

CODE GREEN

(Evacuation)

Revised June 2021

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).
- All staff must sign the Emergency Code Participation Record for any Code (drill or actual).
- 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.
- Instruct all visitors to remain in assigned area and await further instructions.
- All staff may be required to help with the evacuation.

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.

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 occupants directly to the outside using the nearest and safest exist (see Appendix A).
- Evacuees will be directed outside to a safe designated area.
- Once patients and visitors are evacuated, staff will evacuate the building and join the evacuees at the designated area.

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

NURSING:**Charge Nurse**

- During off hours, the Charge Nurse assumes the duty of the Incident Manager until formal hand off occurs.

Nursing Staff

- 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.
- 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.
- Some nurses may be assigned with individual patients as required.
- Monitor exits as external doorways become unlocked during a code Green/Red and monitor stairwells once code is called off to ensure residents and/or patients are not in these restricted areas.
- Obtain unit walkie-talkies and ensure radio is set to Channel 3 to enhance communication.

LTC Nursing Staff:

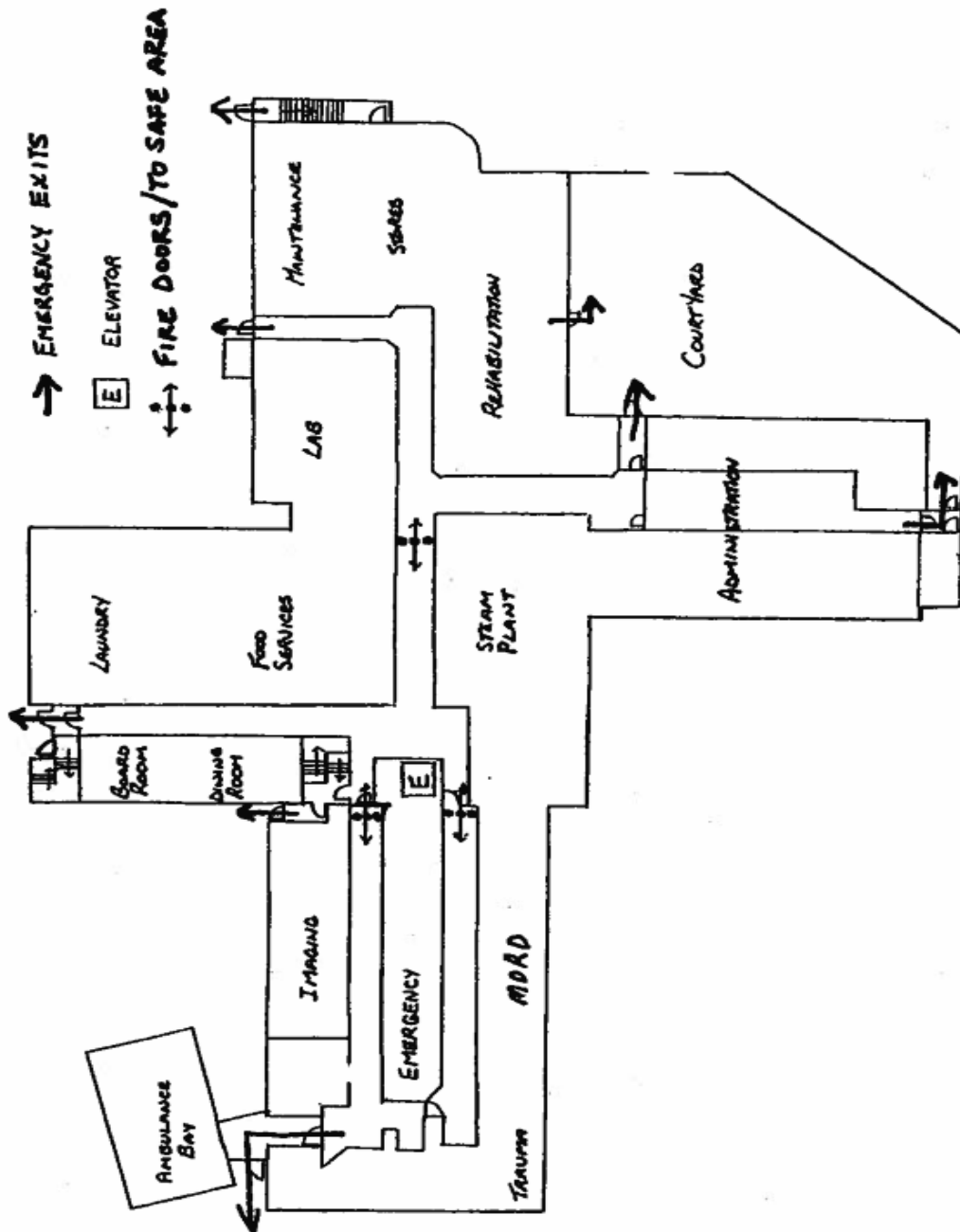
- Prepare residents for potential evacuation by applying ID wrist bands.
- Prepare resident census form to monitor number of residents within facility and number of residents who have left the facility in the care of family.
- Obtain a copy of the LTC supply list and prepare items as required, including LTC emergency kit.
- Monitor exits (4) as external doorways become unlocked during a code Green/Red and monitor stairwells once code is called off to ensure residents are not in these restricted areas.

