

**DEEP RIVER AND DISTRICT HOSPITAL
FOUR SEASONS LODGE
NORTH RENFREW FAMILY HEALTH TEAM**

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

Policy

The North Renfrew Health Campus (NRHC) comprising of the Deep River & District Hospital, the Four Seasons Lodge Long Term Care, the North Renfrew Family Health Team and the Deep River Physiotherapy Center has a responsibility to ensure the safety of patients, residents, 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 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 will 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 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 fire safety plan, see Appendix A. Staff in affected area will be advised by the Incident Commander of which zone to evacuate to.

Evacuation Zone	Departments
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
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Code Green Stat Evacuation

Used to completely evacuate all patients, residents and staff from the building to a safe offsite location.

Incident Commander should consider implementation of 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

Order of Evacuation of Patients

Patients are evacuated in the following order:

- Independent
- Ambulatory with assistance of 1 or 2 staff
- Ambulatory with assistance of walker
- 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 of receiving residents and patients. See Appendix C for Evacuation Site Charge Nurse Duties.

Meeting Area

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

Non-Clinical staff members will immediately report to the designated Meeting Area. Due to COVID-19 response, all meeting areas have been relocated to outside the building to ensure staff safety.

Outdoor 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

- Garage 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 charge nurse, patients and residents to the North Renfrew Long Term Care Center.
2. The patient's/resident's chart, 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 on the medical floor is responsible to ensure the Code Green-Patient Evacuation Record see Appendix E are given to EOC and Staff Evacuation Record are completed see Appendix F
4. The Registered Practical Nurse on the Four Seasons Lodge 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
- Coordinate opening of evacuation site in the event that an off-site location is required
- Determine if staff are to be called in 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

- Charge Nurse will stay at the Medical floor nursing station. Policy Medical or Charge Nurse Binder on Medical unit for Code Green - Charge Nurse Checklist duties.
- 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.
- Access Daily Bed State to assess non-ambulatory patients.
- Leave/turn all lights on and flag door to indicate vacancy.

- Four Season's Lodge RPN 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, 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
- 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 Daily Bed State (prepare 5 copies for distribution), Visitor Registry and Volunteer Sign-In and provide copies to Operations Chief
- Keep telephone lines clear

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 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) 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 LTCHA, the committee will:

