

Title: Code Green – Evacuation Plan	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: General Sub-category: Emergency Plan	Distribution: Organization Wide
Endorsed: President & CEO Signature:	Approval Date: Nov. 2, 2004 Reviewed/Revised Date: Apr. 21, 2022 Next Review Date: Apr. 21, 2025

CROSS REFERENCES: (EMER-30) Code Red – Fire, (EMER-20) Code Black – Bomb Threat / Suspicious Package, (EMER-100) Code Brown – Unknown/Unmanageable Hazardous Substance or Spill, (EMER-160) Code Grey – Air Exclusion (EMER-10), (EMER- 10B) Code Grey – Infrastructure Failure, (OHS-os-202) Incident Management System Orientation & Training, (SE-01) Mandatory Educational Records, (IPC-1-18) Routine Practices and Additional Precautions

TABLE OF CONTENTS

1. PURPOSE	pg. 2
2. POLICY STATEMENT	pg. 2
3. SCOPE	pg. 2
4. DEFINITIONS	pg. 2
5.1 ACTIVATION OF CODE GREEN	pg. 3
5.2 MANAGEMENT OF CODE GREEN	pg. 4
5.3 INFECTION PREVENTION AND CONTROL/PERSONAL PROTECTIVE EQUIPMENT	pg. 4
5.4 CODE GREEN – PRECAUTIONARY PROCEDURE	pg. 4
Roles and Responsibilities	pg. 5
5.5 CODE GREEN – STAT PROCEDURE	pg. 5
Roles and Responsibilities	pg. 5
5.6 PARTIAL OR FULL HOSPITAL EVACUATION PROCEDURE	pg. 8
Roles and Responsibilities	pg. 8
Staging Area Operations – Building Evacuation	pg. 9
10. CODE GREEN DEACTIVATION AND RECOVERY	pg. 10
11. REFERENCES	pg. 10
APPENDICIES	
Appendix 1: Code Green –Algorithm	pg.11
Appendix 2: Patient Evacuation Priority Chart	pg.12
Appendix 3: Staging Areas For Hospital Evacuation	pg.12
Appendix 4: Evacuation Routes and Methods	pg.13
Appendix 5: Important Phone Numbers	pg.14
Appendix 6: Thunder Bay Regional Health Sciences Centre (the Hospital) Stairwells and Elevators	pg.15
Appendix 7: Hot Wash Debrief	pg.16
Appendix 8: Code Green Patient Tracking Form	pg.17

1. PURPOSE

Provide an overview of how to safely remove occupants from a particular location or locations due to a potential or actual emergency that may impact safety (e.g. fire, flood, bomb threat, etc.).

2. POLICY STATEMENT

A Code Green is called when an evacuation is required to protect all people in the building from injury or potential harm resulting from a hazardous situation.

3. SCOPE

A Code Green response applies to incidents within the Hospital facility that require a potential or actual evacuation. The extent of the evacuation is determined by the scale and impact of the incident.

4. DEFINITIONS

Code Green: the Hospital's response process to be activated if a potential or actual evacuation is required in the Hospital building. Requires Senior Leader approval.

Code Green – Precautionary: an evacuation carried out with adequate warning and information about a threatening event; or, an evacuation carried out under the advisement of partner agencies (e.g. Ontario Health, Ministry of Health and Long-Term Care (MOHLTC), City of Thunder Bay), as a result of a potential or emerging threat (e.g. wildfire). The movement of building occupants internally and/or externally is coordinated via the Hospital Command Centre. Requires Senior Leader approval.

Code Green Responders: pre-designated staff who report to the Response Area Lead at the evacuation site to assist with removing patients from the incident site upon Code-Green STAT evacuation.

The team consists of:

1. Staff from all patient care areas (1 per unit) (24/7);
2. Housekeeping staff (x1) (24/7);
3. Porter (x1) (weekdays 0715 h – 2330 h; weekends 0730 h – 2330 h);
4. Security Guard (x1) (as available);
5. Respiratory Therapist (x1) (24/7);
6. Administrative Coordinator (after-hours);
7. Incident Manager (Senior Leader on call or designate) (24/7).

Code Green – STAT: a rapid horizontal or vertical evacuation conducted with limited information where there is little or no time to evacuate due to the high risk to patient or staff safety (i.e., fire, chemical spill, or infrastructure failure). Can be activated by any staff or professional staff member.

Evacuation: the removal of people from a room, department, floor or building and away from a potential or actual hazard in order to prevent injury or loss of life.

Holding areas: locations where patients will be sheltered temporarily until they can either return to their unit, are admitted to another department, discharged or are transported to another location.

Horizontal Evacuation (across): moving occupants from more than one room to a safe area on the same floor (e.g. beyond corridors' fire doors and/or into adjacent department).

Hot Wash Debrief: an immediate debrief of incident response with participants involved to evaluate actions and capture initial reactions. The Hot Wash Debrief may be used to inform a formal After Action Review/Improvement Plan.

Incident Manager: the person responsible for managing the over-all incident upon Code Green activation. This role is assumed or assigned by Senior Leader (SL) on call or designate.

Partial or Full Building Evacuation: a planned and coordinated partial or full building evacuation in a safe manner using internal and external resources. In ideal circumstances, patient disposition will be tracked, pertinent information and medication will accompany the patient when evacuated. In some instances, a horizontal or vertical evacuation may lead to a partial or full building evacuation. Staging Areas are automatically set up for a building evacuation. Stage 2 fire alarm (120 beats per minutes) and over announced will sound.

Response Area Lead: the person responsible for coordinating the evacuation of a specific location within the hospital. This role is pre-assigned to the unit manager or unit leader, however it can be designated at the time of the emergency if required.

