Department: Emergency Preparedness	Section: CODES	Subject: Code Green - Evacuation
Policy:	Original Date: 2004-06-01	Supersedes: 2017-09-19
Last Reviewed: 2025-11-03	Next Review Date: 2026-11-03	Approver: Angie Brunetti (Emergency Preparedness Committee)

POLICY STATEMENT

Code Green is the term used to initiate evacuation within the Espanola Regional Hospital and Health Centre (ERHHC). The Code Green policy is a risk management strategy used to ensure ERHHC employees are able to react appropriately in an evacuation situation, in order to ensure the safety and protection of staff, patients, residents and visitors. The evacuation plan may be activated due to fire (Code Red), chemical spill (Code Brown), bomb threat (Code Black), infrastructure malfunction (Code Grey), gas leaks or other. The plan is reviewed, tested and evaluated by the Emergency Preparedness Committee (EPC), in conjunction with the local Fire Department and other stakeholders, at least annually and within 30 days of a Code Green emergency being declared over.

In addition, as mandated by 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. All emergency plans are posted on the Espanola Nursing Home website and are available upon request.

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

AUTHORITY TO DECLARE

Code Green is declared and cancelled by the Incident Commander (Charge Nurse or CEO), in collaboration with the Department Manager, Senior Team, or external service such as Fire Department Personnel, depending on the situation (e.g. Fire, infrastructure issue etc.)

DEFINITIONS

ERHHC: Includes the hospital, Espanola Nursing Home, Espanola & Area Family Health Team, Queensway Place Assisted Living, Non-Profit Housing (Seniors Apartments), Maintenance garage.

Pooling Locations: Refers to designated evacuation assembly areas for departmental staff and patients/residents. Staff should choose a pooling location that ensures an affected fire zone is not crossed. Pooling locations include Long Term Care lobby, dining rooms and activity rooms, Main entrance lobby, Registration lobby, Emergency department lobby, Family Health Team lobby, Cafeteria.

Incident Commander (IC): The most responsible person at the time of an emergency. This person will depend on the time of day and may change as the situation progresses. The ED Ward Clerk may initiate the process during daytime hours, until relieved by the ED Nurse, or the most responsible person (e.g. Senior Manager or Fire Department Personnel).

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**)

Total Evacuation: involves exiting the building to outside or an alternate location and would only be carried out in an extreme emergency, at the discretion of the Fire Department and/or Senior Administration. 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).

Special Instructions

Emergency Operations Center (Emergency Department nursing station)

The Emergency Operations Centre is where the Incident Commander works to coordinate the emergency response. A secondary response centre is located at the hospital auxiliary desk (Main Entrance Area) and is used if the Emergency Department (ED) is compromised. *Incident Commander will be the ED RN until relieved by first responding Manager or Senior Manager. If the situation requires a full emergency command centre (EOC) setup, the ERHHC boardroom will be used (refer to policy *Incident Management System and Emergency Operations Centre).*

Evacuation Alarm (Stage 2 key)

The stage 2 evacuation bell is activated by inserting the key into an open pull station. Keys are located in the following areas:

- Emergency Department (by fire panel)
- Acute Care (Nursing report room)
- Long Term Care south wing (by fire panel)
- North (Nursing report room)
- Main Boardroom cupboard (under main screen)

Once the need for departmental evacuation is identified, IC must be notified prior to activating the stage 2 alarm.

ROLES AND RESPONSIBILITIES

Refer to policy *Incident Management System and Emergency Operations Centre* for further details/role responsibilities.

Incident Commander (Charge Nurse, CEO or Designate Senior Manager, Fire Chief/Designate):

- Utilize **Appendix B** for Incident Commander checklist.
- Overall incident management, including organization of EOC
- Identify and assign Incident Management roles and maintain regular communication with leads. Assign an Incident Manager if necessary.
- Upon direction from Fire Department personnel, initiate or delegate initiation of "Stage 2" evacuation alarm
- Establish initial briefing, frequency of team meetings, termination and action plans

Operations Officer (CNE/Clinical Manager or delegate)

- Utilize **Appendix C** for Operations Officer checklist.

- Support the frontline staff with core business functions of the emergency as well as regular daily operations.
- Meet with staff to assess and respond to current patient care needs
- Ensure completion of Code Green Patient/Resident Census sheet(s) (Appendices F and G)
- Identify services that are essential, can be stopped or reduced.
- Establish guidelines for patient care services
- Obtain patient/resident charts if/when required
- Maintain communication with the Incident Commander and other lead roles.

