CODE GREEN – Evacuation

Approved by:	Administration	**Effective Date:**	April 25, 2019		EP-03
Issued By:	Administration	**Review Date:**	July 5, 2022		
Department(s)	All	**Version:**	7	Archived:	N

INTRODUCTION

CODE GREEN is designed to initiate an orderly response when it is recommended to evacuate a certain perimeter (usually a building or specific location within a building) until the situation is contained. In some situations a **CODE GREEN** may follow another Code (ie. Fire) if the circumstances warrant evacuation.

POLICY

In the event of a risk of harm to people inside the Hospital resultant from fire, explosion, wind/water damage, or disruption of utilities, patients/residents may be in danger and may be required to be moved to safety. Evacuation may be to another part of the building or from this building into another facility. Evacuation will be performed according to proximity of fire and/or hazard and instruction will be provided on the process of evacuation.

NOTE: The **Westdale Facility** may be employed as a staging site to facilitate an orderly and coordinated introduction patients/residents and staff into the designated or alternate facility. The **John Parrott Centre** is specified as the external facility. The Hospital evacuates to this location unless it is deemed necessary to evacuate beyond the town boarders.

"**CODE GREEN** STANDBY"

Designated code announcement to clearly communicate to all staff, patients/residents and visitors that an evacuation is imminent. Upon hearing this announcement all staff should return to their home unit to prepare for an evacuation.

"**CODE GREEN** IN EFFECT"

Designated code announcement to clearly communicate to all staff, patients/residents and visitors that an immediate evacuation has been ordered. This announcement signals the implementation of a controlled evacuation of a specific area of the building or the building as a whole.

NOTE: It is important to listen for directions over the Hospital PA system during a "**CODE GREEN**". Only announcements related to the evacuation will be made after a **CODE GREEN IN EFFECT** has been announced.

EVACUATION

Circumstances requiring an immediate, complete evacuation of the hospital will rarely occur but must be planned for as a worst case scenario. A more plausible scenario will be circumstances necessitating one or more evacuations of particular areas of the hospital in response to localized situations such as fires, bio-hazard spills, etc. These may include:

1. **Partial Area Evacuation**   From the immediate area (i.e. fire in patient's or resident's room).

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2.	**Horizontal Evacuation**	Out of a fire zone wherein a danger has been identified, through fire zone doors into an adjacent unaffected area.
3.	**Vertical Evacuation**	To another floor above or below the floor that was involved in the initiation of the code.
4.	**Complete Evacuation**	The entire Hospital.

AUTHORIZATION FOR EVACUATION

Incident Manager
Is the most responsible person (MRP) in the Hospital when a situation develops that may necessitate a partial or complete evacuation. The **Incident Manager** will remain the MRP until they are relieved by a **Director** or **Administrator On Call.**

Key Personnel
The **Administrator On Call** is to be notified of the **CODE GREEN** situation as soon as possible.

The Hospital **Senior Management Team** or their delegates will assume any roles required to deal with the situation (i.e. **Operations**, **Planning**, **and Communications** etc.) as per the **Incident Management System (IMS)** model. Situations that arise afterhours may require non-management staff to assume the roles either temporarily or for the duration of the code.

Any **charge person** confronted with a situation that manifestly endangers patients/residents, visitors and/or staff, is authorized to order an evacuation into a safer zone. The decision to do so should be relayed to the **Incident Manager** as soon as possible to ensure co-ordination and support.

Any decision to evacuate the building as a whole will be made by the **Incident Manager** in consultation with the **IMS Team** and supporting outside agencies. If, for example, the reason for evacuation is a fire within the building, the decision to evacuate may be made between the **Fire Chief** or designate and the **Incident Manager.**

If the **CODE GREEN** announcement does not involve your area (to either evacuate or receive patients/residents), remain in your department. You may be requested to assist with the evacuation

Outside Agencies
Outside agencies will be notified at the discretion of the **Incident Manager** (i.e., **Police**, **Fire**, **Municipality**, **Ambulance**, **Public Health**, etc.).

RESPONSIBILITIES

Incident Manager
The Incident Manager will:
- If required, establish the Incident Command Centre in the Airhart Conference Room.

- Ensure that the following have been alerted:

  ➢ Administrator-On-Call
  ➢ Charge staff in building
  ➢ Maintenance person on call

  If required:

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> ➢ Fire Department
>
> **Note:** Afterhours the Fire Department, once contacted, will notify the OPP, Paramedic Services & Stock Transportation Services **(9-(613)384-0070)** of the situation.
>
> ➢ CritiCall (0-1-(289)396-7000)
> ➢ Charge person at John Parrot Centre **(9-(613) 354-3306)**
> ➢ On Call Physician – through ED Physician on duty

The Emergency Contact List of phone numbers is located in the Admin on Call Binder and on the PPM.

