

## DEEP RIVER AND DISTRICT HEALTH

<b>Policy:</b> Code Green – Evacuation Plan	
<b>Original Date:</b> 2013-09	<b>Policy Manual:</b> Emergency Preparedness
<b>Approved by:</b> <input type="checkbox"/> Board of Directors <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chief Financial Officer <input checked="" type="checkbox"/> Chief Nursing Executive	

### **Policy**

Deep River and District Health has a responsibility to ensure the safety of patients, residents, visitors, staff and volunteers while in the facility.

The Code Green policy outlines the procedures required to safely evacuate all patients, residents, visitors, staff, and volunteers in a controlled manner that will reduce the risk of injury or loss of life. The nature of the evacuation can vary from a partial to a total evacuation of the organization through a staged process.

An evacuation will occur in any event which makes the campus unsafe to occupy. For the purposes of the Evacuation Plan, there are two different evacuation levels (horizontal and complete (STAT) evacuation). The level used, and the urgency will depend on the nature of the event, external environmental conditions, and the resources available at the time.

### **Purpose**

In the event of an immediate threat, staff will make every effort to evacuate anyone in immediate danger.

Examples of possible disaster/emergency situations include but are not limited to:

- Explosion
- Fire
- Flood
- Hostage taking incident
- Loss of heat
- Natural disasters
- Power failure

### **Decision to Evacuate – Authority to Declare**

The Incident Commander, or in the case of fire, a Deep River Fire Department (DRFD) representative is responsible for making the decision to evacuate. However, it is accepted that a Code Green Horizontal Evacuation or Code Green Stat Evacuation may take place first because time may not permit awaiting an order from the Incident Commander or Fire Department.

During the hours between 0800 to 1600

**Code Green Horizontal Evacuation:**

- Any person may initiate (for a room or area in danger) and immediately notify manager/supervisor
- Administrator-on-call will assume Incident Commander Role. This role may be delegated dependent on the situation. See *Administrator-on-call Policy* on document management system

**Code Green Stat Evacuation:**

- Administrator-on-call will assume Incident Commander. This role may be delegated dependent on the situation. See *Administrator-on-call Policy* on the document management system

**During the hours between 1600 to 0800**

**Code Green Horizontal Evacuation:**

- Any person may initiate (for a room or area in danger) and immediately notify Charge Nurse
- Charge Nurse – will assume Incident Commander Role until Administrator-on-Call arrives

**Code Green Stat Evacuation:**

- Charge Nurse will assume Incident Commander Role until Administrator-on-Call arrives

**Notification to Evacuate**

1. The decision to evacuate is made by the Incident Commander.
2. Incident Commander will delegate a staff member to page overhead one of following messages:
  - a. Code Green – Horizontal Evacuation (room, department or area)
    - i. Repeat this page x 3
  - b. Code Green Stat
    - i. Repeat this page x 3

**Procedure**

***Code Green Horizontal Evacuation***

Used to completely evacuate from the disaster area to a designated safe place on the same floor of a building. Only affected area(s) will be evacuated at this point. All persons in a zone are moved beyond a fire separation door to an adjacent area on the same floor. This is conducted under the direction of the Incident Commander.

The facility is divided into six main evacuation zones which mimic safe areas in the fire safety plan, see Appendix A. Staff in the affected area will be advised by the Incident Commander of which zone to evacuate to.

<b>Evacuation Zone</b>	<b>Departments</b>
Zone A	Family Health Team Building
Zone B	Emergency Department, Medical Imaging, Laboratory, Administration, Cafeteria, Medical Records, Pharmacy, Emergency and corridor to Four Seasons Lodge
Zone C	Outpatient clinics, Physiotherapy, Medical Floor Room #77 to Room #84 and Family Lounge
Zone D	Medical Floor Room #74 to Medical Floor Nursing Station, Four Seasons Lodge

Zone E	Dietary, Laundry, Maintenance, Boiler Room
Zone F	Classroom, IT Office, Stores, Basement

### **Code Green Stat Evacuation**

Used to completely evacuate all patients, residents and staff from the building to a safe offsite location. Incident Commander will implement the Emergency Operations Centre. (EOC).