Logistics Officer (Manager of Materials Management, EVS, or Maintenance)

- Refer to **Appendix D** for Logistics Officer checklist
- Secure and provide all resources (including human) to support the incident, ensuring continuous availability.
- Organize and direct operations associated with the maintenance of the physical environment, ensuring adequate food, shelter and supplies to support medical objectives.
- Arrange crowd control and entrance/exit control
- Work with Incident Commander to arrange alternate facility(ies) to house evacuees if required, and organize appropriate transportation (Contact Canadian Red Cross (if necessary) to provide supplies (cots, bedding) at evacuation site
- Maintain communication with the Incident Commander and other lead roles.

Finance/Administration Chief (Chief Financial Officer)

- Utilize **Appendix E** for Finance Officer checklist
- Maintain communication with the Incident Commander and other lead roles.
- Ensure finance staff is supported and kept updated.
- Tracks incident costs and monitors utilization of financial assets
- Supervises the documentation of expenditures.
- Responsible for legal costs related to incident.
- Ensures necessary processes are in place for later financial recovery.

Communications Officer (Chief Executive Officer/Designate)

- Utilize **Appendix F** for Communications Officer checklist
- Attends meetings to gather/share relevant information.
- Acts as conduit for relevant information between organization and other agencies/stakeholders
- Media and public information specialist
- Develops and provides information release (internal and external)
- Work with DOC/ADOC/designate to ensure frequent and ongoing communication to residents/patients, POA/Substitute decision makers, etc., as per policy *Reporting of Critical Incidents and Disclosure of Adverse Events.*

Managers

- Review the emergency plans upon new staff orientation, annually and when changes are made, ensuring understanding of the roles and processes.
- Participate in mock exercises and attend educational programs as required
- Ensure all employees review and can respond competently in an emergency situation
- Ensure employees attend scheduled education programs or training opportunities

- Know and ensure employees know the location of pull stations, fire extinguishers and exit routes.
- Be prepared to assist with the emergency as required, including delegation to necessary roles
- If ED is compromised, report to alternate Incident Command centre (main entrance desk) and assume IC role

Employees

- Review the emergency plans annually and when changes are made, ensuring understanding of general and department specific roles.
- Know the location and use of exits, fire doors and fire alarms (near exits)
- Know departmental fire extinguishers, fire zones, evacuation routes and pooling locations (refer to Appendix A)
- Assist in patient/resident reassurance, evacuation and census records (as required)
- Assist with any other duty assigned by IC or departmental lead
- Participate in mock exercises, debriefs and educational programs as required

Emergency Preparedness Lead/Committee

- Plan and coordinate the annual Code Green Evacuation drill
- Review and update the policy annually
- Review of all Code Action reports for process improvement opportunities

NOTIFICATION PROCEDURE

When the potential need for departmental evacuation is identified, a staff member from the area will communicate this with IC by calling ext. 7777 and relaying the details of the situation. Once IC has confirmed the need to commence evacuation (based on collaboration with appropriate personnel), the stage 2 evacuation alarm will be activated by either IC or a staff member in the affected department.

IC (or designated) will announce the following will be announced via the paging system:
"Your attention please, Your attention please. [Code Green (location). Evacuation in progress. All staff await further instructions]"x2

If it is determined that a total evacuation is necessary, IC or delegate will announce:
"Your attention please, Your attention please [Code Green. Total evacuation required. Please move to the nearest pooling area]"x2

RESPONSE PROCEDURE

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.

- **Daytime response**: All available clinical staff will respond immediately to the affected area
- **After-hours response:** 1 RN acute, 1 PSW LTC South, 1 RPN LTC North, 1 RSA
- Non-clinical staff may be asked to help and should stand by for further instructions.
- Follow the Code Green Departmental checklist
- One staff member from Medical Records will attend the main entrance door to ensure visitors/patients do not enter. The ED Ward Clerk or delegate will attend the ED entrance door.
- Patients/visitors will be directed to an alternative area or out of the building as required.

PATIENT AND RESIDENT AREAS

- Immediately move patients/residents in danger to the nearest and safest staging area using available ambulatory devices
- Designate a staff member to remain in the safe area with evacuees
- Direct visitors/contractors etc. out of the affected area or building as required.
- Evacuate ambulatory to non-ambulatory/combative (**refer to Appendix I**).

