

DEEP RIVER AND DISTRICT HEALTH

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

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

Code Green Stat Evacuation:

- In-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 seven 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.

Evacuation Zone	Departments
Zone A	Clinic Building
Zone B	Emergency Department, Medical Imaging, Laboratory, Administration, Cafeteria, Medical Records, Pharmacy, and corridor to Four Seasons Lodge
Zone C	Office Space, Staff Break Room, Medical Floor Room #77 to Room #99
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
Zone G	Primary Care Building

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
- Resistive Patients

The In-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.

Primary Meeting Area	Secondary Meeting Area
Front Parking Lot – at Helipad walkway	Parking spaces beside loading dock (East side of building)
Await further direction and be prepared to assist with evacuation	

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 stable patients and residents to the North Renfrew Long Term Care Center. Unstable patients will be transported via EMS to the nearest appropriate hospital.
2. The patient's/resident's oxygen and sufficient medication (if safe to secure prior to evacuation) should accompany them unless the patient is discharged from the organization.
3. The In-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

In-Charge Nurse/Incident Commander

- See Policy Medical or Charge Nurse Resource Binder on Medical unit for Code Green - Charge Nurse Checklist
- In-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 In-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 primary care provider 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.
- FSL Nurse to secure medication cart and emergency medication box if available.
- Gather Unit Laptop, tablets, and other devices and the Evacuation Information Binder, see **Appendix G**.

Outpatient Clinics (Laboratory, Diagnostic Imaging)

- 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 Diagnostic Imaging equipment.
- Diagnostic Imaging staff member to shut off oxygen valve located outside of department.
- 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.

Primary Care Building

- 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

- Maintenance will verify with the Incident Commander their actions to shut off medical gas, ventilation system, mechanical and electrical systems
- Housekeeping will remain stationed at the main entrance, 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.

Once evacuated from the building, no employees, visitors, patients/residents or outpatients will be permitted to enter the building until "All Clear."

Any responders to the incident (i.e. Administration-on-Call, Maintenance-on-Call or Leadership) are required during an evacuation incident to enter the building from the Main Entrance, clearing through the designated staff member monitoring the doorway. Responders will only be permitted to enter if they are part of the emergency response team, or are assuming command. All those entering must sign in before entering the building.

The DRDH Incident Commander will designate a DRDH Team Member as the Accountability Officer. The designated DRDH Accountability Officer will remain at the main entrance, and will maintain a record of all individuals (patients, residents, staff or visitors) that are inside the building during a code response at all times.

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 Mobile Command Cart.

All staff will NOT be recalled to the organization as it may not be safe or timely to recall staff. Any staff reporting to the organization during an incident are to report to the DRDH Accountability Officer, located at the main entrance. Recalled staff are to await further instructions once attendance has been recorded, and then report to duties as assigned by members of the Incident Management Team.

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 Fixing Long Term Care Act (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"> Fixing Long Term Care Act, 2021 and Ontario Regulation 246/22
Acknowledgements	<ul style="list-style-type: none">
Review Process	<ul style="list-style-type: none"> Emergency Preparedness Committee – 2025-05-07
Revision Approval Date	<ul style="list-style-type: none"> 2025-05-07