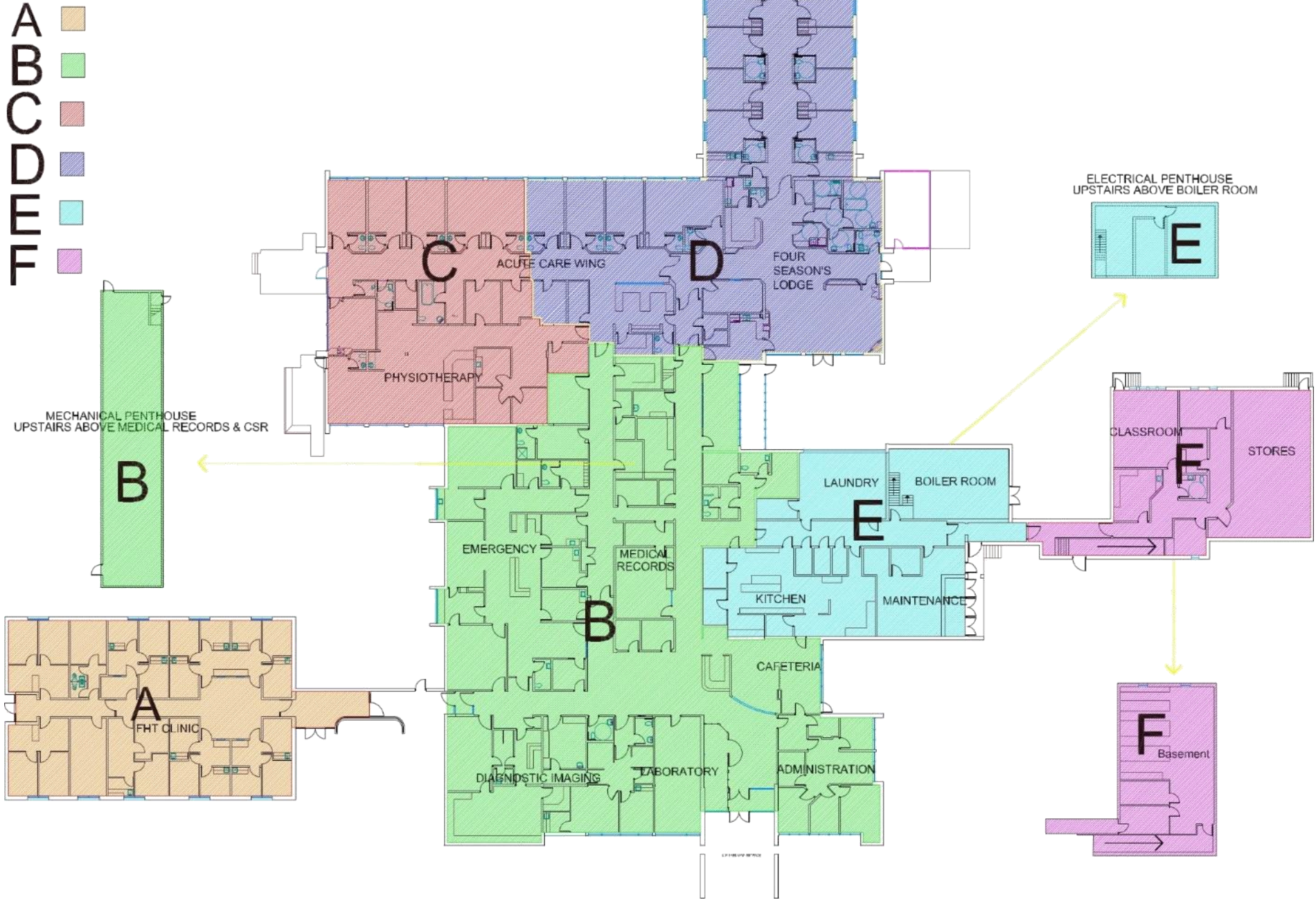
- review and update code policies annually.
- conduct a planned evacuation at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency
 - a written record of testing emergency plans and planned evacuations 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">• Long-Term Care Homes Act, 2007, S.O. 2007, c. 8, O. Reg 79/10, s. 230 (1-7)
Acknowledgements	<ul style="list-style-type: none">•
Review Process	<ul style="list-style-type: none">• Emergency Preparedness Committee – 2022-08-16