Staging areas: designated areas located near major exit points within the Hospital that can accommodate a large number of patients (e.g. cafeteria). These areas are set up as required to assist with the transfer of a large number of patients from the Hospital to another health care facility or external location. See *Appendix 3 – Staging Areas for Hospital Evacuation* for designated locations.

Staging Area Lead: responsible for coordinating the activities of the designated Staging Area.

Vertical Evacuation: moving occupants to safe area on another floor.

5. PROCEDURE

Code green may be called due to the presence of a number of threats, such as:

- Fire (Code Red)
- Unknown/unmanageable hazardous substance or spill (Code Brown)
- Bomb Threat / Suspicious Package (Code Black)
- Infrastructure Failure (Code Grey)
- Air Exclusion (Code Grey: Button Down)
- External Natural Hazards (floods, wildfire, blizzard, etc.)
- Social Unrest (riots, violent protests, etc.)

All departments and response areas are required to maintain up-to-date Code Green sub-plans. Sub-plans are the responsibility of designated managers, must be consistent with the Hospital’s Code Green policy, reviewed annually and maintained in the department’s emergency code binder. Directors and managers are responsible for ensuring that all employees are aware of their responsibilities during a Code Green.

Each clinical department should identify a primary horizontal and vertical evacuation holding area within the building if their department is compromised.

5.1 ACTIVATION OF CODE GREEN

As soon as a hazardous situation is identified, any staff or professional staff can activate the appropriate emergency colour code by contacting Switchboard at 55 and stating the emergency and exact location (e.g., Code Brown, 1A Oncology, Rm 127). Switchboard will then immediately notify the appropriate staff based on the incident (e.g. Senior Leader on call (regular hours) or Administrative Coordinator (after-hours)).

Manager in area of evacuation site or designate (regular hours) or Administrative Coordinator (after hours) prepares an SBAR evaluation to provide information to the Senior Leader on Call. The decision to activate a Code Green is time sensitive; therefore, information should be collected expediently with what content is readily available.

Situation	<ul style="list-style-type: none"> - Hazard triggering need for evacuation - Onset time? - Potential impact to safety or equipment?
Background	<ul style="list-style-type: none"> - How many patients need to be evacuated? - Special concerns, medication, or equipment needs for patients? - How many staff working? - What departments would be impacted?
Assessment	<ul style="list-style-type: none"> - Should fan-out be activated? - What specialties may be involved? - Anticipated evacuation holding area?
Recommendation	<ul style="list-style-type: none"> - Code Green Precautionary - Code Green Partial - Code Green Full evacuation

Senior Leader on call reviews SBAR to determine whether to activate a Code Green Precautionary or Code Green Partial/Full evacuation based on the situation. This assessment provides initial information for the Senior Leader on call once they arrive on site for any Code Green event.

The authority to activate Code Green can be made ONLY by the Senior Leader (SL) on call or designate with the exception of no notice evacuations (Code Green – STAT). Code Green - STAT can be activated by any staff or professional staff as required, Thunder Bay Fire Rescue or Thunder Bay Police Services. In these cases, Code Green-STAT is activated by dialing Switchboard at (55).

5.2 MANAGEMENT OF CODE GREEN

When a Code Green is activated, the Senior Leader on call is notified by Switchboard (regular hours) or by the Administrative Coordinator (after-hours) and assumes or assigns the role of Incident Manager (IM). This position can be reassigned when a more appropriate person is on site and available.

Upon notification, the Incident Manager must report to the Hospital, activate the Hospital Command Centre and assign the appropriate staff to the Incident Management Team (IMT), as appropriate.

5.3 INFECTION PREVENTION AND CONTROL/PERSONAL PROTECTIVE EQUIPMENT

Code Green Responders must:

- Follow Infection Prevention and Control (IPAC) guidelines if the incident site involves interacting with a patient who requires additional precautions, or if there is a risk of coming into contact with bodily fluids. Refer to *Routine Practices and Additional Precautions (IPC-1-18)* for details including:
 - i. Risk assessment for transmission of a contagious disease;
 - ii. How to select and don/doff appropriate PPE;
 - iii. Proper hand hygiene measures.
- Further, when applicable, the Response Team must follow OHS guidelines for use of other appropriate PPE as determine through regulations, policy, or through a risk assessment.
- In the event of a Code Green, if patients are to be evacuated to **another patient area within the Hospital**, ensure appropriate PPE is donned by patient prior to exiting room wherever possible.

PPE requirements by precaution:

- a) Contact precautions: Gown and gloves
- b) Droplet and/or Airborne precautions: Procedure mask

- In the event of a Code Green, if patients are to be evacuated to **an area outside of the hospital**, ensure the following:

PPE requirements by precaution:

- a) Contact precautions: None required
- b) Droplet and/or Airborne precautions: Procedure mask

The above are only directions if it is safe to do so. If danger is imminent, remove patient to designated area and omit any PPE requirements until such time as can be applied safely.

5.4 CODE GREEN – PRECAUTIONARY PROCEDURE

In a Code Green – Precautionary situation, adequate time is available to coordinate the movement of patients before the threat becomes imminent (e.g. external flood, approaching wildfire, toxic spill).

In these instances, the movement of patients internally and/or externally is coordinated via the Hospital Command Centre. Patients will be moved in priority of their proximity to the threat and by ambulatory status.

See *Appendix 2-Patient Evacuation Priority Chart* to determine the order in which patients are to be evacuated.

