



Code Green

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# CODE GREEN

## Evacuation

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## **INTRODUCTION**

A **Code Green** (evacuation) is initiated to enable the orderly and safe evacuation of part or all of the hospital. A Code Green usually arises in association with another emergency code (i.e.: fire, bomb, chemical spill/fumes).

**All Code Green situations will require the activation of the IMS (Incident Management System).**

There are three stages of a **Code Green**:

- **Stage 1 (alert)**: preparation for partial or complete evacuation
- **Stage 2 (internal evacuation)**: immediate horizontal or vertical evacuation of one area of the hospital to a safe area.
- **Stage 3 STAT (external evacuation)**: immediate hospital-wide evacuation directly to the outside.

## **GENERAL INSTRUCTIONS TO ALL STAFF**

It is the responsibility of all staff to:

- Ensure the safety of patients, visitors, residents and staff.
- Know the location of the exits in the hospital.
- Be knowledgeable about evacuation techniques (see Appendix B).
- Participate in the debriefing session as required.

## **CODE GREEN PROCEDURE**

- Upon announcement of Code Green and Stage number, return to your department (if safe to do so) and begin Code Green procedures.
  - All staff may be required to help with the evacuation.
- Instruct all visitors to remain in assigned area and await further instructions.

### **Stage 1 - Alert**

- All department managers or designate will provide the Incident Manager (IM) with a list of current on-duty personnel.
- Turn off all non-essential equipment and appliances.
- Keep all corridors free of obstruction.
- Wait until further instructions.
- During off hours the charge nurse is to call in Admin On-Call – 807-853-2788
  - Admin-on call will respond and report to the site to assume Incident Manager duties.
- During off hours, the charge nurse is to call in Maintenance on call 807-853-0585
- During off hours, call in Assigned Delegates to assist as needed and to send to the municipal Emergency Operations Center (E.O.C.)
  - Maintenance Supervisor (1<sup>st</sup>)
  - Nurse Manager : (2<sup>nd</sup>) CNE
  - Or (3<sup>rd</sup>) Nurse Manager
- If no one is available Admin On-Call will delegate responsibilities as needed.
- Initiate Fan Out Call List – see Appendix D

### **Stage 2 – Internal Evacuation**

- All occupants are evacuated from the affected area to a safe area.
  - There are two methods of internal evacuation:
    - **Horizontal evacuation:** staff move occupants to a safe area on the same floor.
    - **Vertical evacuation:** staff move occupants using stairways to a safe area on a different floor.

### **Stage 3 STAT – External Evacuation**

- Move all patients/visitors to our approved muster point at the Geraldton Clinic location 510 Hogarth Ave West, using the nearest and safest exits (see Appendix A for exit locations).
  - Keys may be obtained by Admin On-Call or Maintenance on-call if clinic is closed or after hours.
  - If calling Code Green External Evacuation due to outside issues (ie. Forest fires) the Evacuation muster point will be determined by the Municipal E.O.C.
- Once patients and visitors are evacuated, staff will evacuate the building and join the evacuees at the designated area.
- If transportation is needed to move patients/residents to an offsite location Beaulieu Bus Lines has a Memo of Understanding with us, call Jessie Beaulieu at 807-853-3114 or 807-876-4260

## **GENERAL EVACUATION PROCEDURES**

- Order of evacuation is:
  - Those in immediate danger
  - Ambulatory patients and visitors (use right side of hallway)
  - Non-ambulatory patients and visitors (wheelchair, stretcher or blanket)
  - Combative patients/residents/visitors
- All patients should take a blanket:
  - To be used for warmth
  - To be used for transporting patient, if required (see Appendix B for “blanket drag” technique)
- As each room is evacuated, a flex-door tab or tape (located in the department emergency code kit) will be placed across the door (at a low level, below the handle) to indicate that the room is empty.