Remove the patients/residents to designated location* Refer to process below. Note***209 Acute Palliative room-The patient must be placed on a sheet or blanket and pulled out of the room.

- Check all rooms thoroughly
- Work with Incident Commander and Operations Officer to coordinate patient movement
- Complete "Code Green Patient/Resident Census Sheet(s)" (refer to **Appendices G, H and I)**
- Close windows, turn off medical gas
- Obtain necessary charts, equipment, supplies and medications for patient care if safe to do so
- Maintain isolation procedures when possible
- Close the door and set the rescue marker
- Inform Incident Commander of patients unable to be evacuated

NON-PATIENT/RESIDENT AREAS

Refer to **Appendix L** for specific departmental responsibilities. Staff not directly involved in the evacuation may be redeployed to help in other areas.

Rescue Markers (refer to Appendix K)
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.

Total Evacuation (refer to Appendix L)

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.

TRANSPORTATION PARTNERS (FULL EVAC)
Ambulance: 911 or 1 800 838 8904 (EMS Superintendent)
Espanola Taxi: 705-869-1036 or 705-936-7200 (call or text)
Veterans Transportation (school bus service): 705-869-2250
Espanola Care Van: 705-869-1540 ext. 2113

RECOVERY PROCEDURES

- In collaboration with Incident Command, Fire Chief, Police, Senior Management, or other officials, return of evacuees to the building will commence once deemed safe to do so.
- The physician in charge, in collaboration with the Incident Commander, will prioritize evacuees for return to the facility. Patients/residents who are the 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 and/or Incident Commander will be responsible for ensuring all evacuees are accounted for.
- Actions plans (short and long term) will consider resumption of services, evaluation of current processes, and identification of improvement opportunities. Recovery may include building reconstruction, obtaining equipment and supplies, cost reconciliation, human resources etc.
- A debrief for all involved will be organized by the Emergency Preparedness Lead, Department Manager and Incident Command as soon as reasonably possible.
- If LTC residents are involved, a debrief will take place for residents, substitute decision makers, staff, volunteers, and students, communicating the plan for reoccupation of the home and returning to normal status. Communication will continue as recovery progresses.
- EAP and support services will be available for anyone experiencing distress due to the emergency.

EDUCATION/TRAINING

All employees complete the online Code Green policy review in Surge Learning upon orientation and annually. It is the responsibility of the department manager to ensure their staff review the document following any revision.

DRILLS
Code Green drills occur annually in the Hospital and every three years in the Long-Term Care home to allow staff to understand and practice the response in order to ensure preparation for an effective response to a real event. Mock drills are organized by the Emergency Preparedness Lead, in conjunction with the Department Manager.

Following the drill, a debrief meeting will take place for all staff involved. The Emergency Preparedness Lead will provide a written report on all drills to the management team, Joint Health and Safety Committee, and Emergency Preparedness Committee.

Lab specific Evacuation Plan (refer to Appendix M)

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

SURGE REFERENCED DOCUMENTS

ERHHC. (2025). Code Red-Fire
ERHHC. (2022). Code Grey-Air Exclusion and Infrastructure Loss.
ERHHC. (2022). Code Black-Bomb Threat/Suspicious Object
ERHHC. (2022). Code Brown- Internal Chemical Spill
ERHHC. (2022). 8329 Emergency- Food Services Department.
ERHHC. (2022). 8330 Emergency Plan- Food Supplies
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ERHHC. (2022). 8333 Food and Supplies Procurement.
ERHHC. (2025). Incident Management System and Emergency Operations Centre
ERHHC. (2022). 7309 Incidents-Residents.
ERHHC. (2022). Provisional Emergency Drug Administration Plan.
ERHHC. (2019). Reporting of Critical Incidents and Disclosure of Adverse Events.
ERHHC. (2025). Reporting to the Director (Ministry)
ERHHC. (2022). Resource Stockpiling and Inventory Control.
ERHHC. (2022). 8370 Storage-Dietary.