Roles and Responsibilities

RESPONSIBLE INDIVIDUAL	CODE GREEN – PRECAUTIONARY
Incident Manager (Senior Leader on call or designate)	1. Determine whether to initiate a Code Green - Precautionary Evacuation; 2. Inform switchboard of the precautionary evacuation and whether or not a fan out will be initiated; 3. Report to the Hospital Command Centre and assign the appropriate staff to the Incident Management Team (IMT).
Switchboard:	1. Announce applicable Emergency Codes overhead; 2. Announce “Code Green-Precautionary “ or “Code Green-Precautionary, Initiate Department Fan-outs” + “all visitors are to leave the building, 1 family member may remain with each patient and must follow all directions from staff”; 3. Notify the Senior Leader on call (regular hours) or Administrative Coordinator (after-hours); 4. Call 9-911 and reports the situation.
All Departments	All areas: 1. All staff to report to their Unit Leader; 2. If fan-outs are initiated staff reporting to the Hospital will report to the Staff Pool (Auditorium A/B) for assignment; Patient care areas: 3. Identify potential patients to be discharged; 4. Tag all patients using ambulation tags (green – ambulatory, yellow – wheel chair bound, red – stretcher bound) based on ambulatory status and prepare for patient transfer; 5. Ward clerk or designate to print a hard copy of the current patient roster sheet for tracking purposes; 6. Stand-by for further instructions.
External Buildings	<i>If the evacuation is in an external building:</i> 1. Remove persons from immediate harm and follow building evacuation protocols 2. Contact Senior Leader on Call or Admin Coordinator (after hours) via Switchboard 3. Notify sister units within Hospital <i>If the evacuation occurs in the Hospital:</i> 1. Anticipate call from sister units requesting assistance

5.5 CODE GREEN – STAT PROCEDURE

Upon the discovery of an emergency situation that requires the immediate movement of workers or patients to another fire zone on the same floor (horizontally) or to another floor (vertically), initiate the following procedures:

RESPONSIBLE INDIVIDUAL	CODE GREEN – STAT
Staff of evacuation site	Upon the discovery of an emergency situation requiring evacuation: All areas: 1. Immediately remove people from the room and/or immediate area where the hazard is (e.g. fire or chemical spill) to a safe location (e.g. beyond the immediate fire doors, main corridors); moving all patients, staff and visitors away from immediate danger is priority; 2. When evacuating a room, check all washrooms and storage areas in the immediate area and close all doors; 3. Once cleared, each room must be flagged by securing caution tape across the doorframe to the room once evacuated. If caution tape is not readily available on the unit, improvise (e.g. use nursing tape); 4. Contact Switchboard at 55 to: a. Activate the appropriate Emergency Colour Code, if applicable (e.g. Code Red, Code Brown, Code Grey); b. If immediate assistance is required to safely evacuate people from the impacted area, instruct Switchboard to activate “Code Green – STAT + location. All visitors are to leave

RESPONSIBLE INDIVIDUAL	CODE GREEN – STAT
	<p>the building, and 1 family member may remain with each patient and must follow all directions from staff”;</p> <p>c. Inform Switchboard if any stairs are NOT safe to access. The operator will announce, "Do not use Stairwell _";</p> <p>5. Report to your unit leader or designate at the department’s predetermined assembly location (e.g. nursing station);</p> <p>6. Remove any equipment that is temporarily stored in corridors to appropriate storage locations, as per department sub-plans;</p> <p>7. Provide traffic control for responders from other units, directing through evacuation routes;</p> <p>8. Complete area-specific Code Green sub-plan instructions.</p> <p>Clinical areas:</p> <p>8. Complete instructions above;</p> <p>9. Communicate with patients, families and visitors;</p> <p>10. Evacuate patients to the determined holding area in the following order:</p> <ol style="list-style-type: none"> 1. Room of Origin (fire, spill site, or explosive device location); 2. Rooms next to and opposite the Room of Origin; 3. Ambulatory patients and visitors; 4. Non-ambulatory patients; 5. Non-ambulatory patients connected to lifesaving devices; 6. Resistive patients. <p>For instructions on how to safely transfer patients, refer to “Appendix 4 – Evacuation Routes and Methods.”</p> <p>11. Ensure that the patient’s chart accompanies them. For Code Green-Stat evacuations, transfer all patient charts and medications to the designated holding area and redistribute once everyone has been safely evacuated;</p> <p>12. Ward clerk or designate to locate the current patient roster sheet and provide a copy of the Response Area Lead to account for all evacuated patients. If required, ask a nearby unit to print the patient roster;</p> <p>13. Professional staff on the unit should immediately proceed to the pre-designated holding area and provide required care to the evacuees.</p>
<p>Response Area Lead (Evacuation Site)</p>	<p>It is important that one person coordinate activities of the unit/area to prevent confusion. This person takes responsibility for coordinating all responders arriving on scene to assist.</p> <p>Upon the discovery of an emergency situation requiring evacuation:</p> <ol style="list-style-type: none"> 1. Put on “emergency response vest” and ensure response instructions are carried out; 2. Ensure the activation of additional Emergency Colour Codes (i.e. Code Grey), if not already done so; 3. Remain in a predetermined central location in the unit/department and assign tasks to all staff responding to assist; 4. Direct staff to assess the area to determine safe evacuation route(s), including surrounding stairwells; 5. Assign traffic control to staff from site of evacuation; 6. Direct response staff to identify additional staff to assist with the evacuation as required; 7. Be available to liaise with the Code Green Response Team and emergency services upon arrival; 8. Once all patients have been evacuated: <ol style="list-style-type: none"> a. Report to designated holding area(s) to ensure all patients are accounted for as per the current patient roster sheet; b. Ensure all patients are wearing a patient identifier (wristband).
<p>Switchboard:</p>	<ol style="list-style-type: none"> 1. Announce applicable Emergency Codes overhead;