- Assume command of the incident response.

- If required, assemble an **Incident Management System (IMS) Team** and assign duties and responsibilities as necessary to deal with the incident. Direct and coordinate all activities related to the incident and retain responsibility for all site operations until relieved.

- If required, implement the appropriate Hospital staff fan out (departmental / hospital wide) if additional help is required to assist with the evacuation.

  Staff arriving in response to the fan-out are, unless specifically told otherwise, to report to the designated area where they will be assigned their roles.

- Determine and communicate whether the evacuation site is within the facility or external.

- Determine when **"CODE GREEN Standby"** and **"CODE GREEN In Effect"** should be initiated.

- Determine if the Hospital is to be "Locked Down" to prevent additional visitors entering the facility.

- If the evacuation site is external, identify a MRP to go to the site to assist with the coordination on arrival.

- Notify the **John Parrott Centre (9-(613) 354-3306)** if the Hospital is going to evacuate to them and confirm when evacuation is about to commence.

- Determine and communicate the evacuation exits and routes to be followed within and from the hospital to the destination

- Ensure that a written record is kept of each patient/resident evacuated. Meditech and Point Click Care downtime procedures will be followed.

- Assign staff member to initiate downtime patient/resident charts for documentation while patients/residents are outside hospital. Charts must be tagged with a colour-coded sticker indicating what area they came from (Red – ICU, Yellow – Acute Care, Green – Convalescent Care). Stickers are located in the Emergency Tote located in the **Airhart Conference Room** closet.

- Assign stores and pharmacy personnel to organize supplies and medications to go with evacuees as required. Maintain communications (phone, paging and/or runners).

- Ensure IMS Team Members provide regular updates regarding the evacuation to staff and external responders.

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Incident Response Team

Each incident will be different in terms of its severity, numbers at risk and available resources. In order to meet the needs, the **Incident Manager** may be required to improvise, at least in the initial stages, to meet the immediate safety needs of patients/residents, staff and involved members of the public. The **IMS** team for our facility may include:

- One (1) **Clerk or RPN** to generate downtime patient/resident record and labels.
- Two (2) **RPN/RNs** to print off two (2) bed census lists and confirm each room has been evacuated and marked as clear.
- Two (2) **RN's** and one (1) **MD** (physician on-call) to proceed to relocation facility to prepare to receive patients/residents.

ORGANIZATION OF THE DESTINATION SITE

Assigned personnel should be sent to the destination site in advance of the patient/resident evacuation. Their function will be to assist the receiving destination/site personnel and maintain communication with the **Incident Command Centre**.

If the destination site is outside of the hospital (i.e. the **John Parrott Centre/Westdale Facility**) the **Hospitalist, Chief of Staff or ED physician on call** should be assigned to the offsite location to assist patients/residents after they arrive.

ORGANIZATION OF EVACUATION IN PATIENT/RESIDENT CARE AREAS

EVACUATION CHECKLIST (Department/Unit Manager/Team Leader/Delegate)

The following checklist applies to evacuation principles that may be utilized in any type of evacuation (e.g. area, horizontal, vertical or total).

	ACTION	Y/N TIME
1.	Ensure that all staff are aware of the impending evacuation and assign duties as required.	
2.	Choose an appropriate evacuation destination and route, and inform all staff	
3.	If an operation, procedure, or treatment is in progress at time of incident and it is felt that it cannot be discontinued without significant detriment to the patient/resident, it may be continued at the discretion of the medical staff in charge.	
4.	Instruct outpatients/residents and visitors who can leave the building safely on their own to return to their home.	
5.	Patients/residents and visitors nearest the source of danger must be removed first in the following sequence: • Room of origin • Rooms on either side of room of origin • Room opposite room of origin • Ambulatory patients/residents who can follow instructions • Non-ambulatory patients/residents	
6.	**Non-Ambulatory Patients/residents** will be evacuated via wheelchairs, stretchers or geriatric chairs if available.	

