

Department: Emergency Preparedness	Section:	Subject: Code Green - Evacuation
Policy: 10449	Original Date: June 1, 2004	Supersedes: September 19, 2017
Last Reviewed: July 18, 2022	Next Review Date: September 19, 2023	Approver: Angie Brunetti

Forward

The Code Green-Evacuation policy is designed to initiate an orderly response for a total or departmental (horizontal) evacuation during an emergency. Evacuation may be necessary because of danger due to fire (Code Red), chemical spill (Code Brown), bomb threat (Code Black), infrastructure malfunction (Code Grey), gas leaks or other. The policy is reviewed by the Environmental Safety Manager and CQI Manager, as well as the local fire chief.

It is the policy to review, assess and revise the Code Green -Evacuation process annually to ensure all employees are prepared to deal with an emergency evacuation of the facility. In accordance with the Fixing Long-Term Care Act, a planned evacuation must be conducted every three (3) years in the Espanola Nursing Home. The Emergency Preparedness Committee reviews the de-brief minutes of these drills for process improvement opportunities.

The hospital remains responsible for patient/resident care when patients/residents are evacuated from the building. Designated staff must maintain record of patient status and location throughout the evacuation and return to building.

If a coordinated emergency response by several agencies is required, please consult the Town of Espanola Emergency Response Plan.

Type of Evacuation

1. Horizontal or Compartmental Evacuation involves the patient/resident being removed from their department to the nearest safe area, based on the facility fire zone map. (Refer to **Appendix A**)
2. Total Evacuation involves exiting the building to outside or an alternate location and would only be carried out in extreme emergency. In this case, the Canadian Red Cross may be contacted to initiate a "Just in Time Agreement" to provide items such as cots, blankets, and pillows if necessary (1-800-850-5090).

**NOTE: It is presumed that in the event of an evacuation, all patients who are eligible will be discharged.*

Authority to declare

A Code Green Evacuation may be declared and cancelled by the Charge Nurse, Department Manager,

Senior Manager, or outside agency (e.g., Fire Chief).

Once the need for evacuation is identified, the Incident Commander (IC) will obtain the key for the stage 2 alarm from the ED narcotic cupboard. The IC will then activate the stage 2 alarm manually, by opening a pull station and activating the key switch.

If Emergency Department is compromised, Incident Command will be the Main Entrance Desk (ext. 4081). ***Incident Commander will be the ED RN until relieved by first responding Manager or Senior Manager.

Roles and Responsibilities

1. **Incident Commander (Charge Nurse, any Manager, Fire Chief/Designate, OPP)** will be in charge in a Code Green situation (Refer to **Appendix B** for Incident Commander checklist). The Incident Commander is responsible for the following:
 - Ensure the safety of all patients/residents, visitors, and employees
 - Declaring a Code Green, in collaboration with local authorities (Fire Chief, OPP, representative from the gas company, depending on the situation).
 - When/if required, designate someone to call in extra staff, and designating a safe area to set up Incident Command
 - Assigning individuals to Incident Management System Roles (Operations Officer, Logistics Officer, Communications Officer)
2. **Operations Officer (Clinical Manager/CNO or delegate)** (Refer to **Appendix C**)
(In charge of clinical support and medical care)
 - Determines resources required to provide safe clinical care.
 - Assist charge nurse to coordinate patient/resident/visitor movement and relocation
 - Contact Canadian Red Cross (if necessary) to provide supplies (cots, bedding) at evacuation site
 - Complete the Code Green Patient/Resident Census sheet(s) (Appendices F and G)
 - Obtain patient charts and assign staff to ensure care continuity
3. **Logistics Officer (Manager of CSR, EVS, or Maintenance)** (Refer to **Appendix D**)
 - Work with Incident Commander/Operations Officer to ensure adequate supplies are available and distributed when/if required.
 - Work with Incident Commander to arrange alternate facility(ies) to house evacuees if required, and organize appropriate transportation
4. **Communications Officer (Chief Executive Officer/Designate)** (refer to **Appendix E**)
 - Coordinate press release with CEO/designate.
 - Establish communications with off-site patients/resident care areas.
 - Work with DOC/Clinical Manager/designate to ensure frequent and ongoing communication to residents/patients, POA/Substitute decision makers, if any, staff, volunteers, students, care givers, resident, and family council, if any, on the emergency in the home/hospital including at emergency onset, significant change and when over.

