**CODE GREEN - EVACUATION**

**PREAMBLE:**

**Overview/Definition:**

Code Green is any situation requiring evacuation of patients/residents/visitors/staff/clientsandvolunteers.Itisdesignated to initiate an orderly response when it is necessary to evacuate within a certain perimeter until a situation can be contained or controlled. The evacuation may be limited to a specific area or may be of a largescale, possibly for a prolonged period of time.

**OBJECTIVES:**

The purpose of the policy is to ensure that there is a complete and orderly plan to relocate patients/visitors/staff/clients and volunteers to a designated temporary location when all or part of a building is unsafe to remain in and requires evacuation. The order of evacuation (who, when, how, in what order and where to) will be determined by the Charge Nurse/CEO or delegate.

**LEVELS OF URGENCY OF EVACUATION:**

1. **CODE GREEN – PRECAUTIONARY EVACUATION:** thecharge person will determine an assembly area wherepeople will be moved to within the building away from an immediate threat beyond the first

set of fire doors. Depending on the threat there may be sufficient time for a more orderly, planned evacuation before the threat is imminent.

1. **CODE GREEN – STAT - CRISIS EVACUATION:** is usually a last resort, and ordered only after horizontal (across) and vertical (down) evacuations does not ensure safety.

This evacuation may only involve one facility or may include all facilities and be campus wide.

It is a complete and orderly evacuation of a building(s) declared by the CEO/delegate or Senior Management or On-Call Admin/Clinical Team Manager (CTM) and may be in consultation with Municipal Officials.

In the event that an immediate decision must be made to evacuate an area, the person in charge shall order that a horizontal or vertical evacuation be performed as required until an assembly area that people are safe can be reached.

**TYPES OF EVACUATIONS:**

* **Partial –** people are moved within the building to an area away from the immediate threat. This can be out of a room to another room or beyond the nearest fire doors to another area of the building. This is usually triggered by an initial threat such as fire, hazardous materials spill, disruptive or violent individual and can be triggered by any staff member observing a threat to safety in the area.
* **Horizontal –** This is the movement of people horizontally on the same level out of one area to another to behind the nearest fire door to an assembly area.
* **Vertical –** is a complete evacuation of all people on the floor where the fire or hazard is located. Descent should be made from the non-fire side of the building (beyond the fire barriers), or out of the building via the end exit if deemed essential.
* **Complete –** this is an evaluation of all people in the building to an adjacent building if possible or maybe be out of the building and off site.

**PROCEDURE:**

**POTENTIAL CAUSES** requiring evacuation:

* Internal or external fire or explosion.
* Prolonged loss of electric power, heat or water supply.
* Bomb threat.
* Code white, purple or silver.
* Natural disaster that damages the facility and disrupts essential services such as earthquake, hurricane, tornadoes, rising floodwaters.
* Internal or external fumes from toxic spill or natural gas leak.

**CHARGE NURSE/CEO or DELEGATE:**

1. Upon notification and investigation of the cause, will determined the:

Level of Code Green  **(Precautionary or Stat)**

Type of evacuation **(Partial, Horizontal, Vertical, Complete).**

1. Dial 60 on the phone and announce **“Code Green, Building name and location”**

Type of evacuation “Partial, horizontal, vertical or complete”

“Assembly area’s” if known

 **Repeat 3 times loud and clearly**

1. Second stage general alarm fire alarm may be activated by the fire department or Charge Nurse to indicate a Code Green. This is completed by inserting the small key into the fire pull station and turning clockwise. The system will beat 20 beats per minute to 120 beats per minute.

***(Note paging the Code Green might be better than activating the alarm and less distraction)***

1. Notify admin on call as soon as possible
2. Contact maintenance immediately, if after hour’s use the maintenance pager number.

 **INCIDENT** **COMMAND:** determine who Incident Command is as soon as possible, take Command.

 **NOTE: RISK ASSESSMENTS MUST BE REVIEWED IMMEDIATELY:**

* What Is the threat or danger and is it internal or external and if so which building(s) are affected?
* Does staff call back need to be activated?

(See Staff Call Back List in Emergency Preparedness Binder)

* Should ambulances be rerouted?
* Is there a possibility that patients/residents will require transfer to another facility(s)?

If so (See Contacts List in Emergency Preparedness Binder)

* Has contact been made with the Charge Nurses of AGH or FVM and up to date information?
* Do surgeries require cancelling?
* ***If evacuation if off site then Coach buses should be notified. This is important as patient/residents may spend a few hours on buses and AC and washrooms will be important.***
* Determine how many appropriate staff may need to be assigned to the (IMS) roles to help track patient/residents and staff but also to assist in notifying staff call back, calling other facilities, bus lines and families.
* ***Accountability and tracking resident/patients and staff will be a key role*.**
* Incoming deliveries be cancelled at the loading dock or meant off site.
* Communications will be key: remember this affects the whole Campus.

**EMERGENCY OPERATIONS CENTER (EOC):**

* Determine the location of the Emergency Operations Center (EOC) and establish as soon as possible.
* Communicate to staff the location of the Emergency Operations Center (EOC).
* Determine if the situation is a high risk, and the number of patient/residents that would require evacuation and/or will this be a prolonged event.
* All Employee emails should be used to help communicate to all staff as well as phone calls and paging if required.
* Communications will be key: send out an all-employee email as soon as possible:
* up to date information on the situation
* who is Incident Command and a contact phone number
* is Emergency Operations Center established on site or off site and contact phone number?

 (Off site (EOC) could be old ambulance base or Lanark County Paramedic Building).