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	ACTION	Y/N TIME
	Use proper lifting techniques. Evacuate the room as quickly as possible to reduce the possibility of fatalities.	
7.	Blankets should be given to each patient/resident, both for comfort and as a vehicle, should they become non-ambulatory and need to be pulled on the blanket.	
8.	Ensure all necessary medical supplies and equipment accompany or precede the patient/resident being evacuated (i.e. IV pumps, wheelchairs, etc.).	
9.	Once a room has been evacuated, shut down all machines, turn off oxygen and ensure patients/residents are on portable supplies.	
10.	Check closets, washrooms, under beds, etc., where a frightened or disoriented person may hide.	
11.	Close all doors if the situation involves fire, smoke or other noxious substances. Following the room evacuation, the white marker is flipped up to cover the red flag indicating a clear room.	
12.	If time permits, ensure patient/resident charts are printed and accompany each patient/resident. If time does not permit, attempt to transport all charts to the evacuation location using chart racks, supply carts, pillow cases, etc.	
13.	Do not use elevators unless specified by an IMS Team Member or the Fire Department.	
14.	Remain on the unit to coordinate evacuation as long as it is safe to do so, or unless ordered to leave by the Incident Commander or External Emergency First Responder (Fire, Police, etc.)	
15.	When evacuation is complete, if time and safety permit, systematically search each area to ensure all patients/residents and staff have been evacuated.	
16.	At the evacuation destination, run two (2) copies of the census for the evacuated unit from the Meditech and Point Click Care System. Use the first copy to account for every patient/resident and current location.	
17.	Ensure that all staff is accounted for.	
18.	One (1) staff member per patient/resdient care area will be assigned the responsibility of ensuring all areas are checked and that everyone has been removed using the **bed list from Meditech and Point Click Care**.	
19.	Information will be reported to the Incident Manager when all patients/residents have been evacuated including a copy census and staff list.	
20.	Prioritize patients/residents for further evacuation according to medical condition and urgency of need. Injuries sustained during the evacuation should be treated immediately.	
21.	Wait for further instructions from the Incident Command Centre and/or External Emergency First Responders (Fire, Police, etc.)	

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	ACTION	Y/N TIME
	IF THE EMERGENCY REQUIRES EVACUATION OUTSIDE THE BUILDING	
22.	All department/Unit Manager/Supervisors/Team Leaders or designate should assemble their group outside in an orderly fashion at a safe distance from the closest exit. Do not block exits or locate people near fire hydrants.	
23.	Use the second updated hard copy census to do a second head count of patients/residents. Ensure that all staff are accounted for. Notify the Incident Command Centre immediately if a patient/resident or staff member is missing.	
24.	Assess patients/residents. Identify Critical Patients/residents for first available transfer. Consider calling CritiCall.	
25.	Assign staff to care for patients/residents/groups of patients/residents based on acuity.	
26.	Wait for instructions to move patients/residents to emergency transport or external triage/transfer point.	

EVACUATION FROM THE BUILDING

1. If the building is to be evacuated, **Switchboard** or a delegate will use the Hospital PA system to notify staff, patient/resident and visitors as to what exit(s) is to be used. **"CODE GREEN in effect evacuate to _____ exit"** will be announced three (3) times.

2. The staff member initially assigned to collect the patient/resident charts from the area will now be responsible for ensuring the charts are delivered to the **John Parrot Centre** or other external site(s) evacuated to.

3. The staff member(s) in possession of the list of evacuated patients/residents will ensure that a copy of the list is sent to the **John Parrott Centre** (or alternate facility) with the nurse who accompanies the patients/residents. This list provides a means to account for the patient/resident when the evacuation is complete. Also a copy of this list will be sent to the **Incident Command Centre** when:
   - All patients/residents have been initially evacuated from their unit.
   - All patients/residents have been received in the designated internal holding area or the external facility.

4. **Incident Manager** will assign an individual to monitor arrivals at the destination site and ensure that all staff members are accounted for.

5. **Destination Nurse In Charge** will:
   - Prepare a list of patients/residents who may be discharged home in accordance with the **Physician** orders.

     - Ensure that a report of discharges and the patient/resident's final disposition be sent to the **Incident Manager** at the **Incident Command Centre.**

     - In consultation with his/her destination site counterpart:
       o Designate an area for the assessment of arriving patients/residents.
       o Designate an area for patients/residents being transferred home to wait for family notification/pick-up.

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6. The **Communications Officer** will:
   - Notifying patient/resident families of the evacuation of the hospital and the new location of the patient/resident as soon as possible.
   - Provide the Media with updates as authorized by the **Incident Manger**.

NOTE: Any fatalities or unaccounted patients/residents or staff must be reported to the **Incident Command Centre** as soon as possible. This will include patients/residents who could not be evacuated. The **Communications Officer** will be responsible for handling calls from families trying to obtain information regarding Hospitalized family members. Open communication should be available via cell phones between the **Parrott Centre** and the **Incident Command Centre** to keep information current so that families may be notified accordingly.
   - Have signs posted in strategic locations stating that an evacuation has taken place and where the patients/residents have been evacuated to.

POST CODE GREEN FOLLOW UP

At the completion of the evacuation process, the **Incident Manager** will ensure:

1. That a debriefing of the entire **Incident Management Team** and of all staff patients/residents and families involved in the evacuation is carried out and that their comments/observations are reflected in the final report.

2. That professional counselling is provided as required, especially if there were fatalities or severe injuries sustained as a result of the incident necessitating the code.

3. That the conditions of the patients/residents, following the evacuation, be assessed and recorded.

4. That the hospital conduct a detailed, written, internal investigation of the incident necessitating the evacuation for future reference.