- Hold meetings as required to keep persons informed.

5. **Finance/Administration Chief Role (Chief Financial Officer)**

- Tracks additional costs accrued related to incident

6. **Managers**

Managers are responsible for ensuring employees know their role and can respond competently.

During an evacuation, managers should:

- Be available to ensure a calm, orderly process and to delegate tasks as indicated by the Incident Commander.
- Delegate duties to available employees to ensure patients/residents are evacuated in the right order and are accounted for

7. **Employees**

- Review the Code Green evacuation policy regularly, seeking clarification if uncertain of the procedure.
- Ensure awareness of fire zones and staging areas (refer to **Appendix A**)
- Participate in code green mock drills and actual events as required. Staff should react in the same fashion during a drill as they would in an actual event.
- Participate in de-brief meetings.

8. **Emergency Preparedness Committee**

- Plan and coordinate the annual Code Green Evacuation drill in conjunction with the Environmental Safety Manager, CQI Manager, Departmental Manager and Fire Chief.
- Review and revise the Code Green policy annually and as required

Protocols

Code Green: When it has been determined that an area is unsafe, Incident Commander will announce a Code Green Evacuation, all areas, or a specific location, depending on the situation.

Once the possible need for evacuation is identified by the Incident Commander or designate, the following will be announced via the paging system:

“Your attention please. Code Green (location) x3. All staff await further instructions”

The Incident Commander/designate will then follow the Incident Commander checklist (refer to Appendix B).

Daytime Hours

All available clinical staff will respond immediately to the affected clinical area to help evacuate.

- Non-clinical staff may be asked to help and should stand by for further instructions.
- The Code Green Departmental checklist should be followed
- As per the ERHHC Code Red Policy, one staff from Medical Records should report to the

main entrance door to ensure visitors/patients do not enter.

Afterhours

The following team will respond immediately to the affected area: **1 RN acute, 1 PSW LTC-N, 1 RPN LTC-S, 1 EVS**

All staff

- Immediately move patients/residents in danger to the nearest and safest staging area.
- Direct visitors/contractors etc. out of the affected area or building as required.

Process when entering a room:

- Close open windows
- Turn off medical gas
- Evacuate ambulatory to non-ambulatory (**refer to Appendix I**).
- Remove the patients/residents to designated location* Refer to process below. Note***209 Acute Palliative room: The bed does not fit through the door. The patient must be placed on a sheet or blanket and pulled out of the room.
- Check all rooms thoroughly
- Close doors and set rescue marker (explained below)
- Obtain necessary charts, equipment, supplies and medications for patient care if safe to do so
- Maintain isolation procedures when possible
- Inform Incident Commander of patients unable to be evacuated

Nursing- Acute/LTC

- Work with Incident Commander and Operations Officer to coordinate patient movement and complete "Code Green Patient/Resident Census Sheet(s)" (refer to **Appendices F, G and H**)

Dietary

- Turn off appliances, natural gas
- Arrange meals as required

Pharmacy

- Ensure continuation of medication for all patients, bring extra medication

Maintenance

- Shut down natural gas, hydro, water as required
- Secure building (lock entrances to prevent visitors from entering)

During evacuations, patients/residents are to be moved to the nearest safe area quickly using available equipment such as wheelchairs, beds, sheets, and systematic human relay whenever possible. Once the patient/resident is out of immediate danger other staff will relay the person to the appropriate staging area. Once patients/residents have been relocated to a safe area, a staff member must remain in this area with them.