* Safety Officer should be assigned as soon as possible
* Prepare for possible debriefing if the situation is prolonged or once the all clear has been given
* Phone calls and paging may also be required to help ensure good up to date communications throughout the Campus has been established to and from the Incident Command Center.
* Contact with Municipal Officials for an update if external so they have an up-to-date contact on site.

**CODE GREEN PRECAUTIONARY EVACUATION:**

* + Ensure anyone in adjacent rooms have heard the announcement.
	+ Coordinate the preparations and evacuation of patients/residents.
	+ Ensure Admin on call has been notified.

 (permission may be requested for staff call back depending on situation)

* + Notify other facility for extra staff to help assist if required.
	+ Gather up census sheets and ensure they are accurate.
	+ Prepare medical charts on wheeled carts.
	+ Gather report sheets (put in pillow slips).
	+ Bring medication carts from units if feasible to do (plug in until required to move).
	+ Gather portable oxygen, suctions and crash carts
	+ Identify patients/residents into 3 groups on census sheet –
	+ **A(ambulatory) W(wheelchair); S(stretcher).**
	+ Identify patients who may be able to be discharged.
	+ Determine possible assembly area’s with staff.
	+ Turn off machinery and unplug electrical equipment.
	+ Turn lights on.
	+ OBS Staff ensure all babies are with moms.
	+ Fairview Manor residents will have the **ident bands** secured to there wrist,

these bands are in the **red box** at the GW treatment room.

* + Transfer patients/residents to wheelchairs.
	+ Provide patient/residents with blankets in case they collapse.
	+ Place IV bags, clamped closed in robe pockets
	+ Fairview Manor PSW on Garden Walk is responsible and will ensure all charts and

 **Medication Administration Records (MARS)**

 **Treatment Administrtion Records (TARS)**

 are ready to remove from the Manor.

* If elevator cannot be used then use 2 hockey bags:

 1 in Old Mill Place (OMP) and 1 in Heritage House (HH)

 treatment rooms to pack binders into and meds.

* + Day Hospital, Physio and Diagnostic Imaging will cancel services if hospital is

 affected.

* + Wait for further instructions.

**CODE GREEN STAT EVACUATON (CRISIS):**

**PARTIAL, HORIZONTAL, VERTICAL EVACUATION:**

* Immediately evacuate anybody in immediate danger if it has been determined that danger is imminent and cannot be easily contained to the one room.
* Remove patients/residents/visitors out of room(s) adjacent to the fire or danger area immediately.
* Close the door to the affected room(s) or area immediately in order to contain.
* Flip up remar markers on doors to indicate that rooms have been evacuated.
* Proceed with patients/residents/visitors to a designated safe assembly area.
* **Do not use the elevator if fire, electrical problem or flooding exits.**
* Move ambulatory patients/residents first, instruct to move down the stairway on the right-hand side so fire and rescue personal can get up the stairs.
* Ensure canes, walkers and wheelchairs are transported with the patient/resident.
* Remove non-ambulatory patients/residents next using the emergency evacuation blankets in the stairwells.
* Last move special needs patients/residents, this can be someone who is psychiatric patient or exhibits irrational behavior or is on life support.
* All patients/residents/visitors should be moved to a safe assembly area and a designated staff member should remain with patients/residents to ensure no attempt is made to return to the fire or danger area or wander off.

**COMPLETE EVACUATION:**

* Will be determined and communicated by the Charge RN/CEO or delegate/Incident Command upon directions.
* This involves evacuating patients/residents to a safe assembly area in an adjacent facility or moving outside or off site.
* Always keep patients/residents well away from the building and firefighting equipment in order to avoid injury.
* Use remar markers to indicate rooms have been thoroughly searched and evacuated
* **A (Ambulatory)** patients/residents may be discharged into the care of nearby kin or will be

 transported to another facility by bus.

**W (Wheelchair)** non-ambulatory patients/residents may be discharged into the care of

nearby kin or transported to another facility by bus.

**S (Stretchers)** may require transportation by ambulance.

**ACCOUNTABILITY/DOCUMENTATION:**

* All patient/residents and staff must be accounted for by using census and documenting on the evacuated patient/resident log sheet form. This log is used by the first staff member present and before any patient/resident or staff leaves the premises.
* FVM all residents must have their ident band secured to their wrist before they leave the premise.
* Triage tags may be used for AGH hospital patients.
* Blanket should be put over the shoulders of patients/residents to keep them warm or in case they collapse, then they can be carried or dragged on the blanket.
* **DO NOT USE ELEVATOR IF FIRE, ELECTRICAL PROBLEM OR FLOODING EXISTS**

**Only upon approval of the fire department only can elevators be used if these problems exist.**

* The R.N. or designate along with the transportation personnel (ambulance/ bus driver) will use the attached resident/patient log form:
* Patient/residents name
* the destination facility
* the identification number of the ambulances or buses
* are patient/resident’s records/charts medication, walkers/canes been transferred at the same time
* OBS ensure baby’s and moms are transported together
* If enough staff are available, then send staff with patients/residents ensuring both staff and patient/resident are marked on the log sheet. If staff are not available then have ambulance or bus driver tick off the log sheet.

***ALL CLEAR*** can only be paged once notification has been given by authorized personnel.

1. Incident Command will dial **60** on the phone and page.

**CODE GREEN ALL CLEAR** **x 3 times.**

1. Incident Command is responsible for the filling out of the Incident Report

***Evacuated Resident/Patient Log***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Resident/Patient Name** **(Surname First)** | **ID No.** | **Transferred to (Facility/Relative)** | **Time** | **Transferred by Rel/Amb#/Bus#** | **Records Sent ( )** |
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