## **INDIVIDUAL RESPONSIBILITIES**

### **SWITCHBOARD**

When directed by the Incident Manager, announce a **CODE GREEN** stage 1 or 2, with the affected area over the PA system as follows:

**Attention please, attention please**  
**Code Green Stage (1 or 2) for (area) now in effect**  
**Code Green Stage (1 or 2) for (area) now in effect**  
**Code Green Stage (1 or 2) for (area) now in effect**

Upon confirmation of Code Green stage 3 STAT, change the announcement over the PA system to the following:

**Attention please, attention please**  
**Code Green Stage 3 STAT now in effect**  
**Code Green Stage 3 STAT now in effect**  
**Code Green Stage 3 STAT now in effect**

When directed by the Incident Manager, make the following announcement over the PA system:

**Attention please, attention please**  
**Code Green all clear**  
**Code Green all clear**  
**Code Green all clear**

**INCIDENT MANAGER (Charge Nurse, Admin on Call or Assigned Delegate)**

- Obtain IMS Radio and set to Channel 3 to enhance communication
- The Incident Manager will determine Command Center Location and announce the location over the radio or PA system.
- The Incident Manager will ensure 'Command Center is Located' signs are posted at all entrances, see Appendix E.
- Initiate the fan out call list.
  - Initiate external communication
- Liaise with hospital site and Municipality.
- Complete the [Codes Evaluation Form](#) and forward to the IMS Chair.

**NURSING****Charge Nurse**

- During off hours, the Charge Nurse assumes the duty of the Incident Manager until formal hand off occurs.
- Obtain unit IMS Radio and keep on channel 3 for enhanced communication.
- Obtain Code Green Kit:
  - Location
    - ED Med Room
    - ACU Storage Closet

**Nursing Staff**

- Obtain unit IMS radios and keep on channel 3 for enhanced communication.
- If time permits:
  - Obtain and pack CREDO container for ER with required medications (ADU, fridge and shelf medications) for 24-48 hours – CREDO stored in evac trailer; maintenance will bring trailer to loading location.
  - If time sensitive, bring ADU, fridge and shelf medications to muster point to pack up in a safe environment.
- Prepare patient census, mark ambulatory and non-ambulatory patients, give a copy to the Incident Manager or designate as soon as possible.
- Get portable equipment ready (i.e.: portable oxygen, IV poles, etc.).
- Gather and organize wheelchairs, commodes and stretchers and bring equipment to closest front entrance doors for pickup.
- Prepare patients for evacuation (i.e. appropriate clothing).
- Begin evacuating occupants as directed by the Incident Manager or designate.
- Whenever safe to do so, current medical charts (Acute Care and Long-Term Care) are to be brought out by staff.
- Once a room/area is evacuated, the flex-door tab or tape (located in the department emergency code kit) will be placed across door (at a low level below the handle) to indicate that the room is empty.
  - ER glass doors will be marked "X" with red marker when evacuated.
- Some nurses may be assigned with individual patients as required.
- Monitor stairwells and exits as external doorways become unlocked during a code Green/Red to ensure residents and/or patients are not in these restricted areas.
- Help maintenance with equipment loading when patients are out of facility if needed.

**LTC Nursing Staff, also see Appendix C:**

- Obtain IMS radios and set to channel 3 to enhance communication between departments.
- Obtain Code Green Kit.
  - Location: Hall 2 storage room/electrical room
- Prepare residents for potential evacuation by applying ID wrist bands.
- Prepare resident census form to monitor number of residents within facility and number of residents who have left the facility in the care of family.
- Obtain a copy of the LTC supply list and prepare items as required, including LTC emergency kit.
- Monitor exits (4) as external doorways become unlocked during a code Green/Red and monitor stairwell's once code is called off to ensure residents are not in these restricted areas.
- Pack up narcotics from LTC med room into pack out system as needed to continue patient care during evacuation.

**Pharmacy – If after hours Charge Nurse or Delegate**

- Pack up narcotics from Emergency med rooms into coolers (CREDO and cooler from ED) as needed to continue patient care during evacuation.
- Assist with removal of ADUs in ACU.

**IT**

- Grab Laptop if safe to do so, for remote access to change voicemail message for external communications

**PLANT OPERATIONS**

- Obtain IMS Radio and set to Channel 3 to enhance communication
- Pin evacuation trailer to Hospital truck and go to front entrances, if safe to do so, to grab wheelchairs, commodes, and stretchers set out by nursing staff.
- Ensure up to five pre-filled 5-gallon Culligan Water jugs are loaded onto trailer.
- Ensure up 2 "T" Oxygen Tanks are on trailer with regulators and hosing.
- Ensure a Generator and Jerry Can are on trailer.
- Pull CREDO from trailer & ice packs from garage freezer bring to nursing staff.

**OTHER DEPARTMENTS**

- Ensure departmental Code Green duties are complete and report to the Command Center for assignment.