This necessitates the temporary relocation of stable admitted patients and residents of Four Seasons Lodge to the North Renfrew Long Term Care Center (NRLTC). Transportation for patients and residents is determined by the Incident Commander. The incident commander will delegate notification of the stat evacuation to NRLTC by contacting the Team Lead at 613 584 1900.

### **Order of Evacuation of Patients**

Patients are evacuated in the following order:

- Those in immediate danger (when safe to do so)
- Independent individuals
- Individuals requiring supervision
- Ambulatory with assistance of 1 or 2 staff
- Wheelchair
- 2 Person Mechanical Lift
- Combative Patients

The Charge Nurse, in consultation with Incident Commander, will delegate one nurse to go to the NRLTC and prepare for receiving residents and patients once the evacuation is complete. See Appendix C for Evacuation Site Charge Nurse Duties.

### **Meeting Area**

This is a safe meeting area for anyone who **does not have** direct patient or resident care responsibilities.

Non-Clinical staff members will immediately report to the designated Meeting Area.

### **Emergency Assembly Area**

In order to arrive at this area safely all patients, residents, visitors and volunteers are directed by staff to use the safest emergency exit and route to assembly area.

#### **Outdoor Assembly Area #1**

- Staff Parking Lot

#### **Outdoor Assembly Area #2 (alternate)**

- Family Health Team Parking Lot

### **Relocation of Evacuated Patients**

1. The Operations Chief, from the Emergency Operations Center (EOC), or designate is responsible to arrange placement of evacuation site nurse, and organizing the transfer of patients and residents to the North Renfrew Long Term Care Center.
2. The patient's/resident's oxygen and sufficient medication (if safe to secure prior to evacuation) should accompany him/her unless the patient is discharged from the organization.
3. The Charge Nurse is responsible to ensure the Code Green-Patient Evacuation Records (Appendix E) are given to EOC, and the Staff Evacuation Record is completed (Appendix F).

4. A Registered Practical Nurse (FSL RPN on day and evening shift, Medical RPN on night shift) is responsible to secure the Evacuation Binder, and ensure Resident Photo and Information Record are complete and records are given to EOC.
5. Those patients approved for home discharge are to be transported by taxi, private car or other directed means.

### **Responsibilities**

#### **Charge Nurse/Incident Commander**

- See Policy Medical or Charge Nurse Binder on Medical unit for Code Green - Charge Nurse Checklist
- Charge Nurse will utilize the portable phone and direct the evacuation until the Incident Commander is on site.
- Coordinate opening of evacuation site in the event that an off-site location is required
- Determine if staff are to be called in (fan out list) to assist with evacuation
- See Incident Commander role description in *Emergency Operations Center policy*
- If evacuation occurs, delegate a person in charge for patients and residents at the evacuation and off-site evacuation site(s)

#### **Physicians**

- Report to Emergency department if hazard is not in that evacuation zone
- Assist Emergency Nurse in preparation for evacuation of emergency patients if required
- If not required in Emergency department, consult with Charge Nurse to assist with evacuation of patients and residents
- Authorize discharge of patients triaged as CTAS 4 or 5
  - Record on patient evacuation form as discharged
  - Instruct to follow up with family doctor or another health care facility

#### **Emergency Department Nurses**

- Reassure patients
- Review status of triaged emergency patients to determine which patients are deemed non-urgent and can safely leave the premises.
- Transfer all patients on oxygen to portables and shut off oxygen valves behind Emergency Nursing station, outside Procedure room, and one outside Resus/Utility room.
- Leave/turn all lights on, shut doors and use door tags to indicate vacancy
- For patients requiring transfer to another facility, fill out **Appendix E**: Code Green Patient Evacuation Record.
- If no patients in department or waiting area, Emergency Nurses should report to Incident Commander and assist with evacuation of patients and residents.