REFERENCES AND RELATED DOCUMENTS

Ontario Hospital Association. (2008). Emergency Management Toolkit. Emergency Management Toolkit.pdf (oha.com)

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Emergency management and Civil Protection Act, R.S.O. 1990, c. E.0. Ontario.ca. (2022, April 21). Retrieved June 14, 2022, from https://www.ontario.ca/laws/statue/90e09

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Ministry of Long-Term Care. (2021). Fixing Long Term Care Homes Act 2021. Ontario.ca/laws/statute/21f39

Ministry of Long-Term Care (2021). The Guide on the Policy, Process, and Procedures During Emergency Evacuations. Training Plan Template (ltchomes.net)

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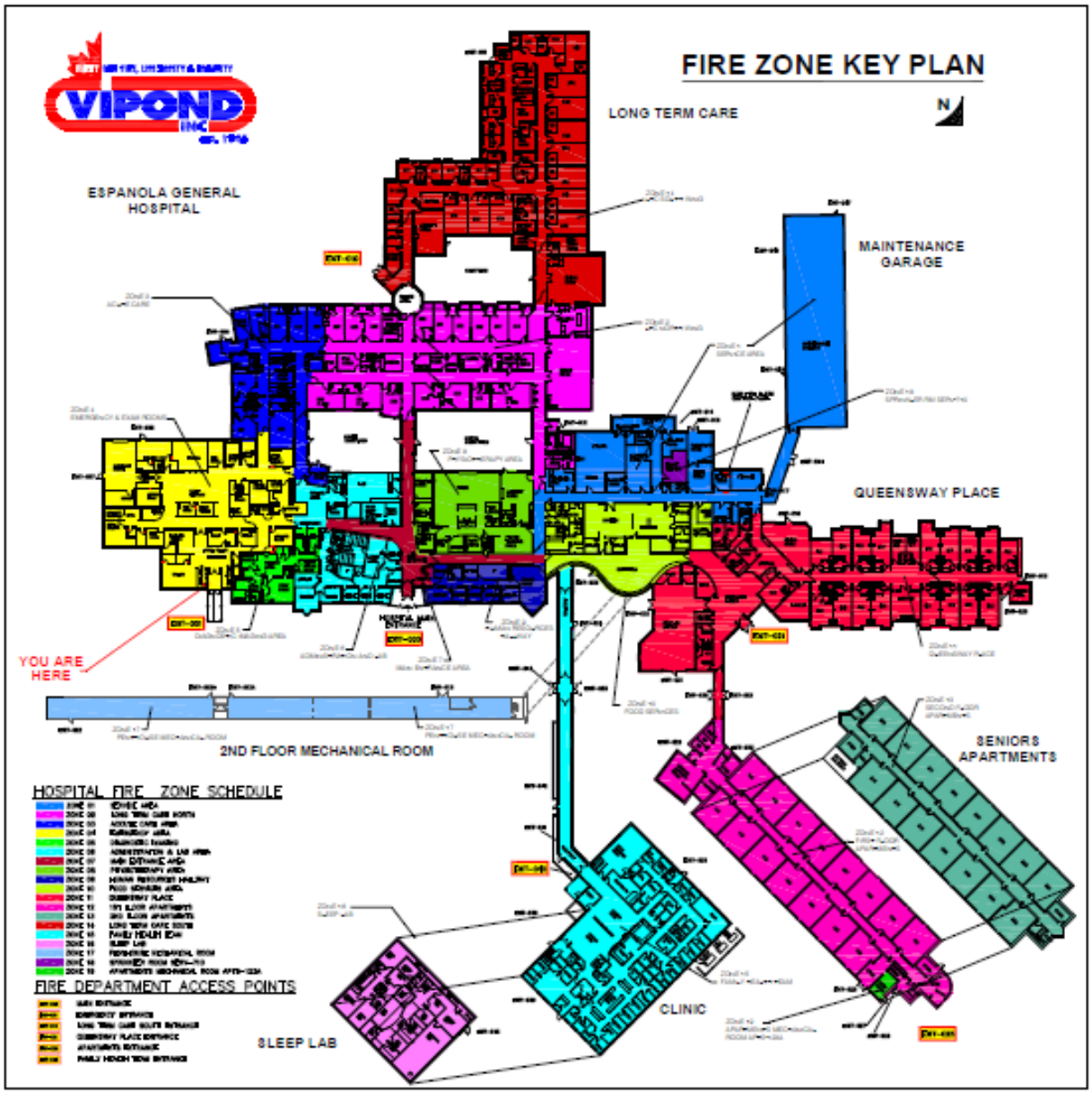
Appendix A