RESPONSIBLE INDIVIDUAL	CODE GREEN – STAT
	2. Announce “Code Green-Stat. Evacuate location. All staff must return to their departments immediately. Designated staff to proceed to ‘location’ with caution. Stand by for further instructions”. 3. Notify the Senior Leader on call (regular hours) or Administrative Coordinator (after-hours); 4. Call 9-911 and report the situation.
Code Green Responders <i>See Section 4. Definitions for list of applicable staff.</i>	Upon hearing “Code Green – STAT - location” overhead: 1. Report to the evacuation site and check in with the Unit Leader or designate at the central assembly point; 2. Assist unit staff with evacuating patients and visitors from the unit; 3. Follow any additional instructions from the Unit Leader; 4. If it is a multiple level response, proceed to the location on the level they work on.
All Hospital Areas (including Holding Areas)	Upon hearing “Code Green - STAT – location” overhead: Unit Leader/designate: 1. Put on “emergency response vest” and ensure response instructions are carried out; 2. If applicable, coordinate the arrival of incoming patients; or, if staffing resources do not allow, designate this task to a responding nurse. All staff: 1. Return your unit and refrain from using the elevators unless authorized by the Incident Manager; 2. No new procedures to be started; 3. Complete departmental sub plan instructions; 4. Patient units must be prepared to receive patients from another area and identify patients that may be discharged if required; 5. Remove any equipment that is temporarily stored in corridors and move to appropriate storage locations, as per department sub-plans. 6. All departments will stand by for direction from the Incident Manager.
Security Services	1. If staffing resources allow, respond to incident site; the Response Area Lead may assign a Security Guard to stop staff from entering the hazardous area (Room of Origin, spill area, etc.); 2. Assist staff in evacuating patients and visitors from the unit.
Administrative Coordinator (After-hours)	1. Immediately contact the Senior Leader on call; 2. Report to the incident site and establish direct contact with Unit Manager/Leader; 3. Assume the responsibilities of the Incident Manager, if assigned by the Senior Leader on call; 4. Provide support to the Senior Leader on call / Incident Manager as directed.
Senior Leader on call	1. Once notified of a potential or actual evacuation, assumes or assigns role of Incident Manager.
External Buildings	<i>If the evacuation is in an external building:</i> 1. Remove persons from immediate harm and follow building evacuation protocols 2. Contact Senior Leader on Call or Admin Coordinator (after hours) via Switchboard 3. Notify sister units within Hospital <i>If the evacuation occurs in the Hospital:</i> 1. Anticipate call from sister units requesting assistance

5.6 PARTIAL OR FULL HOSPITAL EVACUATION

In the rare event that the Hospital experiences an overwhelming emergency, an evacuation of some or all of the occupants in the Hospital may be required. An evacuation of this magnitude would be a last resort due to the inherent dangers to patients.

A building evacuation usually requires the involvement of other responding agencies (Thunder Bay Fire Services, Superior North EMS, etc.) to coordinate the transportation of patients to alternate locations.

A partial or full hospital evacuation would be a staged response, following the above procedures in addition to the activation of the Hospital's staging areas.

To alert building occupants of a planned building evacuation, a Stage 2 evacuation alarm may be activated if approved by the Incident Manager and the Thunder Bay Fire Rescue. The General Evacuation Alarm states "The second stage alarm has been activated. The alarm is being investigated; please stand by for further instructions. Do not use the elevators."

ROLES AND RESPONSIBILITIES

RESPONSIBLE INDIVIDUAL	CODE GREEN - PARTIAL OR FULL HOSPITAL EVACUATION
Incident Manager / Incident Management Team	Once the decision has been made to evacuate the Hospital, the Incident Manager will: <ol style="list-style-type: none"> 1. Contact Switchboard to announce "Code Green – Hospital Evacuation – Please standby for further instructions"; 2. Approve the activation of the General Evacuation alarm in collaboration with Thunder Bay Fire Rescue. The key is located in the Key Control Box at the Security Office; 3. Initiate a complete hospital fan-out instructing all staff and professional to report to the Hospital if it is safe to do so, and proceed directly to the Staffing Pool / Professional Pool; 4. If not already completed, notify: Ontario Health, MOHTLC, Partner hospitals and health care organizations, emergency responders; 5. Once the Staging Areas are functional, notify applicable inpatient units to begin moving patients according to their mobility status as per <i>Appendix 2 – Patient Evacuation Priority Chart</i>.
Switchboard	<ol style="list-style-type: none"> 1. When directed by Incident Manager, announce "Code Green – Hospital Evacuation – Please standby for further instructions;" 2. Follow additional instructions as directed by the HCC; 3. Call 9-911 and report the situation.
Security	<ol style="list-style-type: none"> 1. Initiate Hospital Lockdown procedures; 2. Secure pathways between patient transfer routes; 3. Follow additional instructions as directed by the HCC.
Inpatient Units	Upon hearing the overhead page "Code Green: Hospital Evacuation": <ol style="list-style-type: none"> 1. Manager or Unit Leader should call all staff and physicians to the nursing station to brief them on what tasks need to be carried out and to assign evacuation teams; 2. Manager or Unit Leader should print two copies of the Patient List and assign a designated Patient Tracker; 3. Staff should begin triaging patients based on mobility status (<i>see Appendix 2- Patient Priority Levels Chart</i>) and make preparations for evacuation; 4. All necessary charts, medications, and medical equipment must be made ready to accompany the patient; 5. Once notified by the HCC, begin moving patients to the appropriate Staging Area as per <i>Appendix 3 – Staging Areas for Hospital Evacuation</i>; 6. Clinical staff may be asked to accompany the patient to the recipient hospital/evacuation site to assist with the transfer of care; 7. Any staff not accompanying the patient should return to their unit and continue to assist in evacuation efforts.
All Other Units	Upon hearing the overhead page "Code Green: Hospital Evacuation": <ol style="list-style-type: none"> 1. Report back to your manager/supervisor for a briefing. 2. Once briefed and notified that the Staffing Pool has been established, proceed there for role assignment; 3. Once your assignment is completed return to Staffing Pool for further assignments or instruction.
External Buildings	<i>If the evacuation is in an external building:</i> <ol style="list-style-type: none"> 1. Remove persons from immediate harm and follow building evacuation protocols 2. Contact Senior Leader on Call or Admin Coordinator (after hours) via Switchboard 3. Notify sister units within Hospital <i>If the evacuation occurs in the Hospital:</i> <ol style="list-style-type: none"> 1. Anticipate call from sister units requesting assistance