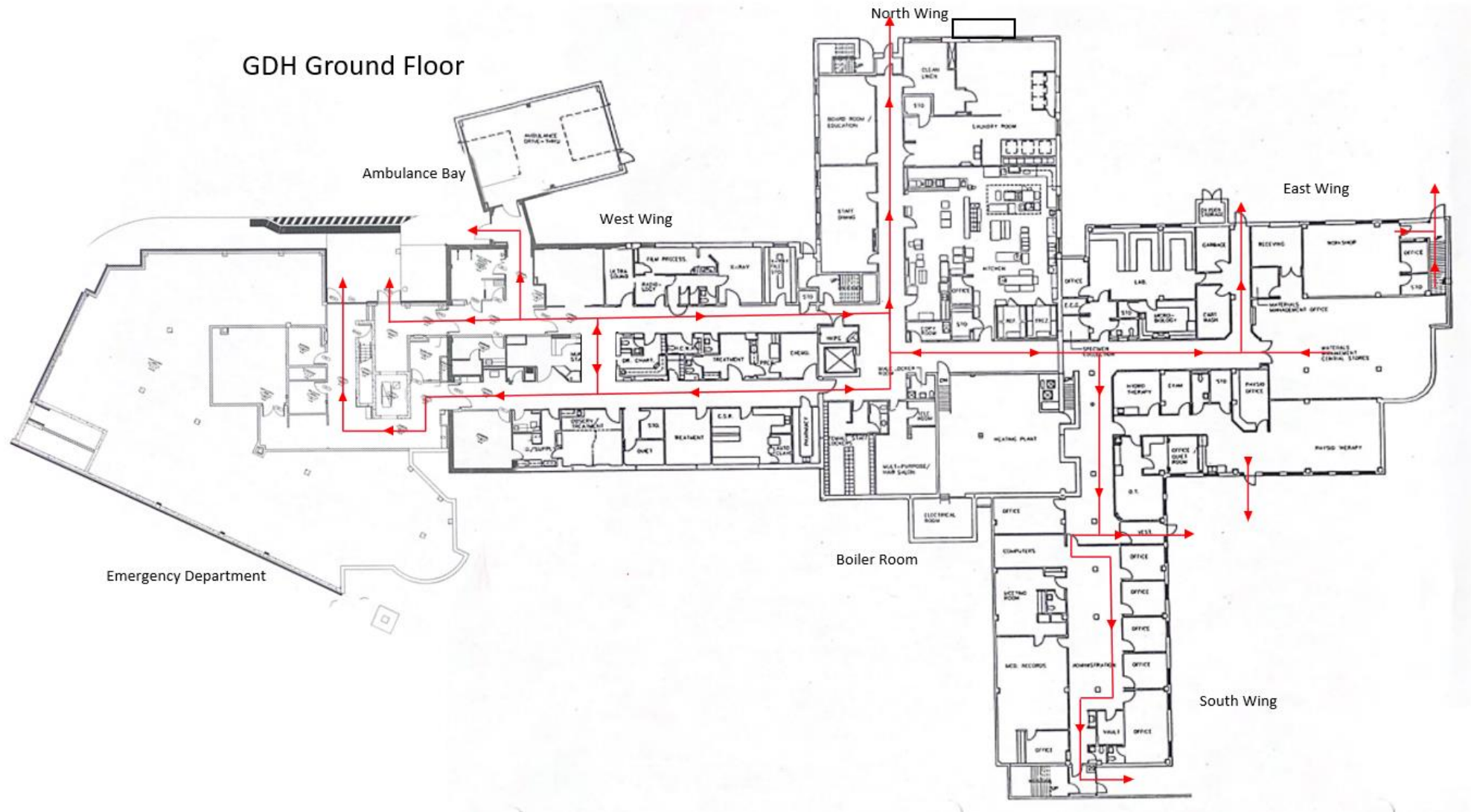
**OFF DUTY REPORTING STAFF & VOLUNTEERS**

- Report to Command Center for assignment.

MOHLTC to be notified immediately in the case of an unplanned evacuation by calling **1-800-268-6060**. A critical incident report to the MOHLTC needs to be reported within **1 business day** and completed within 10 business days.