Vipond Fire Zone Map



Appendix B

Code Green Incident Commander Checklist

DATE
TIME

1	IC is notified of potential need for evacuation	
2	IC announces "Your attention please, your attention please; [Code Green (location). Evacuation in progress. All staff await further instruction"] x2	
3	Manually activate the stage 2 alarm OR delegate to the affected department (if not already done)	
4	Ensure 911 has been contacted	
5	Ensure maintenance has been contacted (Overhead page or On-Call phone 705 869 8691)	
6	Follow daytime or afterhours process for staff response	
7	Ensure a staff member is delegated to observe evacuated patients/tenants in pooling areas	
8	Identity and assign necessary roles as per Incident Management System policy.	
9	Continue to work with the most responsible person in affected department, external services, and maintenance staff to manage the situation. Establish incident specific priorities and perform critical roles until relieved by support team.	
10	If total evacuation is required, announce: "Your attention please, Your attention please [Code Green. Total evacuation required. Please move to the nearest pooling area]"x2	
11	Initiate full Emergency Command Centre, if necessary.	
12	Assess need for ED Bypass, and complete required tasks if deemed necessary.	
13	Maintain communication with lead roles	
14	Arrange Emergency Operations meetings, team meetings, action plans	
15	Once the evacuation is complete, announce " Your attention please, your attention please; Code Green All Clear, Code (Red, Grey, etc.) still in effect". X2	

Name/Signature:

Appendix C

Code Green Operations Officer Checklist

DATE
TIME

1	Meet with staff to assess and respond to current patient care needs	
2	Support frontline staff with core business functions of emergency and daily operations	
3	Evacuate ambulatory patients nearest to the threat area first - **If patient cannot be evacuated safely, inform Incident Commander**	
4	Identify services that are essential, can be stopped or reduced	
5	Obtain necessary charts for patient care	
	Assist Charge Nurse to coordinate patient movement and complete "Code Green Patient/Resident Census Sheet" (s)	
5	Establish guidelines for patient care services	
6	Maintain communication with the Incident Commander and other lead roles regarding patient needs	
7	Attend all Emergency Operations meetings	

Name/Signature:

Appendix D

Code Green Logistics Officer Checklist

DATE
TIME

1	Work with IC and Operations Officer to arrange alternate housing facility(ies) for evacuees (Rec centre, high school, Drop-in Centre, other departments within building, discharge patients etc.)	
2	Identify support services that can be stopped or reduced to allocate resources to the emergency	
3	Work with Operations Officer and Charge Nurse to determine necessary supplies and coordination of distribution; maintain communication with lead roles.	
4	Secure necessary equipment, supplies, resources to support the incident	
5	Organize and direct operations associated with the maintenance of the physical environment, ensuring adequate food, shelter and supplies to support medical objectives.	
6	Coordinate transportation of persons, equipment and supplies.	
7	Arrange crowd control at entrances	
8	Attend all Emergency Operations meetings	

Name/Signature:

Appendix E

Code Green Finance Officer Checklist

DATE
TIME

1	Maintain communication with the Incident Commander and other lead roles	
2	Ensure finance staff is supported and kept updated.	
3	Track incident costs and monitors utilization of financial assets	
4	Supervise the documentation of expenditures	
5	Oversee legal costs related to incident	
6	Ensure necessary processes are in place for later financial recovery	
7	Attend all Emergency Operations meetings	

Name/Signature:

Appendix F

Code Green Communications Officer Checklist

DATE
TIME

1	Attend meetings to gather/share relevant information	
2	Act as conduit for relevant information between organization and other agencies/stakeholders	
3	Develops and provides information release (internal and external)	

Name/Signature:

Appendix G

Code Green Patient Census Sheet- Espanola Hospital

DATE
TIME

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						

Sending Facility: 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						

Name/Signature:

Appendix H

Code Green Resident Census Sheet- Espanola Nursing Home

DATE
TIME
Sending Facility: Espanola Nursing Home North

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

Appendix I

Code Green Resident Census Sheet- Espanola Nursing Home

DATE
TIME
Sending Facility: Espanola Nursing Home 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						
540B						
541 A						
541 B						
542 A						
542 B						
543 A						
543 B						
544 A						
544 B						
545 A						
545 B						
547A						
547B						

Appendix J

Order of Evacuation

First: Those in immediate danger	**Second:** Ambulatory	**Third:** Semi-Ambulatory
		

Fourth: Bedridden/non-ambulatory/combative

The first choice is to move the patient in the bed:

OR

Put patient on floor.
Grip patient under shoulder and knees

Slide patient to edge of bed

On one knee, lower patient's legs, then body

On one or both knees, slide patient down your chest

Pull patient out headfirst on blanket

Appendix K

Rescue Markers

Image 1. Indicates a room has been evacuated.

