery. These terms should also be clearly defined in your plans.

Developing and having an Emergency Plan does not ensure the protection of the resident, staff and the building itself. Once a plan is developed, it must be tested. Conducting drills/exercises is of utmost importance as well and it is the practicing of these drills that will help staff and residents to not only better understand their role and responsibilities but to also identify gaps that may exist in the plan.

Therefore, having a plan is just one component in an emergency plan, there are other important elements:

- Establishing a Safety Committee
- Conducting a simple Hazard and Risk Assessment of the building
- Developing a Emergency Plan
- Conducting Emergency Drills/Exercises
- Evaluating drills and amending the Emergency Plan to bridge gaps discovered during the drill

The following planning principles should be observed when developing your disaster plan:

**Simplicity:** The plan should be concise and the roles and responsibilities must be clearly stated and outlined.

**Flexibility:** The plan should be flexible enough that it can still work even if key personnel are missing or the emergency is different.

**Comprehensive:** It should describe arrangements for all the phases of the disaster management Cycle; prevention, mitigation, preparedness, response and recovery.

**Clear Decision Making Process:** The plan should describe the decision making process to be adopted when a disaster occurs. The decision making process should remain fairly consistent when dealing with different issues.

**Dissemination:** All staff/caregivers should be familiar with the contents of the plan, receive appropriate training and exercise the plan at least once yearly.

**Evaluation Process:** An evaluation process should be developed so that gaps can be easily identified.

**Review the Plan:** The plan should be reviewed every six months, or after a drill is conducted or if there are drastic changes to the home/centre, such as change in staff or physical structure.



## 2.0 Establishing a Safety Committee

Special Need Facilities can reap great benefits from an organized, functional Safety Committee, which if managed properly can increase awareness of, and ensure timely responses to safety issues, while promoting agency collaboration towards risk related problem solving.

The primary function of such a committee should be to develop and implement an Emergency Plan and to maintain and encourage a safe environment for staff and patients/residents of the facility.

### 2.1 Duties and Functions of the Safety Committee

The duties and functions of a safety committee will depend on the needs of the facility, but some key functions that should be encouraged include:

- **Develop, review and implement an Organizational Emergency and Disaster Preparedness Plan.**
- **Ensure robust mechanisms for Emergency Warning (manual and/or electronic) has been implemented and proper sensitization carried out.**
- **Ensuring periodic safety Inspections are conducted.** These should be conducted both on the compound as well as its immediate environs. It should be noted that if there are no members of the organization able to conduct such inspection , assistance can be sought from agencies such as the Fire Prevention Unit of the Trinidad and Tobago Fire Service (TTFS) and the Trinidad and Tobago Occupational Safety and Health Authority (OSHA) to name a few.
- **Plan, organize and conduct emergency preparedness training and drills for employees.** This is another measure that can be implemented by the safety committee to build the capacity of facility staff to be able to better handle the impact of hazards should they occur.
- **Gathering employee and resident input.** Listening to suggestions made by both members of staff and residents/patients, reporting them to the committee and making appropriate recommendations to management, at the same time providing suggestions for the improvement of safety.
- **Periodic Reviews.** Review of existing facility safety polices, such as the Emergency Plan and developing new ones when necessary.

- **Creating awareness.** Observing unsafe working conditions or practices, and reporting them to the committee, supervisors and management. This also involves responsibility for information dissemination and sensitization to both members to staff and residents/patients of the facility to ensure that they are familiar with plans for emergency warning, evacuation.
- **Coordinate and communicate with first responder agencies** (e.g. police, fire departments, hospitals) and the relatives of residents in crisis situations.

### **Tips when contacting a First Responder Agency**

A list of Emergency Contacts- Nearest Fire Station, Police Station, Ambulance, Hospital and the ODPM call centre should be posted near all phones. When contacting a first responder agency, be sure to follow to these guidelines:

1. Take a deep breath
2. Calmly state your emergency
3. State your contact number- in case the call gets cut, the emergency personnel can call you back
4. Listen. Allow the emergency personnel to direct the conversation
5. Answer questions in a clear and calm manner
6. Do not end the conversation unless directed by the emergency personnel

It is important to remember that persons don't need to have extensive disaster management training to be part of this committee. Many of the people employed at the facility will have the necessary information needed to assist in the planning process.