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.

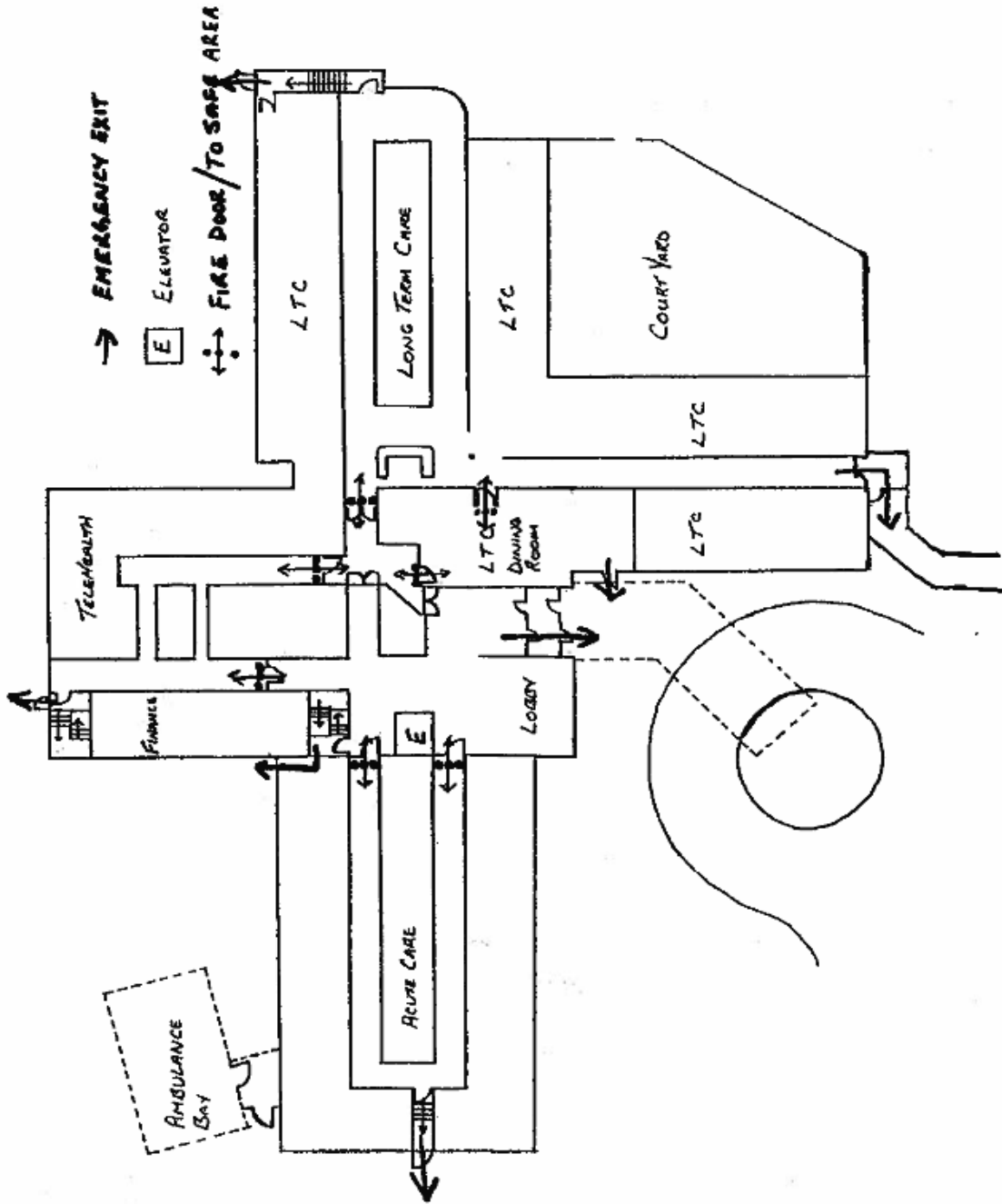
Note: All emergencies need to be reported to the MOHLTC Emergency Management Branch at 1-800-387-5559.