Image 2. Indicates a room has not been evacuated.

Appendix L

Code Green-Total Evacuation: Departmental Roles and Responsibilities

Refer to Surge Related Document list

Incident Commander (IC)- Charge Nurse/Designate

1. Initiate Code Green Incident Command Checklist (Appendix B) and establish EOC.

Director of Care (DOC)

1. Complete MOHLTC requirements for resident relocation.

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. Downtime process will be followed

Finance, Health Records, **Human Resources, Payroll**

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.

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 Tubo 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. Assist with bringing walkers and wheelchairs to the reception site once patients have been evacuated.
3. Manager to bring laptop

Maintenance:

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

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

Laboratory:

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

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

Supplies

LTC Nursing Staff
1. Medication Carts/care plans
2. Dressing Carts
3. Oxygen tanks and tubing (for any patient/resident requiring it)
4. Vitals Machine Carts
5. Family phone lists

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
6. Glucometers

EVS (Environmental Services)
1. Linen bags filled with towels, facecloths, sheets, blankets, gowns, pads, etc.
2. Cleaning Supplies: disposable cloths, Ready to Use (RTU) disinfectants, 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: Laptop for menu and resident information
2. N/S Staff: Servery sheets, assistive devices inc. angled cutlery, lip plates, dycem mats, red plates, 2-handled mugs and spout cups
3. L/E Staff: Supplements, thickeners
4. Cook: Robot Coupe
   *Turn off all cooking devices

Pharmacy:
1. Contact local pharmacies to arrange for medication delivery

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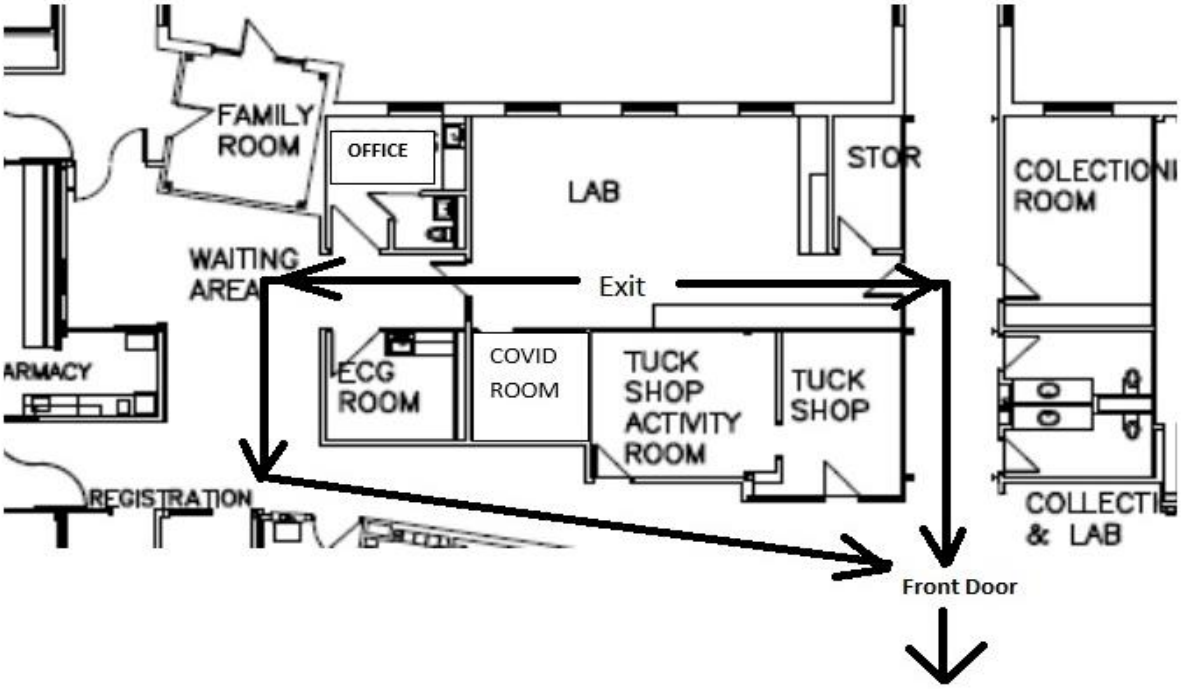
Appendix M

Work Aid: Safe-13-01
Lab Emergency Evacuation

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



Distribution: 1 copy on lab door
Note: This is a CONTROLLED document for internal use only.