Once the committee has been established a Hazard and Risk Assessment can be done.

### **2.1.1 Conducting a simple Hazard and Risk Assessment**

Performing a hazard and risk assessment doesn't always have to involve a professional. A simple hazard and risk assessment can be done by completing the following steps:

#### **1) Identify risks**

The occurrence of some natural hazards can be predicted, especially if they tend to occur repeatedly in the same geographical locations or because they are related to weather patterns or the physical characteristics of an area. Examples of these would be flooding and landslides. You can contact the Disaster Management Unit of your Regional Corporation to find out more information about the different hazards that can affect the community in which your home/centre is located as well as nearby communities as this can later affect the evacuation route that is chosen.

To identify other potential risks, members of the planning committee should conduct a systematic 'walkaround' of the home/centre and assess the rooms, grounds, building, and potential evacuation route hazard. Before the 'walkaround' is done you should either obtain or draw a map of the home/centre. You can then note potential hazards and the location of utilities, emergency equipment and supplies on this map.

## 2) Profile Hazards

There may be numerous hazards that can affect your home/centre and nearby communities, but remember that it is impossible to plan for and prevent all. This is also why the plan that is created should be flexible so that similar processes can be adopted to suit any emergency.

How do you choose which hazards to consider when developing your plan? Different hazards will impact different communities in different ways, based on its vulnerabilities such as local development, population distribution, age of buildings, and mitigation measures already implemented. It is important to plan for emergencies/disasters that therefore have a high probability of occurring.

## 3) Inventory Assets and Estimated Losses

Assets are not limited to infrastructure, files and equipment. One of the most important assets is that of life.

## 2.2 Guidelines for a successful Safety Committee

The dynamics of the safety committee can vary depending on the needs; size and type of the facility, however there are some key elements which have consistently proven useful in ensuring success. They are as follows:

- **Appoint a chairperson or leader.** This person aside from having excellent working knowledge of the organization, should display good leadership skills such as organization, dedication, and have the ability to motivate other members of the team.
- **Diverse Membership.** An ideal committee is made up of a mix of both management and non- management of employees, and in this instance, interested residents of the facility can be included as well, as they can provide useful insight into challenges faced on a day to day basis. It is recommended that the size of the committee should be limited to 4-12 members (depending of course on the size of the organization), as this will help to keep meetings moving, and allow for the engagement and participation of all members. Members should also have good working knowledge of company operations, hazards, and be willing to work as a team.
- **Assignment of Roles and Responsibilities.** This is critical for ensuring that certain key activities are carried out, and can be categorized by tasks to be conducted before , during and after a disaster or hazard event . It is important to note that assigning a

responsibility does not imply that only one person will be responsible for completing a task, but rather that he/she will be responsible for coordinating efforts for task completion.

- **Effective Meetings.** Meetings should be scheduled regularly, once per month is recommended, for no more than 1 hour in length. Limiting meetings minimizes the time employees must spend away from other duties. It is recommended that scheduled meetings should be maintained even if no incidents have occurred.
- **Set an Agenda.** The agenda of a meeting can vary , but should typically include a review of recent accidents/incidents, current or new activities, safety inspection reports, record of attendance, special projects etc .
- **Documentation of the committee's efforts.** This can be done through meeting minutes, which can be distributed throughout the organization, including key management. Maximum benefits will be obtained by publicizing the committee's efforts, especially with regard to special care facilities as they, help to improve the organization's standards and image.

## **3.0 Structure of an Emergency Plan for Special Need Population Centres**

The following sections will outline the key components of an emergency plan designed specifically to cater to special need population centres. Please note that if your safety committee has identified any necessary additions arising from areas of concern these should be incorporated into the template as well.