STAGING AREA OPERATIONS – BUILDING EVACUATION

Staging areas are set up upon “Code Green – Hospital Evacuation” to assist with the transfer of a large number of patients from the Hospital to another health care facility or external location. Each area has an assigned Staging Area Lead to manage the area. For locations and staff responsible for initial set up, see *Appendix 3 Staging Areas for Hospital Evacuation*

Responsibilities of Staging Area Lead:

Set up:

1. Obtain the Holding Area Supply Box (Triage tags; disaster discharge evacuation forms; vest) from:
 - Security Office for Front Entrance/Lobby
 - Food Services Office for Cafeteria
 - Base Hospital for Emergency Ambulance Bay
 - Nursing Station for Labour and Delivery
2. Divide the Staging Area into sections (if possible) to pre-identify where different priority patients are to be held until they are evacuated;
3. Contact Housekeeping to assist with moving furniture to make room for patients;
4. Set up a patient tracking station to act as a check-in and discharge point with both electronic and hard copy capabilities. These stations should be staffed by ward clerks if they are available;
5. Contact the Staffing Pool and request the appropriate number of staff. In addition to nursing and other appropriate clinical staff, the staging area should have staff and physician representation from the following areas if available:
 - Patient Registration;
 - Pharmacy;
 - Clinical Laboratory.
6. Coordinate with Physical Plant and Operations staff to ensure that the Staging Area has appropriate electrical support, additional lighting (if required), and heating or cooling;
7. Coordinate with Stores to obtain adequate supplies of basic medical equipment, oxygen, arrest carts, etc., so that basic medical care and stabilization procedures can be conducted;
8. Coordinate with Pharmacy and the Clinical Laboratory to ensure that access to medications and the blood bank is available, if required;
9. Coordinate with Housekeeping to have the following in each Staging Area:
 - Sharps disposal;
 - Trash cans;
 - Linen Hampers.
10. Designate a supply depot for the Staging Area where all medical and non-medical supplies can be maintained;
11. Once the Holding Area is established notify the HCC.

Operations:

1. Clinical staff at holding areas are to provide assessment of immediate patient care needs and will provide emergency and/or first aid measures as required or as equipped to manage;
2. Ensure patients are tagged and prioritized for transfer to other facilities according to "tags" as follows:
 - **RED** – Stretcher
 - **YELLOW** – Wheelchair
 - **GREEN** – Ambulatory
3. Ensure all patients being transferred to off-site locations are tracked on the Code Green Patient Tracking Form (Appendix 7). Completed forms to be provided to the Incident Manager or designate.
4. Patient on respiratory isolation will be provided with PPE and cohorted in holding areas.
5. Depending on the number of staff available or the amount of time to evacuate patients from units, unit staff accompanying patients may transfer care of their patient to the clinical staff in the Staging Area;
6. All patients must be accompanied with their patient chart and medication;
7. Appropriate staff will accompany the patient to the destination to ensure an effective transfer of care.

5.7 CODE GREEN DEACTIVATION AND RECOVERY

Code Deactivation

Code Green is deactivated once patients have been safely transferred to designated areas.

Upon deactivation:

- Incident Manager instructs Switchboard to announce “Code Green All Clear” overhead;
- The Incident Management Team meets to develop a recovery plan;
- Incident Manager schedules a formal debrief as soon as possible with appropriate personnel.

Unit/Floor/Hospital Repopulation

After the hazard has been removed and response activities are completed, the repopulation of an evacuated unit/floor/hospital may be able to be initiated. The Incident Manager and HCC will assess if/when repopulation efforts can take place. The Incident Manager and HCC will:

1. With the assistance of the appropriate outside agency(ies), assess whether the evacuated facility is safe to re-enter. If extensive damage has occurred to the unit/floor/hospital, all repairs must be completed before the area can be repopulated.
2. Contact vendors to begin replacing all damaged or expired supplies.
3. Once the area has been repaired and has the appropriate level of supplies to provide care, begin coordinating with receiving units/hospitals to assess which patients may/have been discharged during the downtime and which patients can be readmitted based on the available space and capabilities of the reopened area.
4. Once the impacted facilities have reopened, notify all partner agencies, patients, and patient families. An announcement to the community should also be made through Corporate Communications.
5. Once operations have returned to normal, an extensive debrief of the event should take place as soon as possible and an After Action Report must be developed.

6. DOCUMENTATION

Document	Details	Responsibility
Patient Tracking Form	- If evacuating patients off-site	Staff Member in Staging
Hot Wash Debrief	- Document initial worker reactions and takeaways from the incidents - Submit to Lead, Emergency Preparedness	Department Manager or designate
Employee Incident Report	- Document incident details & report physical and/or emotional injury & near misses.	Manager at location of evacuation
Incident Learning System (Patient Safety Report)	- Document patient injury or use of restraints. - Document immediate actions taken and any issues or challenges with the evacuation.	Primary Nurse

7. EDUCATION AND TRAINING

Accreditation Standards requires one Code Green drill to be completed on each shift annually. In addition, Fire Code requires the hospital to conduct one Minimum Staffing Drill in a clinical area annually, which will be observed by Thunder Bay Fire Rescue for compliance.

