# **Emergency Preparedness**













# **Code Green Overview**

## What is the Situation?

An evacuation of a unit (horizontal), floor (vertical), or complete building evacuation.

## **Initial Priorities/Steps:**

- 1. Confirm the Code has been activated
- 2. Establish the Code Incident Commander
- **3.** Assign Operational Roles and hand out their Assignment Checklist (see below)
- **4.** Provide an update to Central Communications on the situation

wnat	are the Objectives of the Code Response?
	Identify and provide an effective alert and response system for an evacuation.
	Safely and effectively coordinated the evacuation of patients, staff and visitors.
	Coordinate with Bed Allocation, clinical teams and regional/provincial agencies to transfer patients to alternate units or other centres.
	Ensure accountability of all staff and patients.
Location	on of Incident Command:
	Primary – Evacuation Site
	Secondary/Executive IMT Activation – Emergency Operations Centre (EOC)
Suppo	orting Resources:
	Southlake Emergency Response Plan
	Emergency Code Command Board
	Evacuation equipment (Medsleds/Evac-chairs)
	Code Green tracking forms
Comm	nunicate this Code through:
	Overhead Page
	MS Teams – Southlake Emergency Management Communications
Provide	updates to the nature of the code and resource requirements as soon as possible!

THIS IS A GUIDE – ADAPT THIS PLAN AS REQUIRED



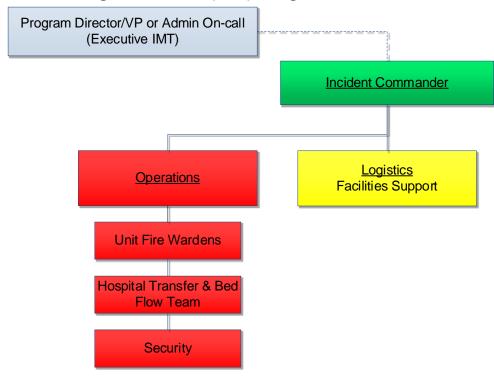
## **Incident Management Team (IMT) Initial Response:**

The following list indicates the *likely initial* positions required in order to implement this Incident Action Plan. It is the responsibility of the Incident Commander and Section Chiefs to establish any relevant additional units, especially for extended operations. Please reference the *Southlake Corporate IMT Activation Process and IMS Position Checklists* for further information.

IMS Position	Primary IMT	After-Hours/Alternate
COMMAND	Department Manager	<ul><li>Clinical Support Manager</li><li>On-site Supervisor/Manager</li></ul>
UNIT FIRE WARDENS	Unit & Floor Fire/Emergency Wardens (See Immediate Action Drills for Responsibilities)	Unit Senior Staff/Most Responsible
HOSPITAL TRANSFER & BED FLOW TEAM	Manager, Bed Allocation, Physician or Surgeon & Paramedic Supervisor	<ul><li>Bed Allocation Staff</li><li>Intensivists/Anesthetists/Surgeon</li><li>Alternate ED or ICU Physician</li></ul>
SECURITY	Manager, Security & Parking	<ul><li>Security Supervisor</li><li>Senior Security Guard</li></ul>
LOGISTICS - FACILITIES SUPPORT	Manager, Facilities	<ul><li>EVS Supervisor</li><li>Facilities On-Call</li></ul>



# **Code Green Incident Management Team (IMT) – Organizational Structure:**





## **Incident Commander**

This position is normally staffed by:

- Department Manager
- Clinical Support Manager
- On-site Supervisor/Manager

Where you should report to:

• Evacuation area or the Emergency Operations Centre (EOC) (if activated)

Resources you will need:

- Incident Commander vest
- Copy of the Emergency Response Plan and Annexes
- Code Response Command Board
- Code Green Forms
- Evacuation Equipment

#### **Actions** Assess the situation and determine the extent and nature of the evacuation (horizontal, 1. Assess the situation vertical, complete). Contact Central Communications to activate a Code Green (if not already done). Advise Central Communications to announce 2. Request additional the requirement for additional staff. Confirm resources required to assist if emergency services are required (Police, in the evacuation Fire, Paramedics). 3. Notify the Facilities On-Call The Facilities On-Call will assist with building (if after-hours) infrastructure Coordinate with staff and emergency services 4. Coordinate the safe to ensure a safe and effective evacuation. evacuation from the Communicate with the Unit Fire Wardens and hazardous area Floor Wardens to organize the evacuation Assess what clinical services are impacted and 5. Assess impact to Clinical determine contingencies to maintain **Operations** essential services.

## **Notes**

Use this section for notes:



6. Activate the Emergency Operations Centre (EOC) if multiple departments involved	Coordinate the development of an incident action plan. Establish operational periods, objectives, strategies, and regular briefing schedule. Complete IMS 201 – Incident Briefing Form
7. Consider Executive IMT activation	Update senior leadership on any prolonged or complex incident. In consultation with the Program Director/VP or Admin On-call, expand the IMT structure as required.
8. On-going tasks	Refer to the Southlake IMS Position Checklists for additional tasks.
9. Clear the Code	Once the response is complete, clear the code.