### **3.1 Institutional Information**

A brief summary of your facility should be included at the forefront of your document. This is to ensure that at a glance, the reader (for example: members of the safety committee, emergency responders etc) will be able to get a clear picture of the type of needs the facility caters to, as well as any key logistical information. Items that you should include under institutional information are as follows:

#### **3.1.1 Name and Description of Facility**

This section should state the full name of the facility and clearly detail the type of care treatment or services provided, as well as the type of persons the institution caters to. For example it should be stated whether the facility provides adult or childcare, on a temporary (visits) or long term (overnight or boarding) arrangement, and of course detail the type of care provided such as elderly housing, treatment for the hearing or visually impaired, handicapped etc .

#### **3.1.2 Address and Contact Information**

Including the address and contact information for the facility is imperative for any emergency plan, to ensure that in the event of an emergency, first responder agencies, such as the police and fire services will be able to easily make contact with and find the facility's location. In addition to providing an address, additional descriptive details to help to pinpoint the facility can be very helpful.

Telephone and Fax numbers, as well as email addresses for the facility itself and for those individuals in charge of, and responsible for the safety of the compound, should be included, and clearly labelled. This provides a redundancy to allow the greatest chance of making contact with the relevant personnel.

### **3.1.3 Organizational Logistics**

In the event of an emergency, it is important for potential responders to know the number of persons, both residents and members of who may require assistance such as evacuation and medical attention. Some items that can be included under this section are as follows:

- **Maximum Carrying Capacity:** This represents the maximum amount of residents/ patients that the facility can support at any given time. This is particularly important for planning purposes.
- **Current Capacity:** This represents the current number of patients/ residents attached to the facility.

## Institutional Information

### **Name of Facility**

The Saint Anthony Retirement and Nursing Home

### **Description**

This home is used primarily for the care and treatment of both elderly men and women, falling within the age range of 60- 98 years. The home offers, long term treatment, including medical care, with the majority of residents staying on a permanent basis.

\* Currently (5/9/2013) 3 residents of the home are visually impaired. They are being housed in room #2 on the western end of the ground floor of the facility.

### **Address**

# 12 Nostalgia Terrace, Wisdom Road, Chaguanas.

### **Additional Details**

Yellow Building, with a silver gate, on the right side of the street.

### **Office Contact Information**

**Office Telephone:** 868 555 5555

**Office Fax:** 868 555 1234

**Office Email:** [saintanthonyhome@hotmail.com](mailto:saintanthonyhome@hotmail.com)

### **Key Personnel Contact Information**

#### **Mr. Richard Parker**

Manager of Saint Anthony Retirement and Nursing Home

Office Telephone: 868 555 5555 ext 123

Mobile Telephone: 868 334 1234

Email: bengaltiger@hotmail.com

#### **Mr. Moli Patel**

Head of Safety Committee

Office Telephone: 868 555 5555 ext 124

Mobile Telephone: 868 334 5678

Email: piscine@hotmail.com

### **Organizational Logistics**

**Maximum Carrying Capacity:** 30

**Current Capacity:** 27

## 3.2 Alternative Sites

Depending on the structural integrity of the building, some special needs population centres may not be able to withstand certain disasters. Centres should have two (2) predetermined alternative sites to provide temporary housing and care when needed.

However not all residents may need to be moved to an alternate site, some may have family or friends that they can go to for temporary shelter. An inventory of these persons and contact information for their families as well as a call out protocol is established and updated regularly.

### 3.2.1 Choosing an Alternative site

Be sure to choose alternate sites that are:

- 1) **Suitable to the specific needs of the residents** and should be strong enough to withstand the nature of the impending hazard.
- 2) **Structurally sound and sturdy.** The alternative site can be inspected for fire safety by the Fire Prevention Unit of the Trinidad and Tobago Fire Service (TTFS). If the TTFS sees it fit, they will contact the Ministry of Works and Infrastructure to have their engineers inspect the structural integrity of the building. **Please note** that this can only be done under the advisement of the Trinidad and Tobago Fire Services.