#### **Medical Floor and Four Season's Lodge Nurse**

- Fill out **Appendix E**: Code Green Patient Evacuation Record.
- Transfer all patients/residents on oxygen to portable tanks and shut off oxygen valve on wall across from Medical floor nursing station.
- Leave/turn all lights on and flag door to indicate vacancy.
- Gather Unit Laptop and the Evacuation Information Binder, see **Appendix G**.

#### **Outpatient Clinics (Laboratory, Medical Imaging, Physiotherapy, OTN and Clinical Nutrition)**

- Instruct patients to remain calm and exit the premises (with any escorts) through the nearest emergency exit in the building, not crossing the path of the hazard
- Ensure patient records are secure

- Turn off Lab and Medical Imaging equipment
- Medical Imaging staff member to shut off oxygen valve located outside of medical imaging
- Leave/turn all lights on, shut doors and windows, and use door tags to indicate vacancy
- All staff proceed to closest meeting area or outdoor assembly area ensuring not to cross the path of the hazard

#### Family Health Team

- Instruct patients to remain calm and exit the premises (with any escorts) through the nearest emergency exit in the building, not crossing the path of the hazard
- Ensure patient records are secure
- Leave/turn all lights on, shut doors and use door tags to indicate vacancy
- All staff proceed to designated meeting area or outdoor assembly area ensuring not to cross the path of the hazard

#### All Non-Clinical Staff

- Ensure area is vacated and clear, applying applicable door flagging as per appendix
- Leave/turn all lights on, close doors and windows
- Proceed to designated meeting area or outdoor assembly area ensuring not to cross the path of the hazard
- Assist in moving and caring for patients and residents
- Provide appropriate direction to outpatients, visitors and volunteers as outlined by incident commander/emergency operations center
- Staff/persons who identify themselves with a special need are to develop with their Supervisor/Manager an individualized emergency response plan as outlined within the Accessibility Policy

#### Reception

- Secure Visitor Registry and Volunteer Sign-In and provide copies to Operations Chief
- Keep telephone lines clear
- Proceed to designated meeting area or outdoor assembly area ensuring not to cross the path of the hazard

#### Food Services and Laundry

- Shut off gas valves
- Shut off all equipment (ranges, washers, dryers and exhaust fans)
- Clear corridor of carts
- Prepare linen cart for evacuation site

#### Maintenance and Housekeeping

- Upon instructions from Incident Commander maintenance will shut off medical gas, ventilation system, mechanical and electrical systems
- Upon instructions from Incident Commander housekeeping will man the front door, the emergency doors and the staff entrance to ensure no one enters the building

#### Volunteers and Visitors

- Volunteers will remain in the area they are volunteering in and await instructions from staff.
- Visitors are asked to remain with the patient or resident they are visiting and await instructions from staff.

#### Recall of Off-Duty Employees

There may be a need to recall designated staff members. The recall of designated staff will be determined by the Incident Commander using the fan out list located in the EOC cabinet.

All staff will NOT be recalled to the organization as it may not be safe or timely to recall staff.

**Materials and Supplies**

- **Appendix A:** Evacuation Zones
- **Appendix B:** Evacuation Exits
- **Appendix C:** Code Green – Evacuation Site Charge Nurse Checklist
- **Appendix E:** Code Green Patient Evacuation Record
- **Appendix F:** Code Green Staff Evacuation Record
- **Appendix G:** Code Green Four Seasons Lodge Evacuation Binder
- **Appendix I:** Door Flagging Procedure
  - Appendix i) Resident Photo and Information Record
  - Appendix ii) Resident Evacuation Sheet / Four Seasons Lodge Charge Nurse Checklist  
*(not included)*
- Code Green Charge Nurse Checklist