Rescue Markers (refer to Appendix J)

After occupants have been evacuated from a room, close the door, and set the Rescue Marker to display only one color, white (Image 1) If for any reason a person cannot be evacuated, close the door, and leave the Rescue Marker displaying two colors, red and white (Image 2). Two colors signifies that the room or area has not been totally evacuated. The Incident Commander should be notified if a patient cannot be evacuated safely.

NOTE: Staff are not to put themselves at undue risk to assist a patient/resident. If the patient/resident cannot be evacuated safely, notify IC, and wait for Fire/EMS.

Total Evacuation (refer to Appendix K)

Reception Site: Espanola Regional Recreation Complex.

In the event of a total evacuation, all staff will be required to work together to ensure supplies, equipment, etc. specific to each person are also transported. Additional staff may be called in to assist, depending on the situation. Veterans' transportation, and other patient transportation services will be contacted to assist with relocating residents, patients, critical medication, and other supplies. Staff will also be stationed at the reception site to "admit" patients/residents upon arrival.

Patients and residents will be relocated to the Family Health Team Clinic, Ambulance Bay, facility parking lot or the Senior's Drop-In-Centre depending on circumstances, to await transportation. Staff will be designated to monitor patients/residents at the staging areas, assist in loading supplies onto transport vehicles, and accompany patients/residents during transportation.

All equipment tagged with a green sticker (**Night Drug Cart, Injectable cart etc.**) must be removed if able to do so safely.

Return to building/Recovery Plan

- In collaboration with Incident Command, Fire Chief, Police, Senior Management, or other officials, return of evacuees to the building will commence once deemed safe.
- The physician in charge, in collaboration with the Incident Commander, will prioritize evacuees for return to the facility. Patients/residents who are most ill, require monitoring, and/or needing one on one care will be given highest priority.
- When evacuees are returned to the building, they must be accompanied by a nurse, RPN or PSW, and one RN or RPN must be available in the building to receive the patient/resident
- The Operations Officer/Incident Commander will be responsible for ensuring all evacuees are accounted for.
- Debrief for staff, residents, patients, volunteers, students using EAP, Social work department or delegate
- The management team will work together to create an action plan to resume operations, evaluate current process, and identify process improvement opportunities.

Reporting the incident

According to the Fixing Long-Term Care Homes Act 2021 and O. Regulation 246/22 and critical incident reporting, the following critical incidents must be reported to the MOHLTC (Director) immediately, and in as much detail as possible, followed by a written report:

- An emergency, including fire, unplanned evacuation, or intake of evacuees

A Critical Incident report must be filled out by the DOC or delegate, and submitted to the MOHLTC

The report under must be made within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director.

**** If residents are required to evacuate the Home for more than 24 hours the Director at the Ministry of health and Long-Term Care must be contacted immediately so a temporary license can be issued for the home.**

Contact information for the MOHLTC Director:

- Director Long-Term Care Inspections Branch Long-Term Care Operations Division Sudbury Service Area Office Suite 403, 159 Cedar Street Sudbury ON P3E 6A5 Tel.: 705-564-3130 or 800 663-6965 Fax: 705-564-3133**

Lab specific Evacuation Plan (refer to Appendix L)

Note: Lab staff would follow the same procedure as above, ensuring all patients, visitors and disabled staff are safely evacuated.