8. REFERENCES

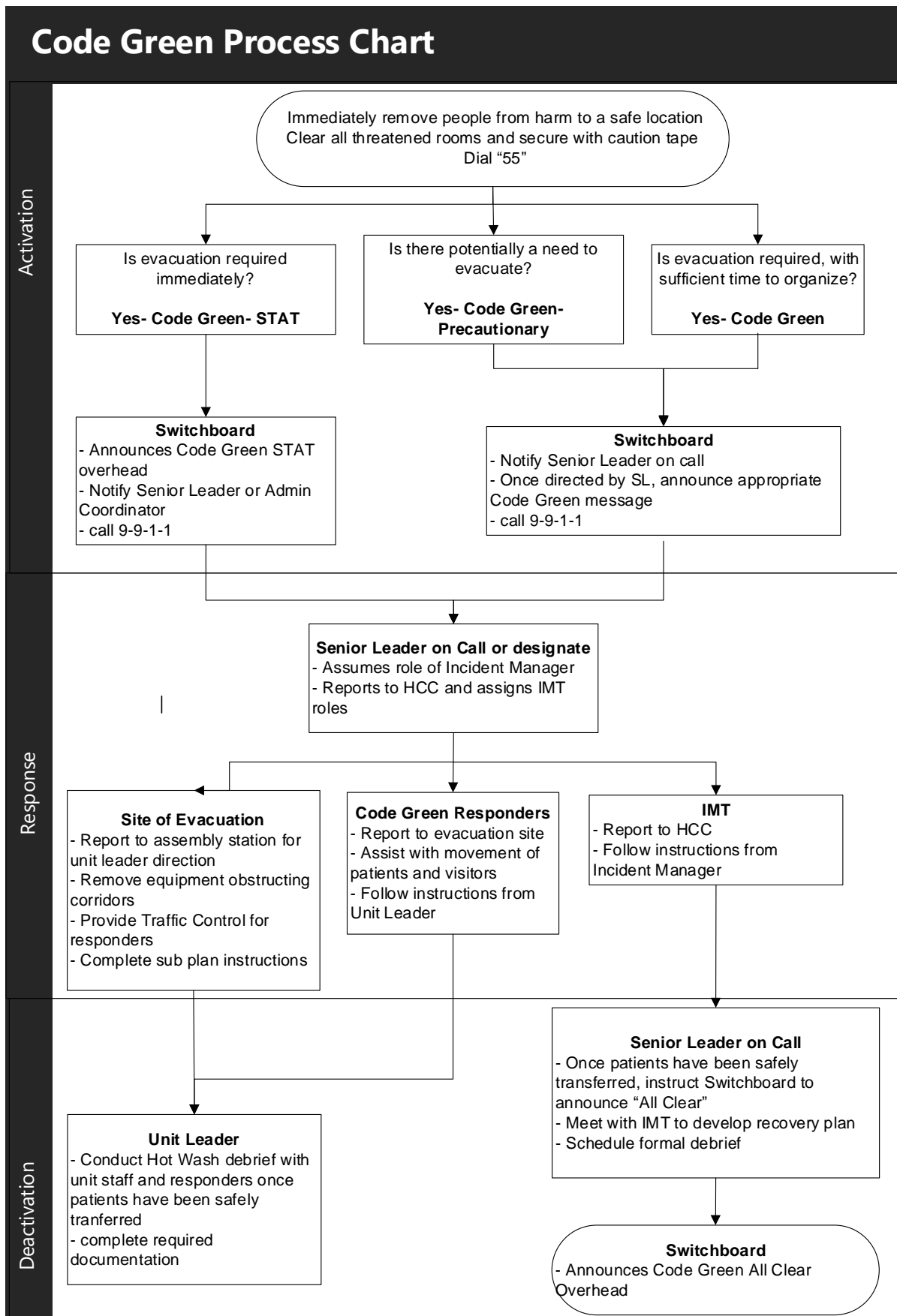
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Appendix 1 – Code Green – Stages of Evacuation Algorithm



Appendix 2 - Patient Evacuation Priority Chart

Patient Triage Level	Evacuation to Holding Area	Evacuation from Staging Area to Off-site Location	Method of Evacuation
RED (acutely ill, unstable or require life saving equipment)	Move them LAST from inpatient units. 2-3 staff may be needed. Use specialized staff (e.g. ICU, L&D, ER, OR)	To be moved FIRST from the Hospital to another facility Method of Evacuation: Ambulance	Ambulance
YELLOW (wheelchair dependent)	Patients are relatively stable but; move them SECOND in priority from inpatient units. Wheelchairs or stretchers & 1-2 staff may be needed to transport. Use nursing assistants or allied health	To be moved SECOND from the Hospital to another facility	Ambulance; private medical transportation
GREEN (ambulatory-stable patients)	Move them FIRST from inpatient units. 2 staff can safely lead 6-8 patients.	To be moved LAST to another facility	Buses, taxis, personal (family vehicles)

Appendix 3 - Staging Areas for Hospital Evacuation

Location	Patient Type	Responsible Person
Cafeteria (level 1)	Ambulatory patients- level 1 Non ambulatory patients - Level 1 All paediatric patients regardless of ambulatory status	1A Unit Leader until Hospital Command Centre identifies a responsible person
Labour and Delivery (level 1)	Critical or non-ambulatory labouring women or NICU patients that require ambulance	Labour and Delivery Unit Leader is in charge until Hospital Command Centre identifies a responsible person
Main Entrance/Lobby (level 2)	Non ambulatory patients All renal program patients regardless of ambulatory status	2A Unit Leader until Hospital Command Centre identifies a responsible person
Emergency Ambulance Bay (level 2)	Critical or non-ambulatory patients that require ambulance transfer only	Emergency Department Charge Nurse until Hospital Command Centre identifies a responsible person

Appendix 4 - Evacuation Routes & Methods

Traffic Flow

Evacuation traffic flow should move in one direction (down or up). Staff returning to evacuate additional patients should use an alternative route when possible. If two-directional flow is necessary, "keep right" rule applies.

