

Evacuation Re-entry/Return to Services Process

Overall coordination of the return to services of an evacuated facility is the responsibility of the Area or Program Manager for the site. Following the evacuation of a health care facility or other regionally operated facility, it is imperative that the site is safe for staff and clients to occupy prior to the site returning to operational status. The Area/Program Manager, Capital Planning coordinator, Construction Supervisor along with the OH&S Officer or other inspectors, engineers or consultants shall collaborate to determine the overall condition of the site; requirements for repair and oversee the return to services process once the plan has been approved by Executive or MB Health as required.

AREA/PROGRAM MANAGER:

Yes	No	NA
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At the point of evacuation, if you are not on site, direct with Facility IC to consult with the Fire Incident Commander to determine if it is safe for ARHA personnel to enter the building and identify safety concerns. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Post evacuation, consult with Construction Supervisor, Capital Planning Coordinator, OH&S Officer to coordinate with inspectors, contractors and utility representatives to establish a plan to return the facility to safe operating conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Document the condition of facility infrastructure and damages on Facility Status Report Form-F5. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide Facility Status Report and building survey information to Executive in order to establish a plan to return the facility to pre-event conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Executive member to notify MB Health of incident and follow-up. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notify Human Resources Manager to provide notice to affected unions and staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implement a plan for return to services once the site passes safety inspections and is returned to safe operating conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coordinate the return of staff and clients to the site. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notify client's family of re-entry date. |

CAPITAL PLANNING COORDINATOR & CONSTRUCTION SUPERVISOR:

Yes	No	NA
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify potential site hazards that would result in safety concerns for staff or contractors that would require immediate attention prior to re-occupation, site inspections, and any equipment testing, repair or replacement. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In conjunction with the AM, site maintenance, inspectors or contractors, conduct a site evaluation to establish a list of damages, equipment and materials loss. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Determine a priority for restoration of services, equipment and implement the process. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coordinate planning for contractors and manage the site repairs or restoration. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish that damaged building systems are operational and are certified as such upon replacement or repair. Obtain certificates as required. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sign off on Services/Physical Environment concerns using Facility Status Report-F5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keep Area Manager or Executive apprised as to site status. |

OCCUPATIONAL HEALTH & SAFETY OFFICER:

Yes	No	NA
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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify site hazards that would result in safety concerns for staff or contractors that would require immediate attention prior to re-occupation, site inspections, and any equipment testing, repair or replacement. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coordinate with technical experts to ensure the site is safe for occupation and return to safe operating services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide findings to Area Manager. |

Reporting Forms:

- Facility Status Report Form-F5
- Disaster Notification Emergency Checklist-D1