[Codes Evaluation Form](#)

Appendix A Hospital Exits - Lower Floor

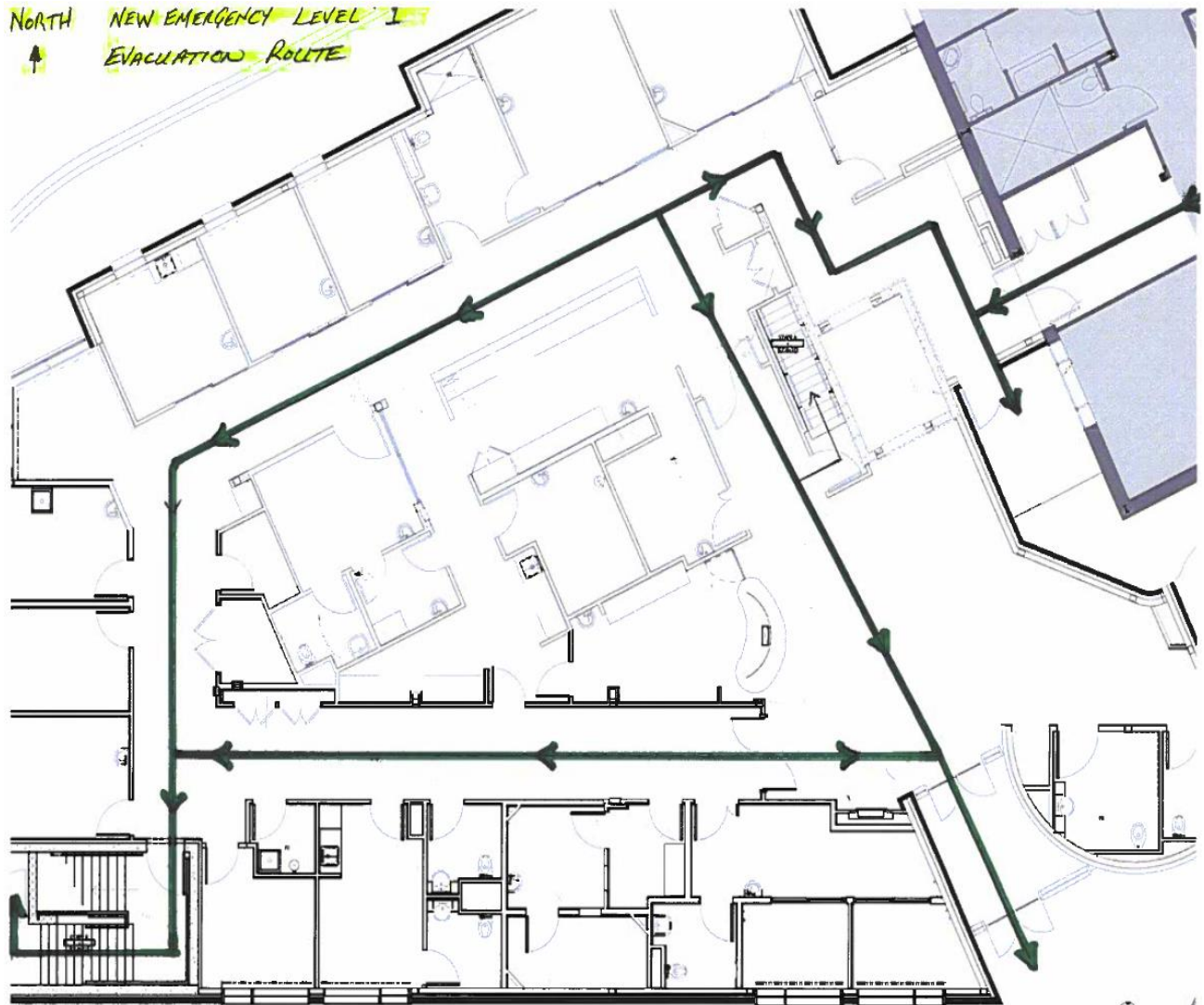


Appendix A Hospital Exits – Upper Floor



Appendix B

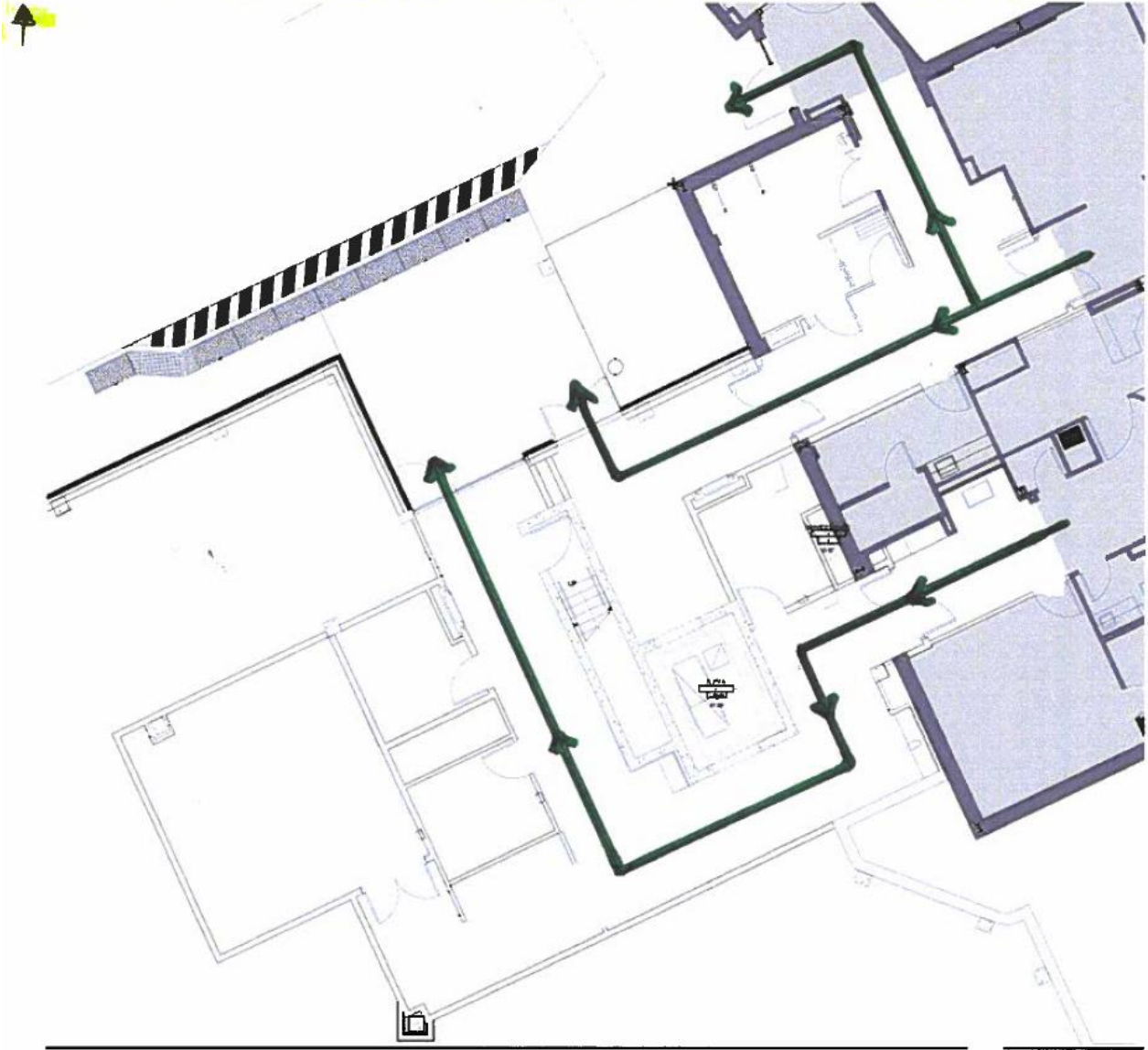
New ED – Level 1