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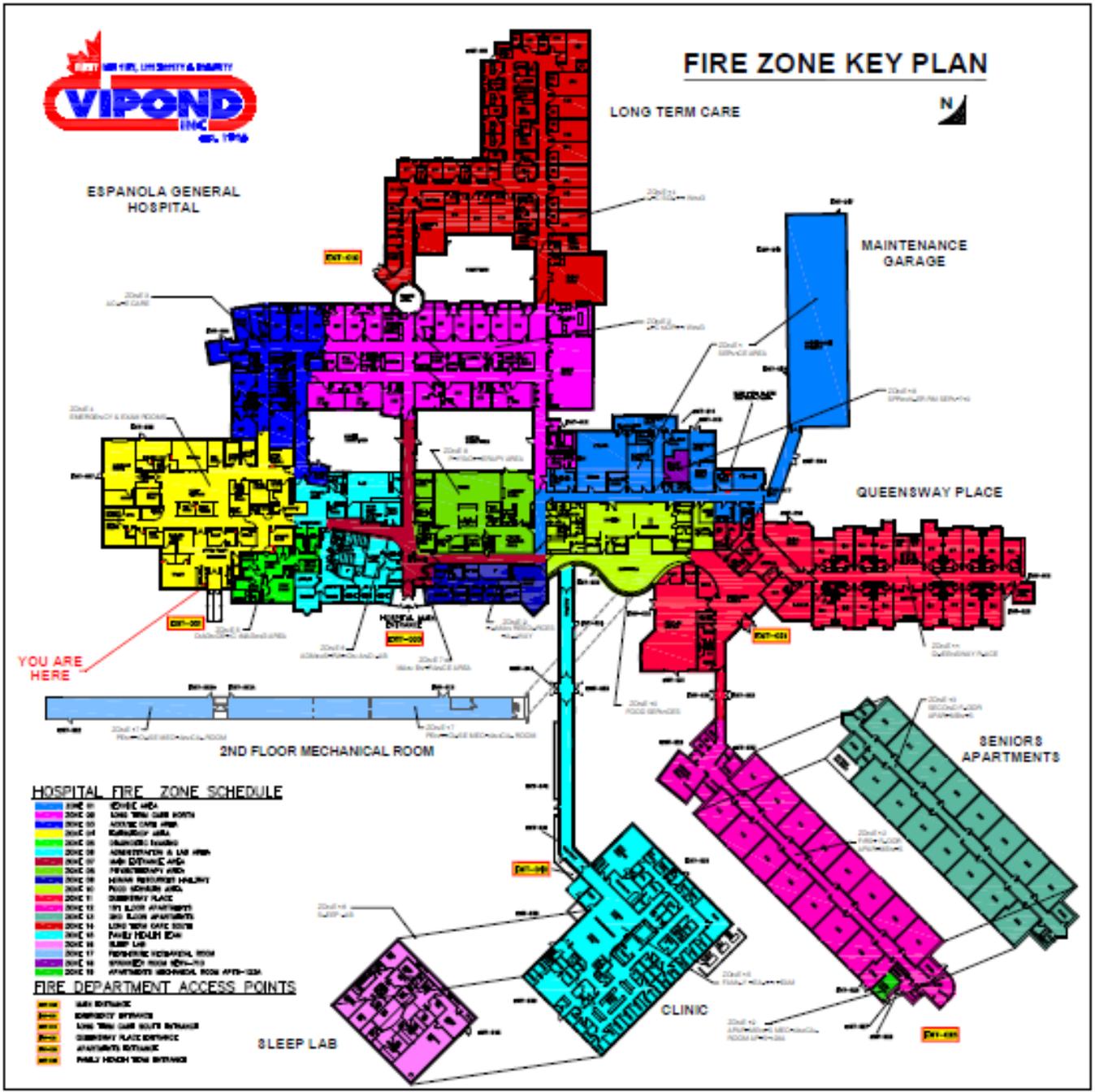
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Appendix A



Appendix B



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 regional hospital and health centre
 hôpital régional et centre de santé
d'espánola