Version approved for printing by Chief Executive Officer

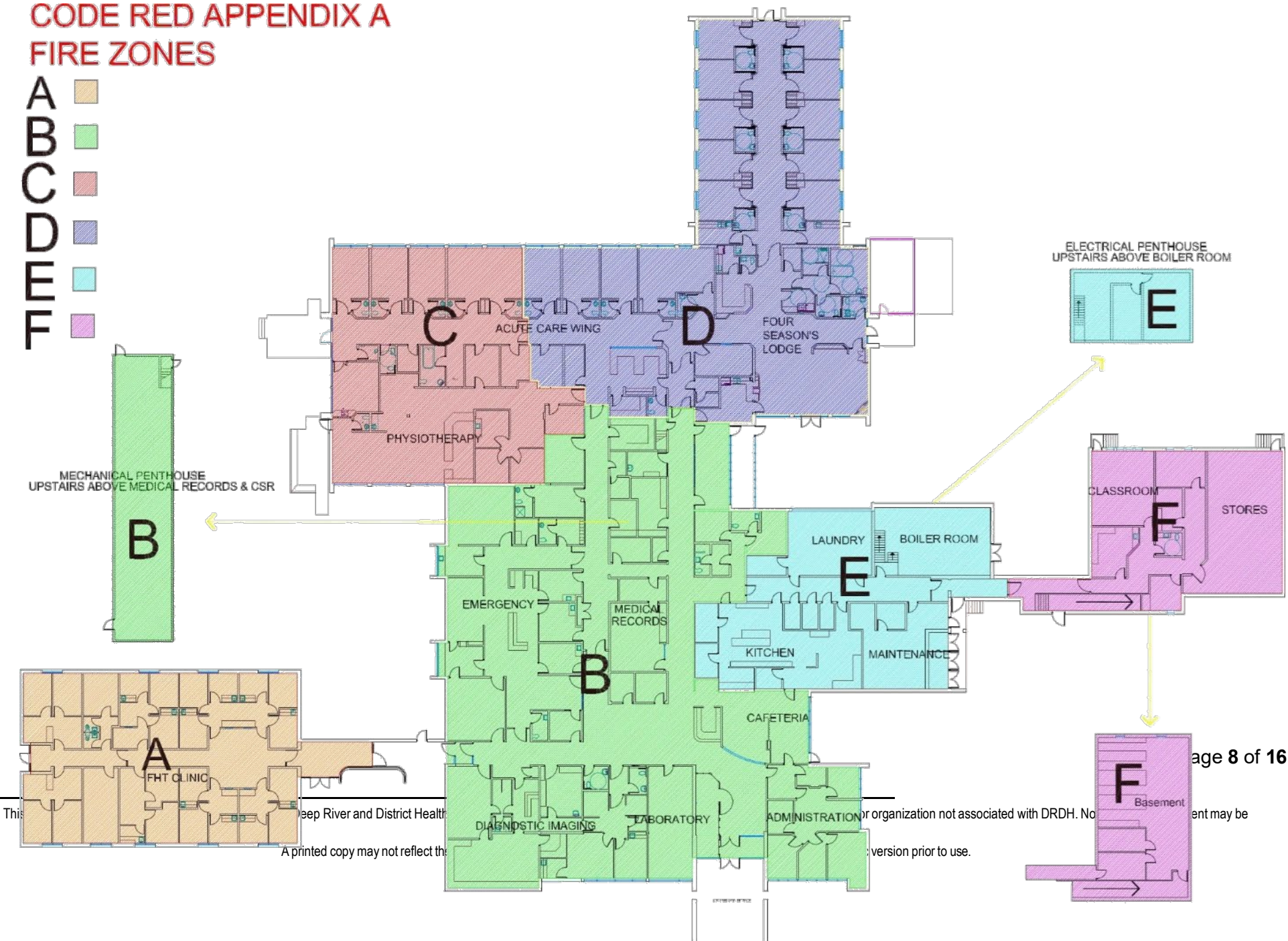
Signature

Date of printed approval

APPENDIX A – Evacuation Zones

CODE RED APPENDIX A
FIRE ZONES

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



Zone G: Primary Care Building

- ZONE 1**

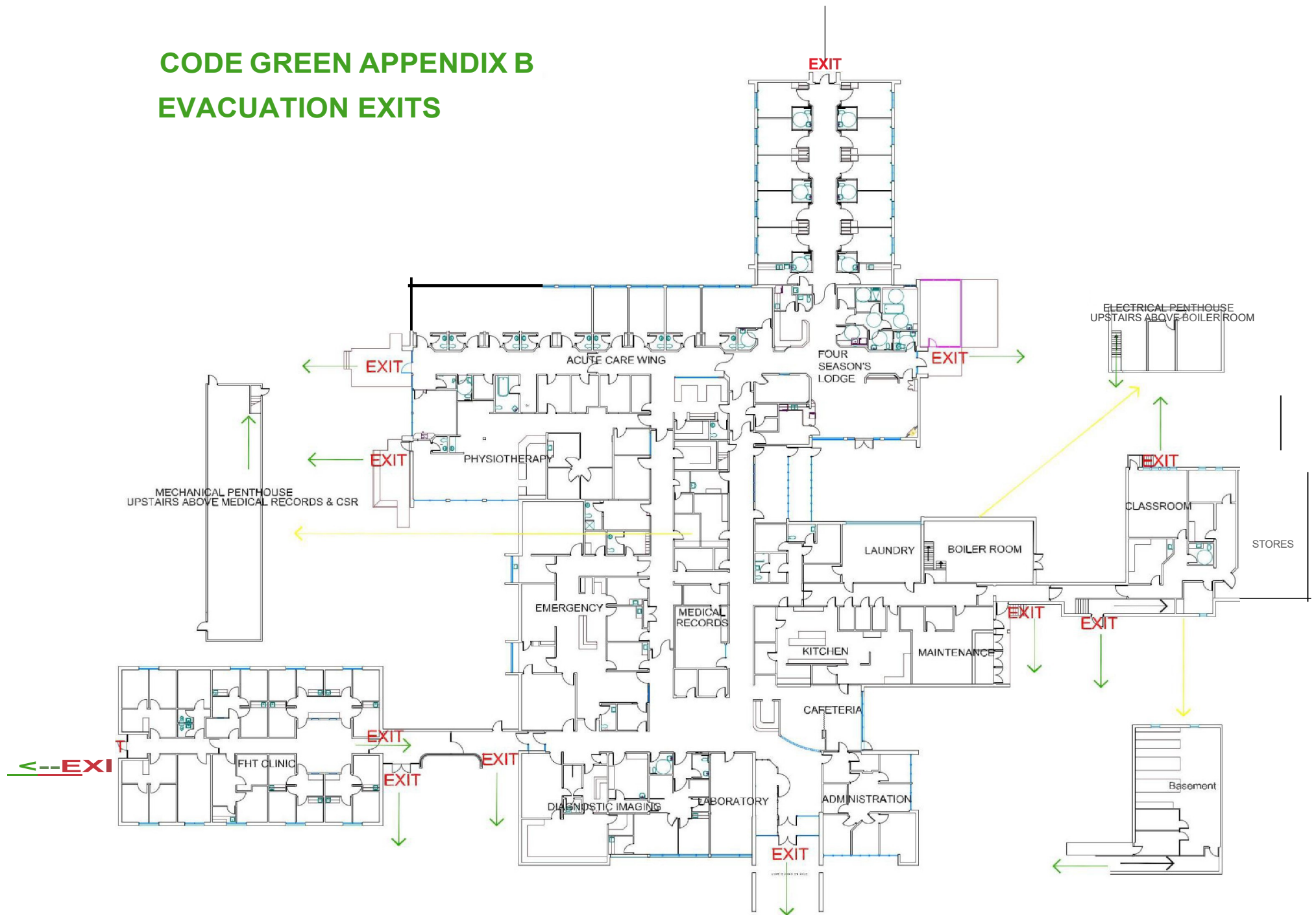
RECEPTION, WAITING ROOMS & WASHROOMS
- ZONE 2A&B**

GROUP ROOMS & OFFICE SPACES
- ZONE 3**

EXAM ROOMS & CLEAN ROOM AREAS
- SERVICE SPACES**



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
- ☐ Establish secure internet connection at evacuation site if possible.
- ☐ 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 F

Code Green Staff Evacuation Record

Date

Time

Staff Name	On-Duty (Y/N)	Called In (Y/N)	Department	Notes

☐ Copy to EOC

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.

Alternatively, Resident Transfer Records can be printed from PointClickCare (PCC) which includes the same information as the Resident Photo and Information Record. Transportation and destination information can be hand-written onto the form at the time of evacuation. (Reports→Transfer / Discharge Record *NEW* (Clinical – ADT / Profiles)→select resident name, check off current medications, include immunizations, and include resident photo→run report)

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. POC and RPN tablets and chargers should also accompany staff to the evacuation site and be connected to secure wifi internet as soon as possible.

IT or MCS-DOC can activate Emergency Access to PointClickCare (PCC) which will allow all users remote access to PCC enabling them to log in from offsite internet access. (Admin→Manage Users→Activate Emergency Access)

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.

The Resident Transfer Record in PCC is kept updated electronically with all routine resident assessments.

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: _____ 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"/>		