**Quality Assurance**

To ensure the organization is in compliance with the FLTCA, the committee will:

- Review and update code policies annually.
- Conduct a planned evacuation at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency
  - a written record of testing emergency plans and planned evacuations will be housed on the document management system
- Annual staff review of policy, records are kept on Surge Learning

Resources	<ul style="list-style-type: none"> <li>• Fixing Long Term Care Act, 2021 and Ontario Regulation 246/22</li> </ul>
Acknowledgements	<ul style="list-style-type: none"> <li>•</li> </ul>
Review Process	<ul style="list-style-type: none"> <li>• Emergency Preparedness Committee – October 17, 2023</li> </ul>
Revision Approval Date	<ul style="list-style-type: none"> <li>• September 15, 2023</li> </ul>

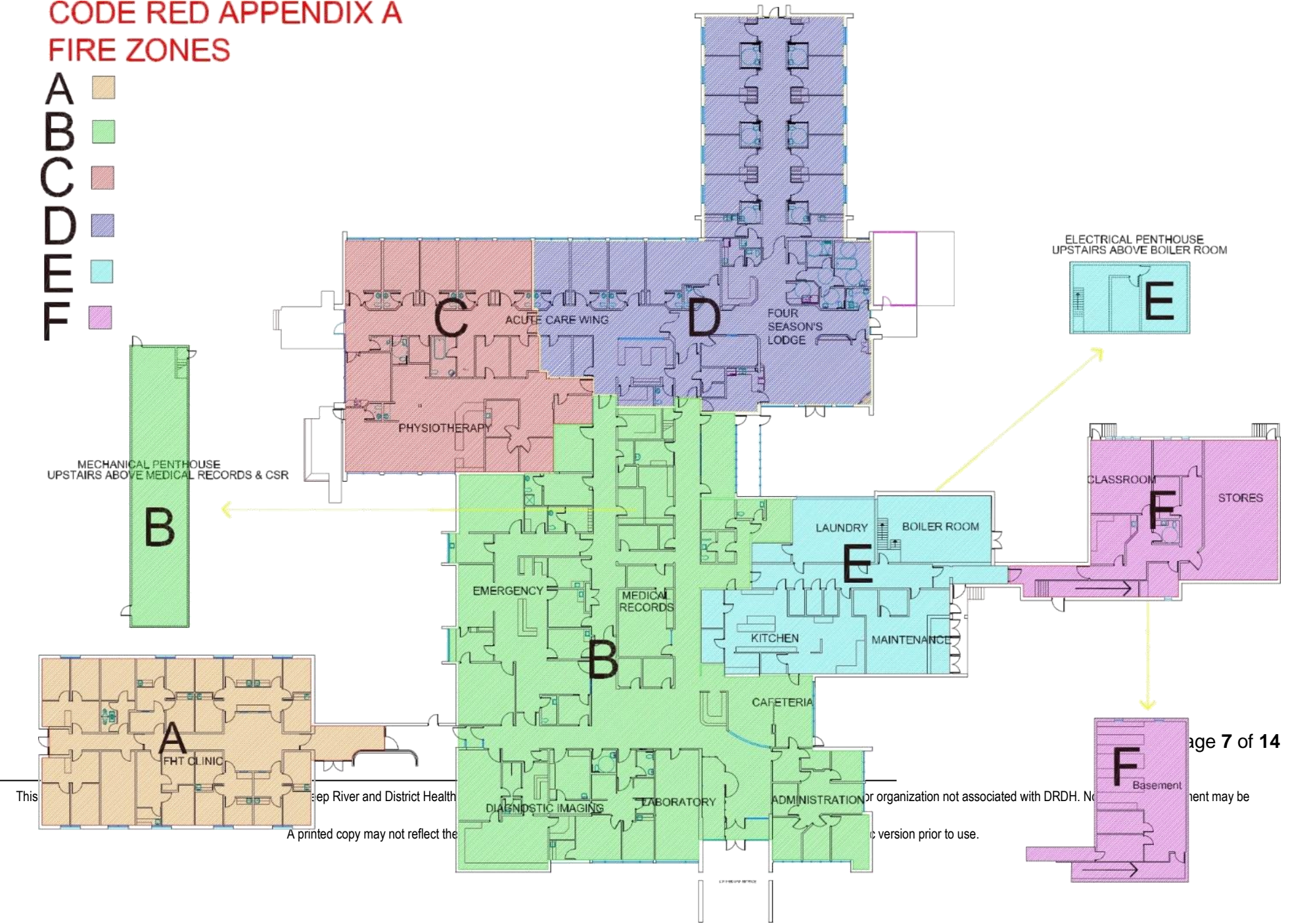
Version approved for printing by Chief Executive Officer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of printed approval:

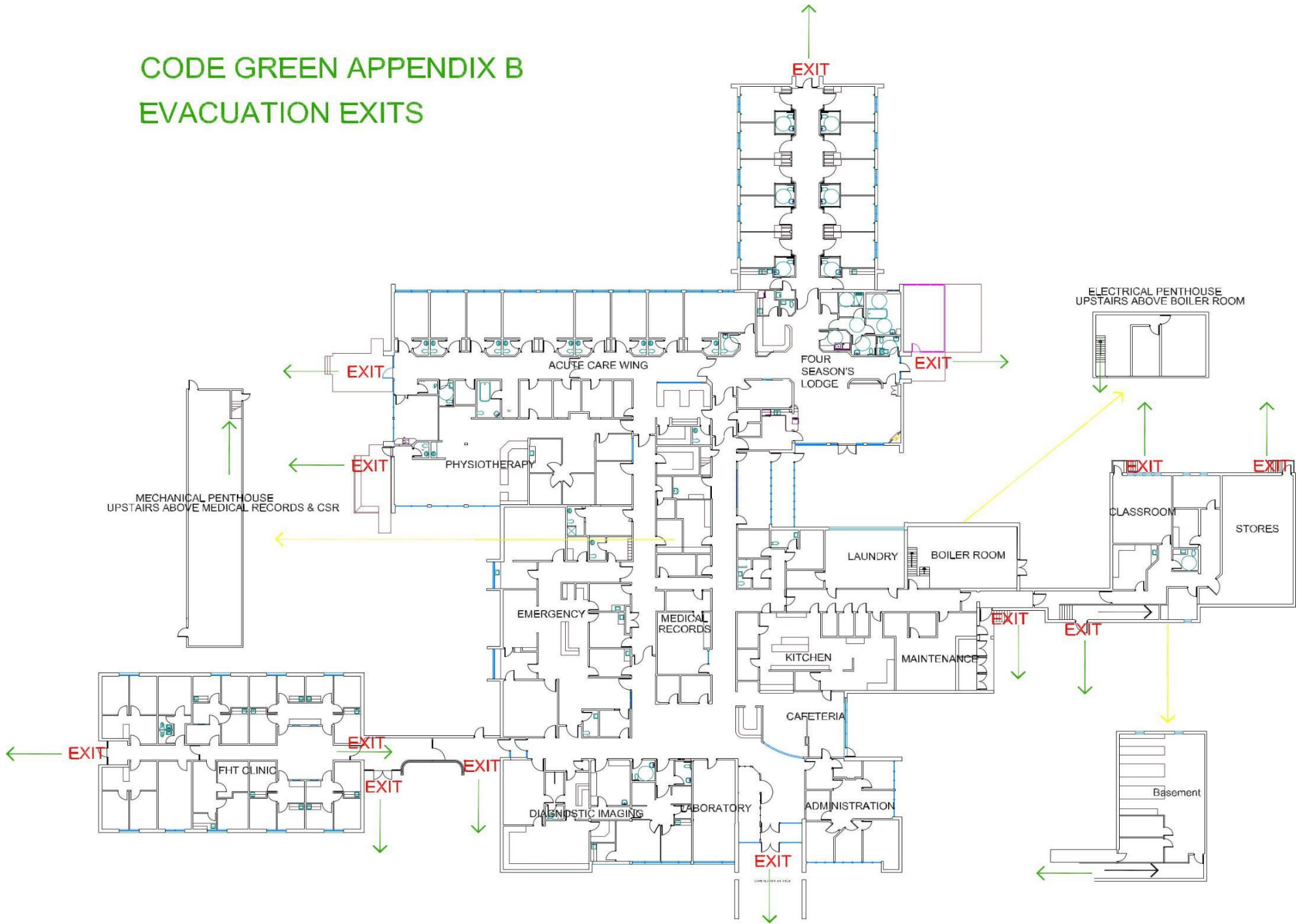
# CODE RED APPENDIX A FIRE ZONES

- A
- B
- C
- D
- E
- F



This is the property of the Department of Health, Senior River and District Health. This document is for the use of the organization not associated with DRDH. No part of this document may be reproduced without the prior written consent of the organization. A printed copy may not reflect the current version prior to use.

# CODE GREEN APPENDIX B EVACUATION EXITS





## APPENDIX C

### Code Green – Evacuation Site Charge Nurse Checklist

- Get the Emergency Discharge Kit (Code Grey Bin) and Charge Nurse Laptop and take to the North Renfrew Long Term Care Centre
- Prior to leaving, confirm communication method with Incident Commander
- Direct a nurse to proceed to the North Renfrew Long Term Care Centre and co-ordinate all plans for receiving patients and residents.
- Confirm with the Incident Commander when it is appropriate to arrive to NRLTC for additional support in receiving patients and residents.
- Notify Incident Commander that you have arrived to NRLTC
- Co-ordinate action plan with Team Lead from North Renfrew Long Term Care and Incident Management Team
- Work in association with the medical staff to ensure satisfactory patient and resident care.
- Assign duties to the Nursing Staff from the North Renfrew Health Campus at Evacuation site
- Be responsible for coordinating the set-up of patient and resident areas; sleeping, feeding, toileting, treatment, medication and files.
- Assess patients and residents upon arrival.
- Notify Incident Commander of any problems.
  
- Ensure record keeping in regards to:
  - items coming to receiving site
  - items removed from receiving site
  - staff hours and assignments

APPENDIX E