Code Green Incident Commander Checklist
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Date of Incident	
Time of Incident	
TIME	
1	Potential for evacuation is identified by Incident Commander (IC)
2	Announcement - "Your attention please, Your attention please, Your attention please; Code Green in (location). All staff await further instructions."
3	Determine level of evacuation i.e., Compartmental or Total
4	Determine nearest safe location - FHT, ambulance bay, LTC-N, LTC-S, QWP, Off-site
5	Identify routes and exits for evacuation
6	Call "911", fire, ambulance and police if required
7	Contact OPP to activate the Town of Espanola Emergency Response Plan if total evacuation is required
8	Notify EMS (911) to divert all incoming ambulances, send available units to our location
9	Manually activate Stage 2 alarm
10	Announcement - " Your attention please, Your attention please, Your attention please; Code Green in (location). Immediate evacuation of (location) required. Please move to (location) via (route)."
11	Have staff, patients and residents congregate in staging area and perform head count/accountability check
12	Appoint Operations Officer (CNE or designate) to coordinate patient/resident movement - give checklist
13	Appoint Logistics Officer (CSR manager or designate) to coordinate equipment and materials - give checklist
14	Appoint Communications Officer (Senior Management Team) to prepare notification to press - give checklist
15	Coordinate with Town Incident Commander
16	Estimate number of persons to be evacuated
17	Arrange for appropriate location for evacuees
18	Arrange appropriate transportation - EMS, taxi, Veteran's bussing, private
19	Arrange for additional staff as necessary
20	Attend all Emergency Operations meetings
21	Announce " Your attention please, your attention please, Your attention please; Code Green All Clear, Code Green All Clear", once the emergency is deemed over.

Signature:

Date:



Appendix C

Code Green Operations Officer Checklist

Date of Incident

Time of Incident

TIME	
1	Assist Charge Nurse to coordinate patient movement and complete "Code Green Patient/Resident Census Sheet" (s)
2	Evacuate ambulatory patients nearest to the threat area first - If patient cannot be evacuated safely, inform Incident Commander
3	Obtain necessary charts for patient care
4	Contact Canadian Red Cross (if necessary)
5	Assign staff to ensure continuity of care
6	Ensure destination is compatible to patient acuity and health care needs
7	Attend all Emergency Operations meetings

Signature:

Date:

Appendix D



Code Green Logistics Officer Checklist

		Date of Incident
		Time of Incident

TIME		
	1	Work with Incident Commander to ensure adequate transportation is available
	2	Work with Operations Officer and Charge Nurse to determine necessary supplies and their distribution
	3	Obtain necessary equipment, supplies, and medications for patient care
	4	Assign staff to ensure continuity of care
	5	Ensure destination is compatible to patient acuity and health care needs
	6	Attend all Emergency Operations meetings

Signature:

Date:



Code Green Communications Officer Checklist

Date of Incident
Time of Incident

TIME		
1	1	Coordinate press release with CEO or designate
2	2	Establish communications system with off-site patient/resident care areas
3	3	Work with DOC/Clinical Manager/Designate throughout course of emergency to ensure communication between staff, family, patients, residents etc.
4	4	Hold meetings as required to keep persons informed
5	5	Attend all Emergency Operations meetings

Signature:

Date:



Code Green Patient Census Sheet

Sending Facility: Espanola Regional Hospital: Acute Care

Room #	Patient Name	M/F	Receiving Location	Chart	Meds	Time Transferred
201 A						
201 B						
202 A						
202 B						
202 C						
203 A						
203 B						
205 A						
209 A						
211 A						
211 B						
213 A						
213 B						
215 A						
215 B						

Espanola Regional Hospital: Emergency Department

Room#	Patient Name	M/F	Receiving Location	Chart	Meds	Time Transferred
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
Triage						
Chairs						
Registration						
Waiting room						

Appendix G



Code Green Resident Census Sheet

Sending Facility: Espanola Regional Hospital & Health Centre

Unit: LTC - North

Room #	Resident Name	M/F	Receiving Location	Chart	Meds	Time Transferred
302						
309						
312						
303 A						
303 B						
304 A						
304 B						
304 C						
305 A						
305 B						
306 A						
306 B						
306 C						
307 A						
307 B						
308 A						
308 B						
310 A						
310 B						
311 A						
311 B						
313 A						
313 B						
314 A						
314 B						
314 C						
315 A						
315 B						
317 A						
317 B						
319 A						
319 B						



Code Green Resident Census Sheet

Sending Facility: Espanola Regional Hospital & Health Centre

Unit: LTC - South

Room #	Resident Name	M/F	Receiving Location	Chart	Meds	Time Transferred
510 A						
510 B						
511						
512 A						
512 B						
513						
514 A						
514 B						
515						
517						
520						
521						
522						
523						
530						
531						
540 A						
540 B						
541 A						
541 B						
542 A						
542 B						
543 A						
543 B						
544 A						
544 B						
545 A						
545 B						
546 A						
546 B						
547 A						
547 B						