**In addition to choosing alternate sites the following must also be taken into consideration:**

- 1) Develop an inventory of the items that each resident will need to take to the alternate site. Therefore, caregivers and residents will have to consider what is critical for their survival on a daily basis. These supplies and/or equipment should be noted so that they can be taken to the alternate site.
- 2) In addition to the critical items that will be needed at the alternate site, each resident should have their own 'to go' bag. This 'to go' bag should be a water proof bag that contains all important documents a change of clothing and necessary personal hygiene items. Each 'to go' bag should be labelled with the person's name and contact information.
- 3) Consideration must be given to the mode of transport needed to take residents to the alternate site.
- 4) All care givers and residents must be aware of these alternate sites.

**For those to be released to a family member or guardian:**

- 1) Develop a database of the residents who can be accommodated by family and update the inventory of the addresses and contact numbers of the family and friends.

- 2) Develop a protocol for contacting family members and guardians and designate a particular member of staff to perform this task in the event of a disaster.
- 3) Create a list of the specialised items (medication, particular foods etc) that each resident needs so that the family would be aware of how to care for the resident.

**Inventory of resources:**

- 1) Each resident and what special assistance each resident requires
- 2) Medical equipment and their location
- 3) Emergency supplies that are kept in the home/centre
- 4) Listing of emergency training done by staff example First Aid, Incident Command System
- 5) The type of training that care givers and residents will need
- 6) Chemicals/hazardous materials stored in the home/centre and their storage location

### **3.3 Emergency Sheltering**

An emergency shelter can be used as an additional alternative site, but it should be noted that a shelter should always be a last resort.

#### **3.3.1 Identify the closest and most appropriate shelters:**

Special Needs Populations Centres/Homes can contact either the ODPM or the Disaster Management Unit (DMU) of their local regional corporation for information regarding their nearest shelters. Centres/homes will have to get specific information from the ODPM and the DMUs regarding whether or not the shelter is suitable for their residents.

#### **3.3.2 Identify means of transport:**

If special vehicles are required, the homes/centres should identify means of transporting residents and any medical equipment that they may need to the shelter.

#### **3.3.3 Identify alternate routes to the shelter:**

Identify routes that can be used to transport residents to the shelter. This is very important as it is very likely that roadways will be negatively impacted during a disaster.

#### **3.3.4 Rules of shelters**

If you are to use a shelter, you need to be mindful of the rules as well items that you should take. They are as follows:

**Rules:**

- The laws of the Republic of Trinidad and Tobago shall be observed at **all times**.
- **Absolutely no** alcohol and illegal drugs are allowed.
- **No animals allowed**, unless needed as a disability aid.
- **Health and sanitation** are to be maintained by shelterees and support staff.

### **Items that you should consider taking to a shelter:**

- Identification and important documents
- A change of clothing, good walking shoes, extra socks and undergarments
- An extra blanket and small pillow per person. While they will have a limited amount of supplies, you and your family will be much more comfortable if you bring your own supplies.
- Prescription and over-the-counter medicines. A first-aid kit, including adhesive bandages.
- Cash, chequebooks, and credit cards (during a power outage, cash may be your only option)
- Important phone numbers for contacting family, insurance companies, and banks
- Special items for infants (clothes, diapers, food/formula, bottles and nipples, food, small toys, blankets.)
- Water. Water services may be disrupted at the shelter as well in the early hours of an emergency.
- Non-perishable canned food as it may take a while to set up a regular meal schedule at a shelter.
- Books and board games for entertainment.

**Disclaimer:** It is important to note that the shelter closest to the home/centre may not necessarily be open in the event of a disaster because this shelter may be within the impact zone or it may not be suitable for the type of hazard event. Centres can contact either the ODPM or their relevant municipal corporation for information regarding which shelters have been opened.