**Code Green Patient Evacuation Record**

<b>Date</b>	<b>Time</b>
<b>Patient Name</b>	<b>Common Patient Identifier#</b>
<b>Primary Classification</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Long-Term <input type="checkbox"/> Medical <input type="checkbox"/> Palliative	
<b>Mobility Type</b> <input type="checkbox"/> Ambulatory (can be discharged with relative) <input type="checkbox"/> Ambulatory with assistance <input type="checkbox"/> Bedridden (requiring transportation by ambulance) <input type="checkbox"/> Critical (requiring immediate relocation in acute care setting) <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other:	
<b>Admitting Date</b>	<b>Originating Room #</b>
<b>Most Responsible Physician</b>	
<b>Picked Up By</b>	<b>For Transfer To</b>
<b>Mode of Transportation</b> <input type="checkbox"/> Ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Relative <input type="checkbox"/> Other:	
<b>Patient's Records Transferred</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medication Transferred</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Family Notified</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Special Instructions</b>	
<b>Discharge Physician</b>	<b>Charge RN/Designate</b>
<b>Time</b>	<b>Time</b>
Copy form in triplicate – Copy for chart <input type="checkbox"/> Copy to send with patient <input type="checkbox"/> Copy to EOC <input type="checkbox"/>	



## **APPENDIX G**

### **Code Green Four Seasons Lodge Evacuation Binder**

In the event of a Code Green Stat Evacuation, the Four Seasons Lodge has a procedure in place to ensure the effective and efficient retrieval of emergency information during an evacuation. All staff are responsible and accountable for understanding and completing their respective parts of the Evacuation Information Binder.