Removing Patients to Safety

<u>First:</u> Those in immediate danger	<u>Second:</u> Ambulatory	<u>Third:</u> Semi-Ambulatory
		

Fourth: Bed Ridden/Non-ambulatory

First choice is to move the patient in the bed:



OR



- c) Put patient on floor.
- d) Grip patient under shoulder and knees



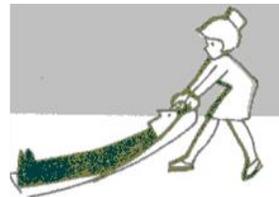
- b) Slide patient to edge of bed



- a) On one knee, lower patient's legs, then body



- f) On one or both knees, slide patient down your chest



- e) Pull patient out headfirst on blanket

Appendix J



Rescue Markers

Image 1. Indicates a room has been evacuated.



Image 2. Indicates a room has not been evacuated.



Appendix K**Code Green-Total Evacuation: Staff Roles and Responsibilities****Incident Commander (IC)- Charge Nurse/Designate**

1. Contact Veterans Transportation ([705\) 869-2250](tel:7058692250) to organize for patient/resident transfers
2. Initiate Code Green Incident Command Checklist (Appendix B).

DOC:

1. Obtain a Temporary Emergency License for relocation of residents.
2. Obtain laptop

Manager of Acute/ED:

1. Obtain laptop

Pharmacy

1. Contact local pharmacies to arrange for stat medication delivery to the reception site.

Nursing staff

1. Collaborate to set up a nursing station with patient supplies/meds etc.
2. One nurse will be assigned to patient medication
3. Down time process will be followed

Work with local pharmacies for any stat medications that may be required.

Finance/Health Records

Staff will work from home unless redeployment is necessary. Staff will be available via email/telephone for support. Dictations will continue either by staff or by outsourced services, if required. Recovery will include ensuring documentation is complete, receipts for any equipment, supplies etc. have been submitted.

Human Resources/Payroll

All staff will continue to work from home via laptop. Available for redeployment if needed. Payroll will be run as per schedule and adjustment will be made, if necessary, on the next pay run to reconcile any changes from the master schedule.

Informatics & IT

At the reception site, establish a computer centre capable of, at a minimum, maintaining access to the following services: Meditech, PointClickCare, Telus PS

1. LTE Turbo Hub (IT)
2. Network switch (IT)
3. Power bars, extension cords (IT)
4. Laptops x 4 (Training room)
5. Workstation on Wheels (Acute)
6. Multipurpose print/scan/fax (Acute)
7. Datamax label printer (Acute)
8. Cell phones (Emerg)

Physiotherapy:

1. Services closed; staff redeployed to assist in other areas.
2. Obtain two 4 wheeled walkers and two 2 wheeled walkers to the reception site
3. Manager to bring laptop

Maintenance:

Situation specific: Specific staff may be required to be involved in building recovery, or transporting/loading equipment.

Laboratory:

1. Acute phase
 1. Manager to contact neighboring labs to notify of the possibility of referring testing
 2. Manager/most senior MLT to secure Point of Care testing devices (POCT)
 1. Epoc
 2. Triage Meter Pro
 3. Nova StatStrip Glucometer
 3. MLT to secure container for room temperature reagents and cooler box with ice packs, datalogger and thermometer for refrigerated reagents
 4. MLA to secure tray of collection supplies and down-time box
 5. Manager to bring laptop to view historical Meditech documentation if required
 6. Other staff re-deployed to help as required
2. Recovery phase
 1. Manager/most senior MLT to return POCT devices, confirm connection to Meditech to download results
 2. MLT to return inventory of cooler box to fridge, record temperatures from datalogger and thermometer
 3. MLA to return downtime box and collection supplies
 4. Manager to contact neighboring labs to notify of recovery phase