## Alternative Sites and Emergency Sheltering

### **Alternative Site**

St. Michael General Hospital  
23 Wisdom Road, Chaguanas.  
Tel: 868 555 1233

Key Contact: **Dr. Lee Singh**

**Head of Emergency Department**

Tel (Office): 868 555 1233 ext 765

Tel (Mobile): 868 344 3344

Email: healer@hotmail.com

### **Evacuation Route**

Starting from the home on Nostalgia Terrace , Turn left , and drive in a westerly direction ( for approximately 400 metres) until you reach Wisdom Road , Then turn right , and drive in a northerly direction ( for 1.7 km ) until you reach the St. Michael General Hospital , which is a large yellow building. This is illustrated in Map 1 below.

### **Emergency Shelter**

Nostalgia Community Centre  
# 23 Nostalgia Terrace, Wisdom Road, Chaguanas.  
Tel: 868 555 5678

Key Contact: **Mr. Wayne Goodman**

**Shelter Manager and Community Centre Coordinator**

Tel (Office): 868 555 0001

Tel (Mobile): 868 344 9987

Email: goodman@hotmail.com

### **Evacuation Route**

Starting from the home on Nostalgia Terrace , Turn right , remaining on Nostalgia Terrace and drive in an easterly direction ( for approximately 1.1 km) until you reach the Nostalgia Community Centre , which is a white building with a red roof. This is illustrated in Map 1 below.

### **Protocol for Evacuation**

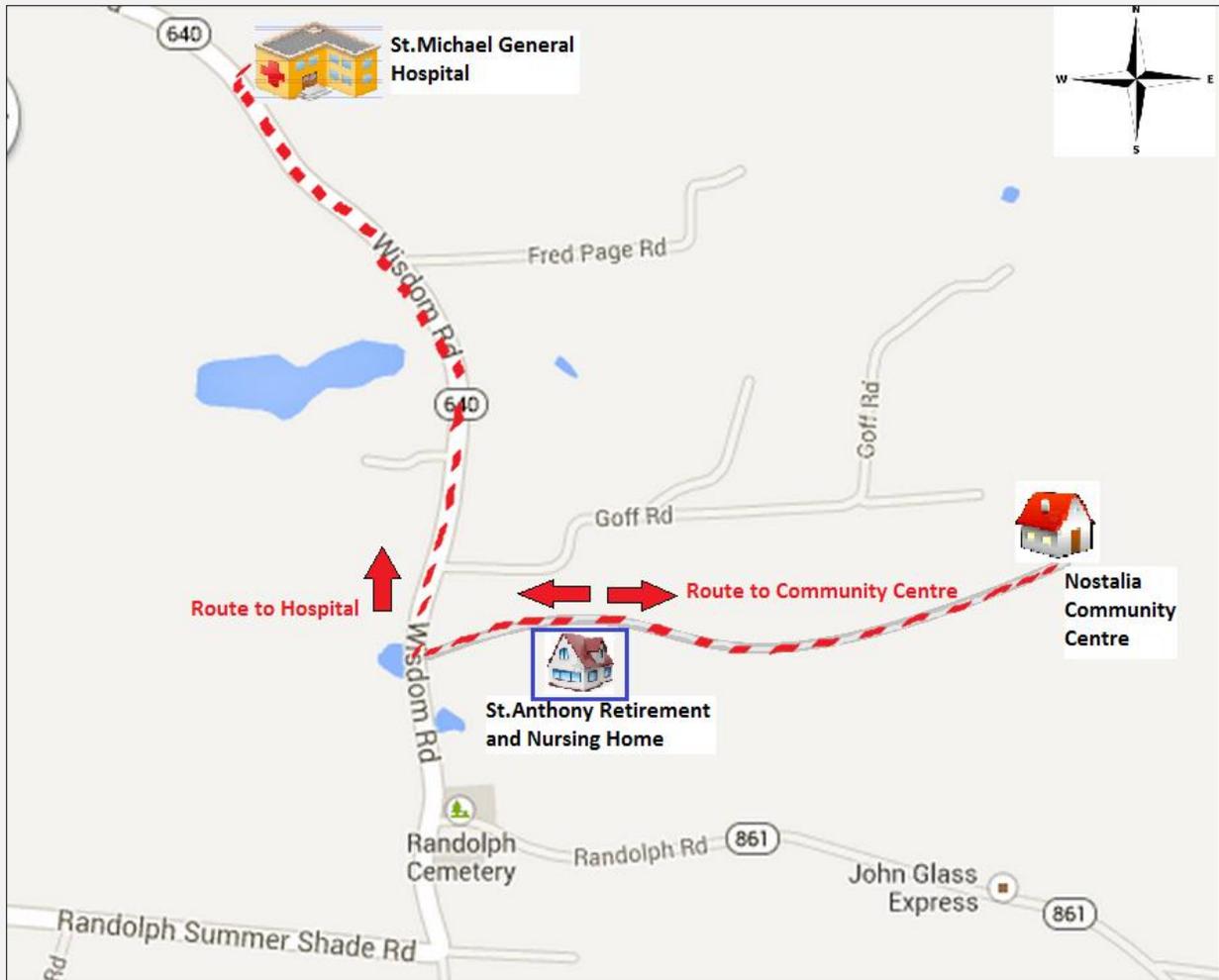
When the alarm has been raised (via electric bell or loud speakers) residents who are mobile, and have been familiarised with the evacuation route to exit the building, should do so in an orderly fashion. Residents, who require assistance, should remain calm until a member of staff comes to assist you with evacuation to the muster point, which by then members of the safety committee would have deemed safe.