# **Hospital Transfer & Bed Flow Team**

This team is normally staffed by:

- Manager, Bed Allocation
- Physician/Surgeon or Medical Officer
- Supervisor, Paramedic Services

Where you should report to:

• Bed Allocation Office (East Building 1st Floor)

Resources you will need:

- Identification Sticker (Patient Movement Team Leader)
- IMS Forms
  - o IMS 255 Master Patient Evacuation Tracking
  - o IMS 260 Disaster Patient Evacuation Tracking

#### **Actions** 1. Set up Hospital Transfer & Establish a coordination desk in the Bed Bed Flow Team - Assign Allocation Office personnel Immediately assess the hospital bed census. Identify bed allocation based on the type of 2. Immediately assess the hospital bed census Code Green and who requires transfer to another health care facility. Establish communication with Georgian Central Ambulance Communication Centre and CritiCall. Coordinate all transfers out of the hospital with Paramedic Services and 3. Establish communications Ornge. Ensure appropriate tracking and both internally and assignment of resources. externally (A Paramedic Supervisor will be assigned to this unit on arrival). Georgian CACC - 1-888-263-1424 CritiCall - 1-800-668-4357 4. Provide patient information Complete IMS 260 – Disaster Patient for patient's being Evacuation Tracking for any patient transferred out of transferred out by Paramedic Services, Ornge, Southlake or Private Transfer. 5. Track patients leaving Complete IMS 255 – Master Patient Southlake Evacuation Tracking for any patient

#### **Notes**

Use this section for notes:



	transferred out by Paramedic Services, Ornge or Private Transfer.
6. Coordinate patient movement to other units in the hospital	Coordinate with other units and the Incident Commander to maximize bed space availability and the movement of patients to other units (if possible).
7. Prioritize patient evacuation priority	Prioritize patients based on their evacuation priority (Red, Yellow, or Green) at the Patient Evacuation Staging Area who are being transferred out of the hospital. Affix the appropriate coloured ribbon to the patient and place in the colour-categorized area.



Security Team Leader	Notes			
This team is normally staffed by:	Use this section for notes:			
<ul><li>Manager, Security &amp; Parking</li><li>Supervisor, Security</li></ul>				
Where you should report to:				
<ul> <li>Evacuation area</li> </ul>				
Resources you will need:	Resources you will need:			
Identification Sticker (Secu				
Actions				
Provide security for evacuation		Provide security for the evacuation as required (i.e. mental health patient security).		
2. Clear areas for evacuation purposes		Clear areas such as the main lobby if being used for patient evacuation staging.		
3. Assist with a search		Clear evacuated areas and advise Incident Command		
4. Assist with evacuation		Be prepared to assist with evacuating patients as required.		



Logistics – Facilities Support			Notes
This position is normally staffed by:			Use this section for notes:
<ul><li>Manager, Facilities</li><li>EVS Supervisor</li></ul>	otes.		
Where you should report to:			
Evacuation area			
Resources you will need:			
<ul> <li>Logistics Section Chief ves</li> </ul>			
Actions			
Carry out the     responsibilities of the     Senior Fire Warden		Review the Fire Warden Responsibilities.	
2. Support the building's critical infrastructure		Provide any technical expertise and services to emergency services.	
3. Provide assistance to the Incident Commander		Assist with the evacuation or providing technical support.	
4. Utilize appropriate PPE as required		Based on the nature of the work	



# **Code Response Strategies:**

- 1. Code Green Types
- 2. Evacuation Strategies
- **3.** External Incident Evacuation Decision Process



## Code Response Strategy #1 – Code Green Types

**Horizontal Evacuations** – This is the primary evacuation method to be utilized. This method involves evacuating staff, patients and visitors to a safe location on the same floor by moving at least two fire doors away from the hazard.

**Vertical Evacuation** – This method involves moving patients preferably down at least two levels away from the hazard. This involves the use of rescue stretchers and other methods to evacuate if the elevators are inaccessible or inoperable.

**Complete Evacuation** – This method involves a complete evacuation of the facility. Everyone should evacuate to the closest emergency assembly area. Assistance from local Paramedic Services will be required to facilitate holding and transfer of patients to alternate facilities.

**Emergency Assembly Areas** – Unit Fire Wardens are responsible for setting up emergency assembly areas once everyone is evacuated to a safe location. Patients will be tracked using the *Code Green – Patient Evacuation Tracking Form*. This information should be immediately communicated to the Hospital Transfer and Bed Flow Team so they may coordinate a new bed or location for the patient.

## <u>Code Response Strategy #2 – Evacuation Strategies</u>

The Hospital Transfer and Bed Flow Team is responsible for coordinating the movement of patients to temporary or other clinical locations. This may occur in any type of evacuation.

Patient Evacuation Staging Area – Main East Entrance

Secondary Patient Evacuation Staging Area (if main is inaccessible) - Emergency Department

**Alternate Patient Evacuation Staging Areas** – If either staging area is inaccessible, any safe, open location with access by ambulance may be utilized. Ensure any staging area established is well communicated throughout the hospital.

Patients being transferred to alternate facilities should have a completed IMS 260 – Disaster Patient Evacuation Form accompanied with the patient. The Code Green Coordinator will assign a priority coloured IMS 260 form to each patient on arrival at staging according to the following categories:

- Red priority
- Yellow delayed
- Green minor

Patients should be positioned in the appropriate colour-coded priority groups for easy identification

#### **Equipment:**

- Medsled Evacuation Stretchers Central, West, Cancer, MAB, NICU (all even number patient floors)
- Stryker Evacuation Chairs MAB (West stairwell, even number floors), Cancer (Level 2, both stairwells)



# <u>Code Response Strategy #3 – External Incident – Evacuation Decision Process:</u>