Appendix B

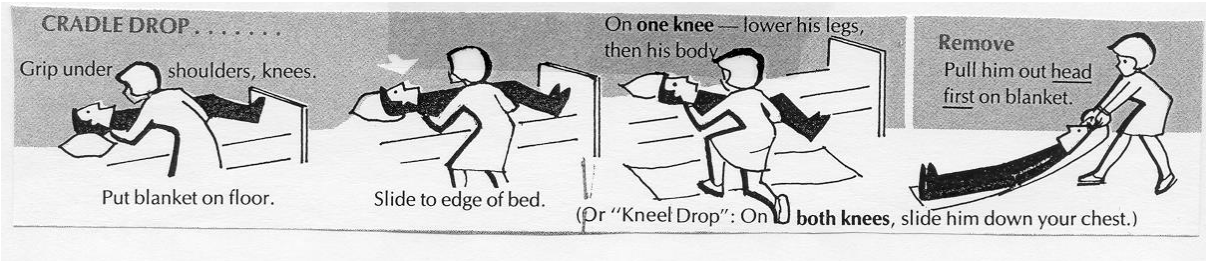
New ED – Level 0

NORTH NEW EMERGENCY LEVEL "0" EVACUATION ROUTE

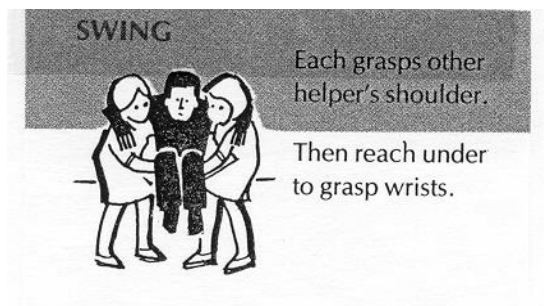


Appendix C

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.