Obtaining Supplies

LTC Nursing Staff

1. Medication Carts
2. Dressing Carts
3. Oxygen tanks and tubing (for any patient/resident requiring it)
4. Vitals Machine Carts

PSWs

1. Briefs
2. Basins
3. Body Wash/Cleansing Wipes

Ward Clerks

1. Computer on Wheels
2. Mechanical Lifts
3. Resident Chart Carts

Acute/ED Nursing staff

1. All equipment with green stickers
2. Vitals machine
3. Downtime bin
4. Patient charts
5. Crash cart

EVS (Environmental Services)

1. Linen bags filled with towels, facecloths, sheets, blankets, gowns, pads, etc.
2. Cleaning Supplies: disposable cloths, Ready to Use (RTU) disinfectant, garbage bags

CSR Staff

1. PPE
2. Additional Cleaning supplies
3. Label machine

Maintenance

1. Resident mattresses (*Canadian Red Cross will provide cots, blankets, pillows)

2. Garbage cans
3. Assist with loading transportation vehicles, transporting equipment

Dietary Staff

1. Manager
 1. Laptop for menu and resident information
2. N/S Staff
 1. Serverly Sheets
 2. Assistive devices
 1. Angled cutlery, lip plates, dycem mats, red plates, two handle mugs and spout cups
3. L/E Staff
 1. Supplements
 2. Thickeners
4. Cook
 1. Robot Coupes
 2. Turn off all cooking equipment

Appendix L

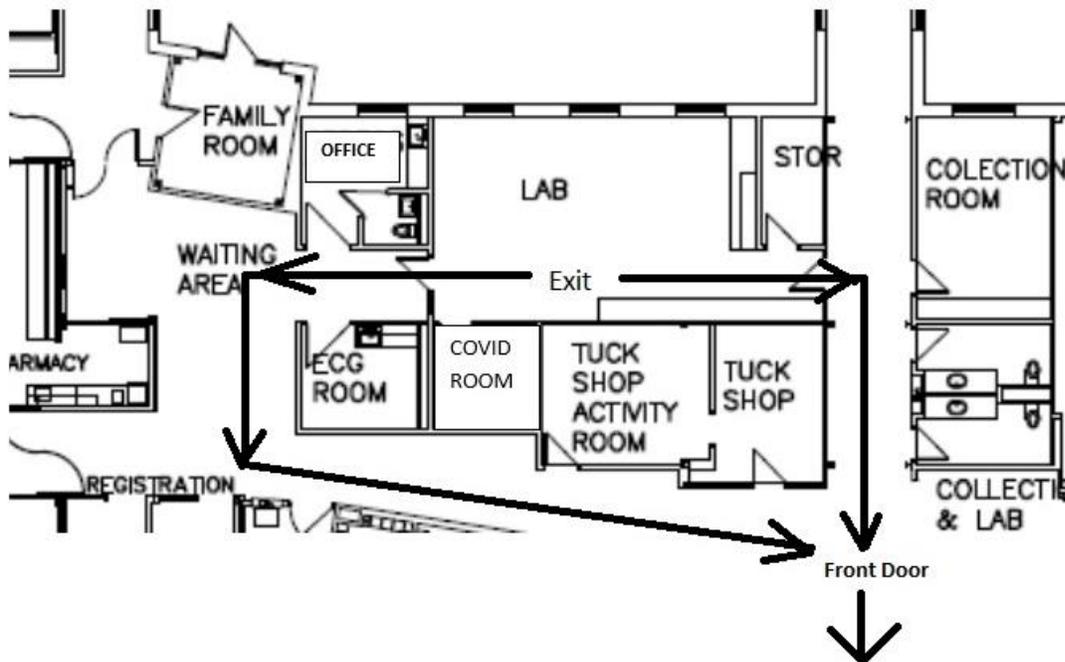
Lab Emergency Evacuation



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**Work Aid: Safe-13-01
Emergency Evacuation**

**Revision Date: Oct 25, 2021
Approved by: Dr. M. Bonin**



Distribution: 1 copy on lab door

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