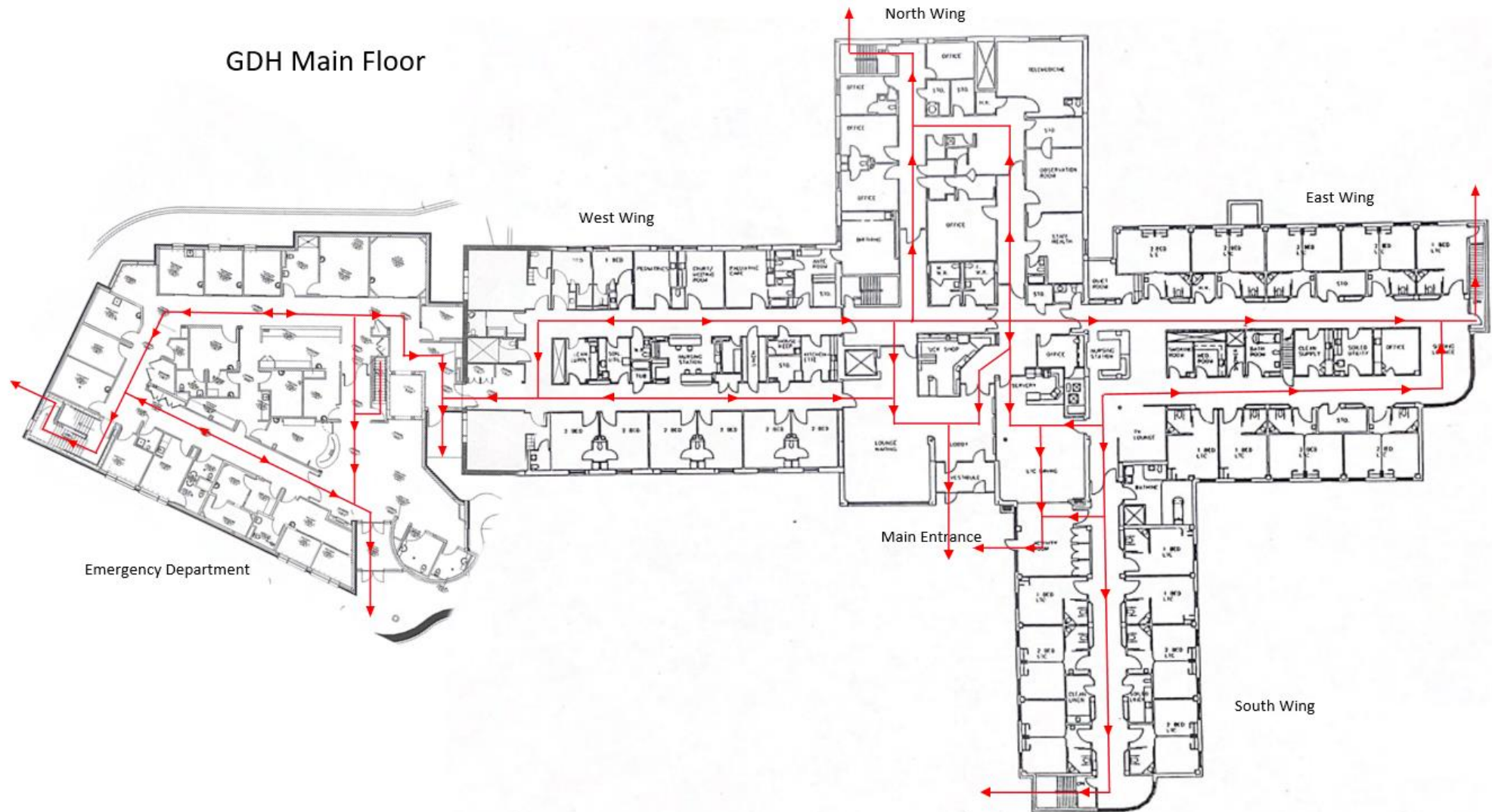
**Note: All emergencies need to be reported to the MOHLTC Emergency Management Branch at 1-800-387-5559.**