Members of the safety committee will then liaise with first responder agencies to obtain assistance and determine if alternative sites need to be utilised. Should the facility be compromised and the moving of residents and staff to an alternative location becomes necessary, first responder agencies, such as the police will advise on whether the designated evacuation routes are safe for use.

Please note that the safety of all persons is of greatest priority. Therefore the process of releasing patients/ residents to their relatives and guardians **will only be initiated once the safety of all persons has been assured.**

## Alternative Sites and Emergency Sheltering (continued)

Map showing Evacuation routes to both Alternative sites and Emergency Shelter



**Transport:** The mode of transport to be utilised is the Facility Bus.

License Plate: BUS 2345

Seating: 35 persons including driver

This bus is equipped to transport the handicap.

**Drivers:** The following persons have been designated and insured to drive the facility bus.

1. Ms. Susan Paul / 868 344 7656
2. Mr. Yann Martel / 868 332 5698
3. Mrs. Sangeeta Evans / 868 233 1234
4. Mr. Michael Scott / 868 456 7653

### 3.4 Evacuation

Evacuation refers to the process of staff and residents calmly exiting a building in an organised fashion when there is a threat or hazard occurrence.

Evacuation can exist in two (2) stages, the first stage being to evacuate the building, where staff and residents can assemble at designated muster points, and the second stage involving moving all persons to pre-selected alternative sites or emergency shelters.

To prevent panic and confusion in the event of an emergency, a simple protocol for evacuation can be established and outlined in the emergency plan.

Some key points to note when conducting evacuations are as follows:

- **Identify the quickest and safest way out** and document this in your emergency plan. Outline a primary and alternative route to predetermine areas such as alternative sites.
- **Designate care givers as fire wardens.** In the event that residents need to quickly evacuate, these fire wardens can assist with safely guiding persons out of the building.
- **Conduct practice drills.** Homes/centres need to practice drills so that care givers and residents will not be confused or feel panicked when an actual emergency happens. If a drill is not feasible then a tabletop exercise can be conducted.
- **Identify an alerting mechanism.** A loud siren can be used to alert residents that they need to evacuate or a voice recording can be used to safely guide persons out of the building. Marking can be placed on the walls so that residents can feel their way out of the building safely. Flashing lights can also be used to warn residents.
- **Identify the mode of transport** that is needed to take caregivers and residents to the alternate sites. Before evacuation routes can be developed the requirements for the transport of residents must be assessed, documented and where possible procured.

### 3.5 Emergency Warning

Emergency Warning is a critical component in the disaster preparedness process. An efficient mechanism for alerting is necessary to inform both staff and patients/residents of the facility of impending threats and to initiate preparedness actions.