Restriction of Visitors during Evacuation

When an evacuation is initiated (Code Green announced), signs are to be posted by security in the lobby, cafeteria, emergency and Cancer Centre restricting visitors.

Visitors will evacuate immediately and one family member/visitor may stay with a patient. They must follow all staff instructions. Family cannot take a patient unless there is a discharge order. Efforts will be made to facilitate family transport with patient.

Elevator Use

During a Code Green, elevators are only to be used to transport patients from units that are cleared to evacuate. If the hospital wide fire alarm is activated, elevators will automatically return to the second floor and become inactive. In consultation with the Incident Manager and Thunder Bay Fire Rescue, certain elevators may be reactivated by maintenance and/or security to transport select critical care or non-ambulatory patients. Elevators 2, 6, 8 and 10 which are on Emergency Back Up may be used to assist in patient evacuation.

Evacuation Techniques

Ambulatory Patients

- One to two staff to lead groups of 6-8 patients. Leave in a controlled manner., Caregivers may carry babies/toddlers.
- Do not leave ambulatory patients without guidance or they may panic. If possible, make sure the medical records are with the patient.
- If time allows, patients should be wrapped with additional blankets/footwear.

Non-Ambulatory Patients

- To be removed in wheelchairs, on beds/stretchers if possible (i.e., horizontal evacuation) or removed using described methods below:

If elevators cannot be used patients are to be transported using the following methods:

1. Blanket Drag

- Unfold blanket.
- Place patient face up diagonally on blanket.
- Lift corner of blanket nearest to patient.
- Drag patient to place of safety.

2. 2 Person Carry

- Place patient in sitting position
- With a person on each side both people pass one arm under the patient's arm and cross the patient's back.
- Each person should secure a firm grip on each other's shoulders.
- The person's free arm is then passed under the patient's knee. One person keeps their palm up and the other person keeps their palm down and grasps each other's wrists.
- Lift patient with arms and shoulders and remove to safety.

3. Single Person Shoulder Carry

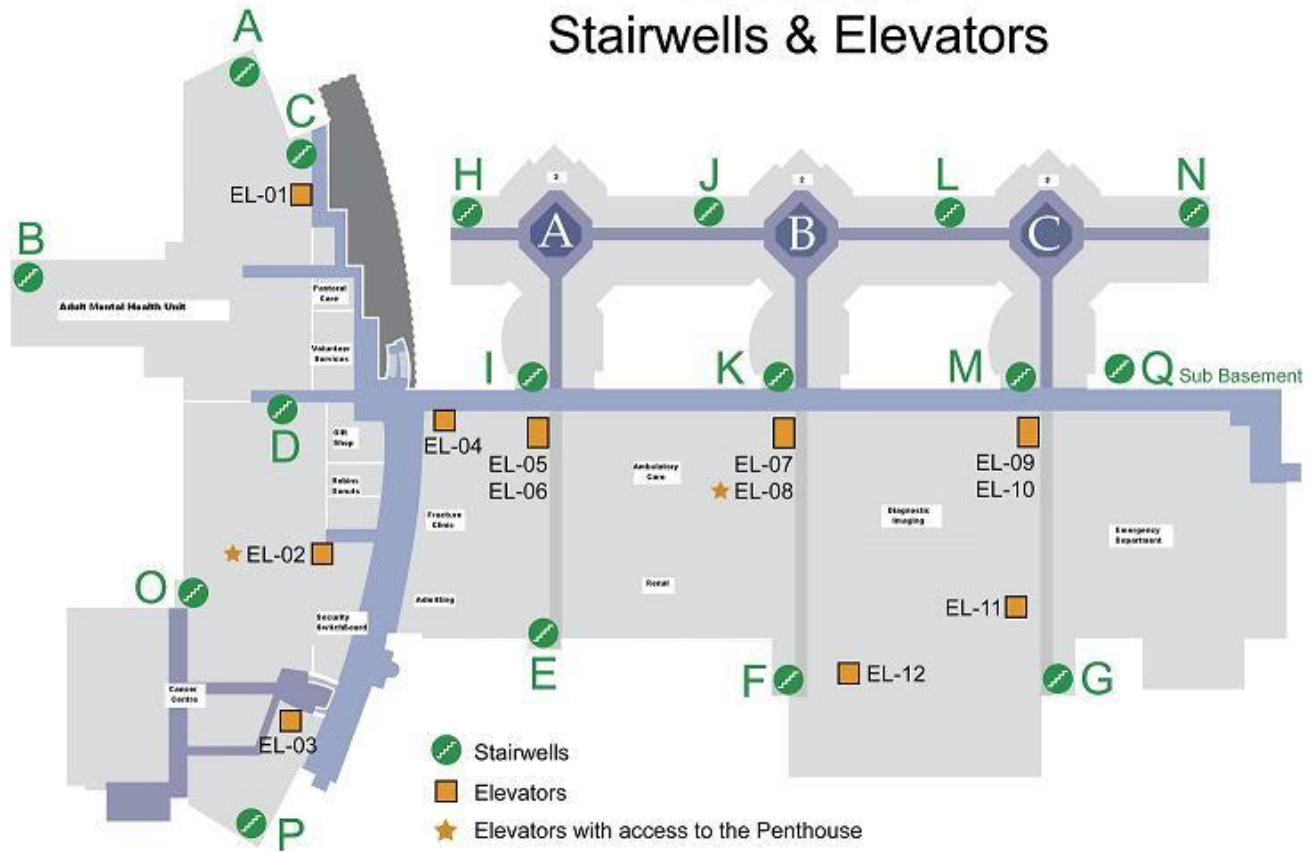
- As a last resort when danger is imminent and no other suitable means are available the patient may be slung over the shoulder of a staff member.