APPENDIX A – Evacuation Zones

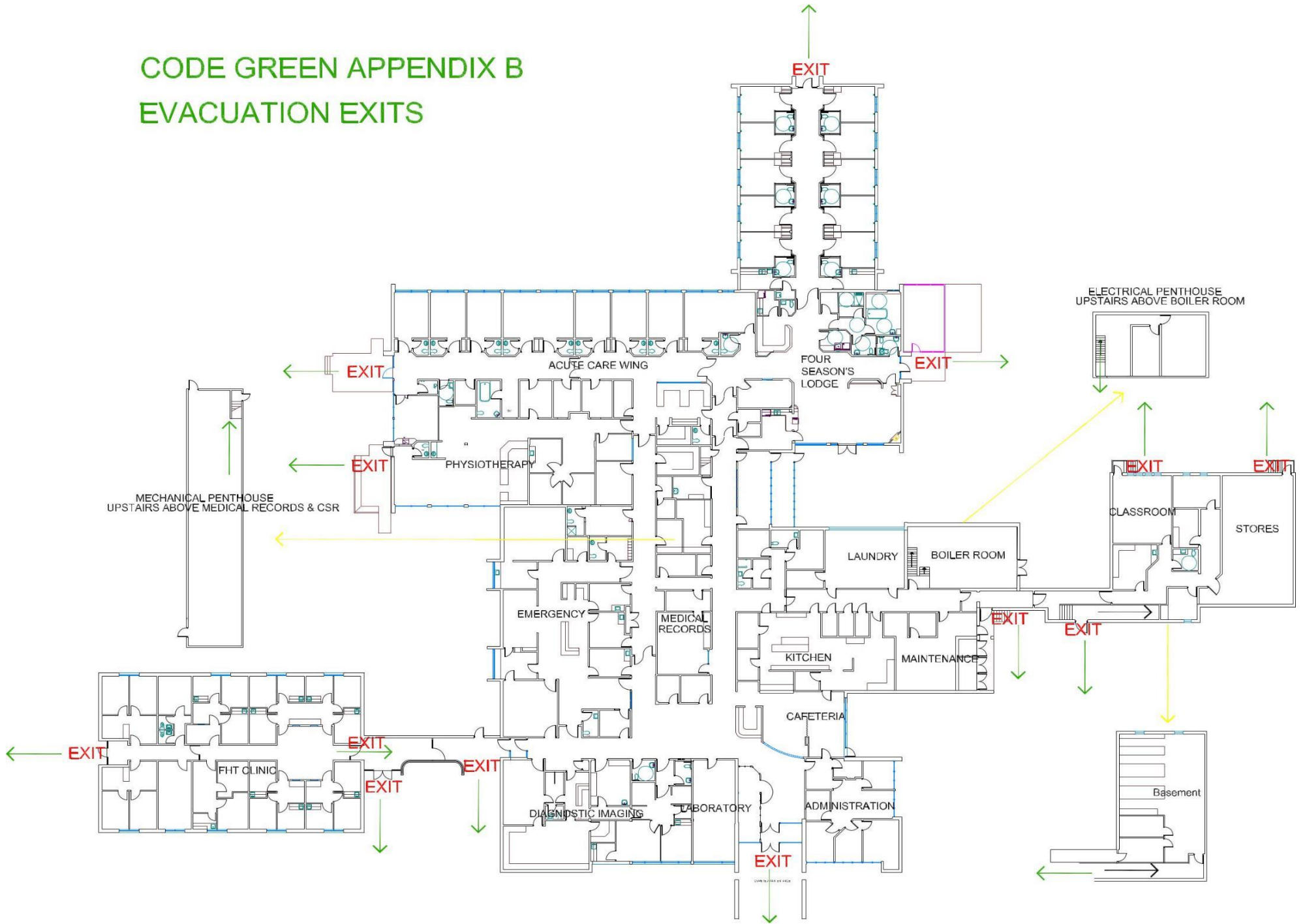
CODE RED APPENDIX A
FIRE ZONES

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



Appendix B: Evacuation Exits

CODE GREEN APPENDIX B
EVACUATION EXITS



APPENDIX C

Code Green – Evacuation Site Charge Nurse Checklist

- Get the Emergency Discharge Kit (top shelf of cupboard - Room 70) and take to the North Renfrew Long Term Care Centre
- Prior to leaving confirm communication method with Incident Commander
- Proceed to the North Renfrew Long Term Care Centre and co-ordinate all plans for receiving patients and residents.
- Identify self to the Charge Nurse at the North Renfrew Long Term Care Centre
- Notify Incident Commander that you have arrived and confirm communication co-ordinates
- Co-ordinate action plan with Charge Nurse 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

Date	Time
Patient Name	Common Patient Identifier#
Primary Classification <input type="checkbox"/> Emergency <input type="checkbox"/> Long-Term <input type="checkbox"/> Medical <input type="checkbox"/> Palliative	
Mobility Type <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:	
Admitting Date	Originating Room #
Most Responsible Physician	
Picked Up By	For Transfer To
Mode of Transportation <input type="checkbox"/> Ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Relative <input type="checkbox"/> Other:	
Patient's Records Transferred	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Transferred	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions	
Discharge Physician	Charge RN/Designate
Time	Time
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

Resident Photo and Information Record

Resident Photo	Resident Name: CPI #	
	DOB:	Room #:
	Emergency Contact:	
	Phone:	Mobile Phone:
	Diagnosis	
Allergies:		Physician:
Mobility Type <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		
Mode of Transportation <input type="checkbox"/> Ambulance <input type="checkbox"/> Care-For <input type="checkbox"/> Relative <input type="checkbox"/> Other:		
Emergency ID Applied <input type="checkbox"/> Yes <input type="checkbox"/> No – will be applied at evacuation site		
Resident's Records Transferred <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication Transferred <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Instructions 		
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"/>		