Before a mechanism for emergency warning can be selected, the population it is expected to serve should be carefully studied and their needs analysed. Additionally, redundancies should be established, in the event that the impacts of hazards render one useless. One useful tip would be to utilise manual

“low- tech” mechanisms such as loudspeakers or a hand bell , in addition to those dependent on power sources which can fail such as electronic sirens .

### **3.5.1 Alerting Mechanisms for Special Need Groups**

As mentioned previously, emergency warning systems must be modified and adapted to meet the needs of the population it is designed to serve. The following are some examples of systems that can be easily implemented for specific special needs groups.

#### **Visually Impaired and Differently Able**

Manual: Loudspeakers or hand bells.

Electronic: Sirens or alarms

#### **Hearing Impaired**

For the hearing impaired, it is best to use visual mechanisms for alerting such as flashing lights.

Manual: Use Flashlights to signal

Electronic: Facility lights can be used (switched on and off) for alerting

Additional characteristics on how these alerts are to be issued can be detailed in the plan to avoid confusion or misinterpretation. For example with regard to alarms , one long ring , followed by two short rings can be used , and for the hearing impaired , periods of three quick flashes can be used .

It is important to remember, that an emergency warning system is only as good as its accompanying sensitization campaign. All occupants of the facility should be able to recognise the alarm when raised, and understand how they should respond to it, whether it means calmly waiting for assistance, or making their way to the muster point in an orderly fashion. This familiarity with the system will help to reduce panic in emergency situations. It is strongly recommend that drills, simulations and table top exercises are practiced regularly, and information regarding the system for emergency warning be integrated into the orientation process for new staff and patients/residents.

Finally, it should be clearly stated in the Emergency Plan, who is authorised to initiate any alarm with regard to emergency warning, especially considering the impact this will have on all occupants.

## Evacuation and Early Warning

### **Alerting Mechanism:**

**Primary Alarm:** Electric Bell.

**Alarm Sound:** One long ring then two short rings

**Secondary Alarm:** Loud Speakers: Assigned caregivers will announce over the speakers that residents must evacuate at once.

### **Persons Authorised for initiating alerts:**

1. Mr.Moli Patel
2. Mr.Yann Martel
3. Ms. Jenny Brown

### **Evacuation of Building**

#### **Ground Floor Evacuation:**

All residents upon hearing the warning alarm MUST proceed in a calm manner from their room down the corridor in a southern direction to the front entrance of the building. Once outside of the building residents must then proceed in a south-eastern direction to the muster point where a role call will be conducted by the head safety officer.

#### **Evacuation of second floor:**

All residents upon hearing the warning alarm MUST proceed in a calm manner from their room down the corridor in a southern direction to the main staircase. Residents must continue down the staircase to the front entrance of the building. Once outside of the building residents must then proceed in a south-eastern direction to the muster point where a role call will be conducted by the head safety officer.

**Location of Muster Point:** Car park on the south-eastern side of building.

**Roll Call to be conducted by:** Mr. Moli Patel, Head of Safety Officer

### **Assigned Fire Wardens/assistance providers:**

The following caregivers have been assigned as fire wardens:

- 1) Ms. Susan Paul (ground floor)
- 2) Mr. Jeremy Reeves (ground floor)
- 3) Mrs. Sangeeta Evans (second floor)
- 4) Mr. Michael Singh (second floor)

### **Protocol for Fire Wardens:**

Once the alarm is heard, fire wardens/assistance providers must immediately assist residents who can't evacuate building on their own. Fire Wardens must then check each room to ensure that everyone has evacuated safely.

### **Residents that need assistance evacuating the building:**

- 1) Candy Husbands ( Visually Impaired )
- 2) Margaret Snow ( Visually Impaired and Handicap)
- 3) Ranvir Kapoor ( Visually Impaired and Sick )

## **4.0 Conducting and Evaluating Drills**

Drills should be conducted at least once a year. If an evacuation drill cannot be done, then the centre/home can conduct a table top exercise, during which a disaster scenario is created and care givers are asked to state what actions they will take as the scenario escalates. The Fire Prevention Unit of your local fire station, the ODPM or the Disaster Management Unit of the regional corporation can assist with observing and critiquing the drill/table top exercise.