The Evacuation Information Binder will be kept at The Four Seasons Lodge nursing station in a designated location that is labelled and will contain the following information:

- a. Resident Photo and Information Record – see Appendix i
- b. Resident Evacuation Log – see Appendix ii

Admission Photos, Information Sheets and Emergency Identification Tags will be placed into the Evacuation Information Binder within 24 hours of admission and updated to reflect any changes

Upon evacuation of the Four Season Lodge, the most responsible nursing staff accompanying the residents to the off-site evacuation location will ensure the binder accompanies the residents and staff.

#### **Communication to Families**

In the event of an evacuation, contact and communication with families/responsible parties will occur in a timely fashion. The Emergency Operations Center will delegate a staff member to contact families and document the notification in the Patient/Resident Evacuation Log.

When establishing initial contact with families, provide emotional support and reassurance that safety and well-being of the resident is the highest priority. Advise families not to come to the Four Seasons Lodge, as the facility is unsafe.

When families are contacted (in an emergency situation) they have to be notified of:

- a. Type of emergency
- b. Time of emergency
- c. Current status and location of resident
- d. Mechanism in place for access to updated information

#### **Emergency Identification Tagging of Residents**

Emergency ID Tags are used to promote easy identification of residents during an emergency evacuation and ensure all residents are accounted for in the event of an emergency. Where time permits and if it safe to do so, an attempt will be made by LTC RPN to tag and identify residents as they exit the facility. The safe evacuation of the residents remains the priority and where it is not possible, tagging will be done once residents have been evacuated to the off-site evacuation site.

Emergency ID Tags will be filled out with resident information and attached to Resident Photo and Information Record located in the Evacuation Information Binder.

#### **Quality Assurance**

To ensure the Evacuation Information Binder is up to date with resident information, the Registered Practical Nurse will review Resident Photo and Information Record on a monthly basis and update as required.

## APPENDIX I

### Door Flag Procedure

DRDH uses Remar Door Markers to indicate occupancy of rooms or areas in case of evacuation. Door flags are found on every internal door in the building.

Once a room is cleared, the door is closed and the white plate of the flag is turned counter-clockwise to cover the red plate, until the white edge rests on the doorframe for the inward opening doors, or rests on the support edge for outward opening doors. **When only the white plate is visible, the room has been evacuated.**

If the door is opened after the door flag is set, the white flag will fall back to the original position, showing the two colours. **If two colours are displayed, the room needs to be evacuated again.**



Door flag showing two colours shows that the room needs to be evacuated.



Door flag displaying only white shows that the room has been evacuated and has not been re-entered.

Appendix i

**Resident Photo and Information Record**

Resident Photo	Resident Name: <span style="float: right;">CPI #</span>	
	DOB:	Room #:
	Emergency Contact:	
	Phone:	Mobile Phone:
	Diagnosis	
Allergies:		Physician:
<b>Mobility Type</b> <input type="checkbox"/> Independent <input type="checkbox"/> Ambulatory with assistance of 1 or 2 staff <input type="checkbox"/> Ambulatory with assistance of walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> 2 Person Mechanical Lift		
<b>Mode of Transportation</b> <input type="checkbox"/> Ambulance <input type="checkbox"/> Care-For <input type="checkbox"/> Relative <input type="checkbox"/> Other:		
<b>Emergency ID Applied</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – will be applied at evacuation site		
<b>Resident's Records Transferred</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Medication Transferred</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Family Notified</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Special Instructions</b>          		
RPN		Charge Nurse
Time		Time
Copy form in triplicate– Copy to Resident Chart <input type="checkbox"/> Copy to send with resident <input type="checkbox"/> Copy for EOC <input type="checkbox"/>		