## Appendix A: Hospital Exits – Ground Floor



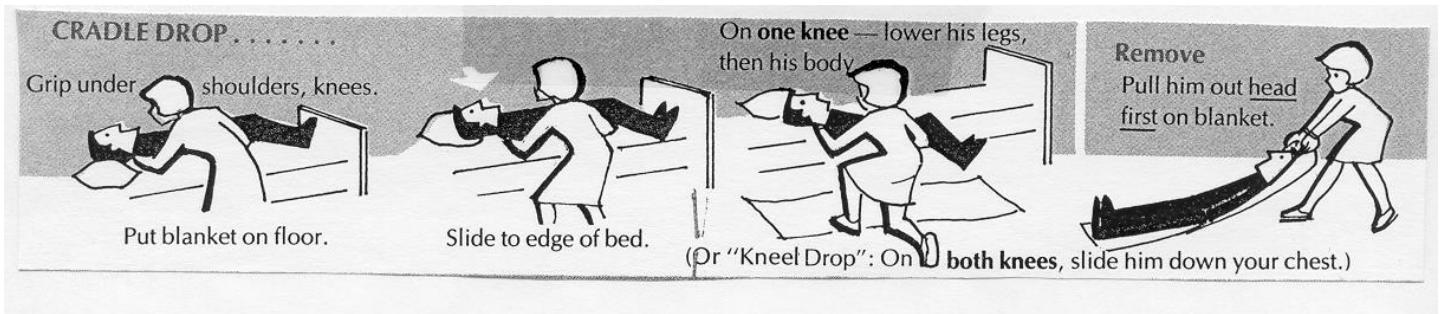


## Appendix A: Hospital Exits – Main Floor

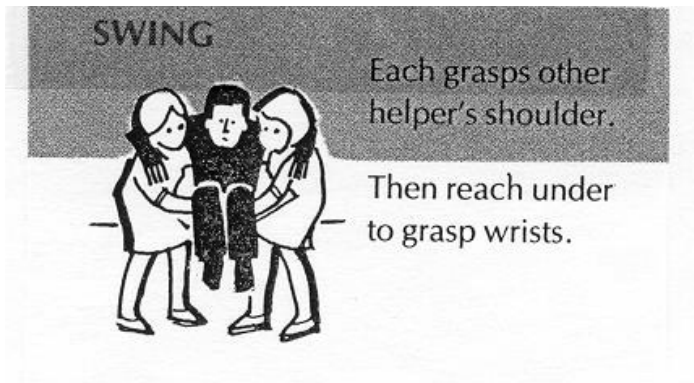




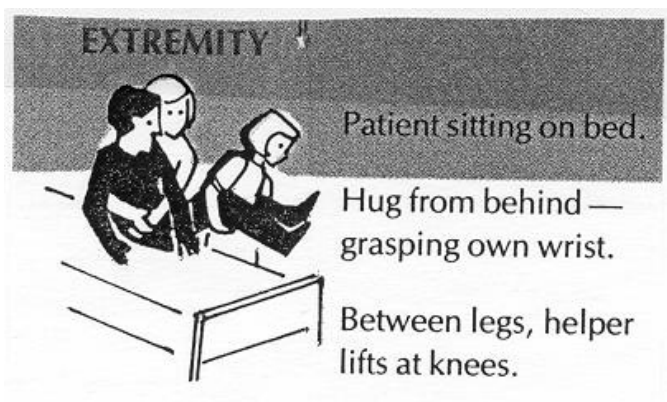
## Appendix B: Evacuation Techniques



**Swing Lift:** Each grasps other helper's shoulder, then reach under to grasp wrists.



**Extremity Lift:** Patient sitting on bed. Hug from behind, grasping own wrist. Between legs, helper lifts at knees.



**Appendix B Continued:****Transfer Blanket:**

**Appendix C:**  
Geraldton District Hospital Long Term Care

**EMERGENCY SUPPLY CHECKLIST**

<input type="checkbox"/>	Resident Charts (Bring full cart)
<input type="checkbox"/>	Red Binder (It includes Identification bands, list POA's ect)
<input type="checkbox"/>	Evacuation cart storage room in Hall 2 (See separate list on cart for those items located inside)
<input type="checkbox"/>	Blankets, water bottles and Briefs located beside cart
<input type="checkbox"/>	Clear bin Emergency kit (Medication Room)
<input type="checkbox"/>	Care Plan & Programs Binder
<input type="checkbox"/>	X1 Medication Cart with narcotic keys
<input type="checkbox"/>	Emergency Medication Night Box with key
<input type="checkbox"/>	Extra hospital blankets
<input type="checkbox"/>	Resident Charts (Bring full cart)
<input type="checkbox"/>	Grab cooler from emergency kit and fill with Ice pack and refrigerated insulin
<input type="checkbox"/>	Thickening powder for fluids
<input type="checkbox"/>	Walkie Talkies and Charger
<input type="checkbox"/>	Bedpans
<input type="checkbox"/>	Grab cooler from emergency kit and fill with Ice pack and refrigerated insulin
<input type="checkbox"/>	Call Rexall for MARs (once safely evacuated)
<input type="checkbox"/>	Back up EMAR laptop with charger
<input type="checkbox"/>	Bring residents personal oxygen tank (If any at the time)

**ALL OTHER NECCESARY ITEMS WILL BE AVAILABLE BY ACUTE CARE  
OR ER AS PER EVACUATION PLAN**



## Appendix E