Update emergency plans after every drill or when changes are made to either the structure of the building or the number of care givers or residents.

## **5.0 Update and Review of Emergency Plan**

An emergency/disaster plan is never a static document. As the dynamics of the facility changes, the plan must be modified to reflect these changes. Many of the suggested components in chapter three require up to date and accurate information, if the plan is to be functional. For example, knowing the current carrying capacity of the home can help emergency first responders to ensure that all occupants of the facility are accounted for, and who among the group may require special assistance.

Structural changes to the facility can also mean changes to the plan, for example a change in the structure can mean that new evacuation routes need to be established. Therefore it is apparent that the more up-to-date the plan, the more useful it becomes.

It is therefore recommended that the plan be reviewed and updated every six (6) months or when there have been significant changes affecting the key components of the plan.

## **6.0 Sharing Your Emergency Plan**

Once the Emergency Plan has been developed and reviewed by all key stakeholders, it is ready to be shared. This can be beneficial to both the facility and emergency responders and disaster management coordinators. Having an up to date and carefully considered emergency plan, shows that the facility has made the safety of its occupants a priority, and as a result can attract more potential business. On the other hand, sharing emergency plans with key agencies such as the Disaster Management Units of Regional Corporations, ODPM, district police and fire services, better equips them with vital information to better respond to any disasters.

## **Bibliography**

EMA. Ready. Plan. Prepare. Stay Informed Retrieved from:-

<http://www.ready.gov/shelter>. Accessed on 16/04/2012.

FEMA (2010). Bringing Youth Preparedness Education to the Forefront: A literature review and

recommendations. Issue 6. Retrieved from:-<http://www.citizencorps.gov/downloads/>.

Accessed on 16/04/2012.

ODPM (2011). Draft Strategic Plan 2010 – 2016.

Tanheuco, Renan Ma. T. (2010). Assessment and mitigation planning for risk reduction –

Guidance Notes.

UNISDR (2007). Hyogo Framework for Action 2005 – 2015: Building the resilience of nations and

communities to disasters. Extract from the final report of the world conference on  
disaster reduction (A/CONF.206/6). Retrieved from:-<http://www.unisdr.org/files>.

Accessed on 16/04/2012.

USAID (2003) Shelters and Shelter Management Reference Guide.

## Key Terminologies

|                          |  |
|--------------------------|--|
| Assets                   | Properties or resources regarded as valuable or useful .   |
| Disaster                 | A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.  |
| Disaster risk reduction  | The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events. |
| Drills                   | The process of practicing a routine or task to ensure a successful result. Drills can be used for training ,and to identify gaps or challenges in the process or system being tested.  |
| Emergency Warning System | The set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss.   |
| Emergency management     | The organization and management of resources and responsibilities for addressing all aspects of emergencies, in particular preparedness, response and initial recovery steps.  |
| First Responder Agency   | These represent agencies or organizations which utilised for first response in emergency situations such as the Police and Fire Services .   |
| Hazard                   | A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.  |
| Mitigation               | The lessening or limitation of the adverse impacts of hazards and related disasters.   |
| Preparedness             | The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions.  |
| Prevention               | The outright avoidance of adverse impacts of hazards and related disasters.  |
| Public awareness         | The extent of common knowledge about disaster risks, the factors that lead to disasters and the actions that can be taken individually and collectively to reduce exposure and vulnerability to hazards.   |
| Recovery                 | The restoration, and improvement where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce   |

disaster risk factors.

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|-----------------|---|
| Resilience      | The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions. |
| Response        | The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.   |
| Risk            | The combination of the probability of an event and its negative consequences.   |
| Risk Assessment | A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend.        |
| Vulnerability   | The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard.   |