Appendix 5 - Important Phone Numbers

Area	Location	Phone Number	Fail Safe Number
Hospital Command Centre	Primary: Executive Boardroom	684-6009	N/A Send Runner
	Secondary: President's Office	684-6007	346-8099
Staging Areas	Cafeteria	684-6050	N/A Send Runner
	Main Lobby	684-4221 & 684-4224	N/A Send Runner
	Ambulance Bay	684-6100	346-8113
Building System Operator	Physical Plant	629-7005	N/A

Appendix 6 – Hospital Stairwells & Elevators

TBRHSC Stairwells & Elevators



Appendix 7: Hot Wash Debrief

Use as a guide to help facilitate discussion with participants **immediately** after incident to capture initial reactions and lessons learned. Submit debrief to emergencypreparedness@tbh.net.

Location:	Date:	Time:
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Responders: *Circle all that apply*

Senior Leader on Call Admin Coordinator Unit Manager Nursing Staff Ward Clerk

Housekeeping Porters Respiratory Therapy Security Food Services Maintenance

Other: _____

Response Summary: Precautionary STAT Partial Hospital-Wide	
Switchboard notified and announced Code overhead?	YES / NO
General Evacuation Alarm activated?	YES / NO
Fan-out Activated?	YES / NO
Staff respond from other units to assist?	YES / NO
Briefing provided to assign tasks for patient evacuation?	YES / NO
Evacuation priority followed (see appendix 2)?	YES / NO
Patients moved safely to holding area?	YES / NO
Patient charts and medication redistributed to patients?	YES / NO

What went well?

What could be improved?

Preventative Steps/ Recommendations?

Completed by: _____ **Position:** _____

Appendix 8: Code Green Patient Tracking Form (Building Evacuation) Date: _____ Staging Area: _____

***Form to be completed by the applicable Staging Area to track the transfer of evacuated patients to off-site locations.
Completed forms to be provided to the Incident Manager or designate.**

Patient Info. (name, DOB, sex, etc) (or TBRHSC Sticker if available)	Ambulation Status Sticker	Equipment	Mode Of Transportation	Off-Site Location (if applicable)
	Green (Ambulatory) <input type="checkbox"/> Yellow (Wheelchair) <input type="checkbox"/> Red (non-amb.- stretcher) <input type="checkbox"/>	IV <input type="checkbox"/> # of IV Pumps____ O2 <input type="checkbox"/> Suction <input type="checkbox"/> Other_____ <input type="checkbox"/>	Ambulatory (Green Tag) <input type="checkbox"/> Wheelchair (Yellow Tag) <input type="checkbox"/> Stretcher (Red Tag) <input type="checkbox"/> Other_____ <input type="checkbox"/>	SJCG <input type="checkbox"/> Hanger <input type="checkbox"/> EMS -> transfer <input type="checkbox"/> Home with Family <input type="checkbox"/> Other_____ <input type="checkbox"/>
	Green (Ambulatory) <input type="checkbox"/> Yellow (Wheelchair) <input type="checkbox"/> Red (non-amb.- stretcher) <input type="checkbox"/>	IV <input type="checkbox"/> # of IV Pumps____ O2 <input type="checkbox"/> Suction <input type="checkbox"/> Other_____ <input type="checkbox"/>	Ambulatory (Green Tag) <input type="checkbox"/> Wheelchair (Yellow Tag) <input type="checkbox"/> Stretcher (Red Tag) <input type="checkbox"/> Other_____ <input type="checkbox"/>	SJCG <input type="checkbox"/> Hanger <input type="checkbox"/> EMS -> transfer <input type="checkbox"/> Home with Family <input type="checkbox"/> Other_____ <input type="checkbox"/>
	Green (Ambulatory) <input type="checkbox"/> Yellow (Wheelchair) <input type="checkbox"/> Red (non-amb.- stretcher) <input type="checkbox"/>	IV <input type="checkbox"/> # of IV Pumps____ O2 <input type="checkbox"/> Suction <input type="checkbox"/> Other_____ <input type="checkbox"/>	Ambulatory (Green Tag) <input type="checkbox"/> Wheelchair (Yellow Tag) <input type="checkbox"/> Stretcher (Red Tag) <input type="checkbox"/> Other_____ <input type="checkbox"/>	SJCG <input type="checkbox"/> Hanger <input type="checkbox"/> EMS -> transfer <input type="checkbox"/> Home with Family <input type="checkbox"/> Other_____ <input type="checkbox"/>
	Green (Ambulatory) <input type="checkbox"/> Yellow (Wheelchair) <input type="checkbox"/> Red (non-amb.- stretcher) <input type="checkbox"/>	IV <input type="checkbox"/> # of IV Pumps____ O2 <input type="checkbox"/> Suction <input type="checkbox"/> Other_____ <input type="checkbox"/>	Ambulatory (Green Tag) <input type="checkbox"/> Wheelchair (Yellow Tag) <input type="checkbox"/> Stretcher (Red Tag) <input type="checkbox"/> Other_____ <input type="checkbox"/>	SJCG <input type="checkbox"/> Hanger <input type="checkbox"/> EMS -> transfer <input type="checkbox"/> Home with Family <input type="checkbox"/> Other_____ <input type="checkbox"/>

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