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| **Huron Perth Healthcare Alliance** | | |
| **Emergency Codes Manual** | **Original Issue Date:** | **August 2003** |
| **CODE GREEN \_ EVACUATION** | **Review/Effective Date:** | **November 1 2021** |
| **Approved By: President & Chief Executive Officer** | **Next Review Date:** | **November 1 2023** |

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**1.0 PURPOSE**

To provide for the safe and efficient removal of patients, staff, physicians, and visitors from a hazardous situation. The direction of evacuation may be limited to a horizontal evacuation or a complete-large scale evacuation.

1. **REASONS FOR EVACUATION**

A Code Green for evacuation may be activated in response to a number of situations including are not limited to:

- Internal fire

- Airborne gas

- External disaster

- Flood (sewer blockage)

- Impending explosion

- Loss of essential utilities

- Storm damage (tornado, hurricane)

- Chemical spill/release

1. **SUCCESSIVE STAGES OF EVACUATION**
   1. **Stage One - Zone Evacuation**

Persons are moved from the threatened area to an area of safety.  All staff are responsible for prompt removal of anyone in immediate danger.

**3.2 Stage Two - Horizontal Evacuation**

Persons are moved along a corridor and beyond a fire door to an area of refuge on the same floor (fire doors should contain a fire for approximately one hour).  The Charge Person in the area (staff, if necessary) is responsible for the initiation of horizontal evacuation.

**3.3 Stage Three - Vertical Evacuation**

Persons are moved from one floor to a lower floor to a place of safety. When possible, vertical evacuation should move down.

**3.4 Stage Four - Total Evacuation**

All persons are removed from the facility.  This may be to another building or to outside, depending on:

  - Only if it can be done safely

  - Severity and location of the situation

  - Time available to act

  - Existing weather conditions

  - The ability for other facilities to receive patients.

  - Resources available

1. **PATIENT PRIORITY FOR EVACUATION TO AREA OF SAFETY**
   1. **Patients in Immediate Danger**

Remove from threatened area to a safe area of refuge which does not obstruct egress.

**4.2 Ambulatory Patients**

Direct patients to:

- Place left hand on shoulder of patient in front

- Proceed in single file along the right side of the corridor or stairwell

- A staff member should be placed in charge of this group

**4.3 Chair Patients**

Transport patients by chair, wheelchair, geri-chair, or commode etc. to a place of safety.

* 1. **Non-Ambulatory Patients**

For horizontal evacuation

- Move on blankets as available if necessary

- Utilize Hospital lift/carry procedure

- Move patients on beds or stretchers, only if necessary

For vertical evacuation

- Use blankets or transfer boards as available

- Utilize Hospital lift/carry procedure

**During vertical evacuation, always close stairwell doors to prevent the spread**

**of smoke\*\***

Note: See Emergency Lift/Carry Procedure **(hyperlink to PDF**) for lifting techniques

1. **GENERAL EVACUATION PROCEDURES**

 The procedures for evacuation can vary as a result of:

 - Time available

 - Evacuation stage, area or building

 - Use of elevators

The following guidelines apply to all situations:

* Where practical, patient records and medications will accompany the patients
* All staff are responsible for knowing the preferred and alternate exit routes in their work areas.
* Prior to leaving a patient room:

        - Check for patients in bathroom, closet and under beds

        - Utilize the indicator for your site that depicts that rooms are vacant

* For all types of evacuation, move along the right hand side of the corridors and stairwell
* Keep mothers and babies together

**Special Care Nursery/Pediatric Evacuation**

* Ideally, babies/toddlers will be given to a parent to carry during evacuation
* Babies/toddlers may be evacuated by placing multiple patients in a basinet/crib and transporting to safety
* Babies may be evacuated by placing four individual basinets on a blanket and dragging to safety
* Keep hospitalized children and visiting parents together if possible

Where required to address specific hazards, concerns or required steps, units/areas shall create specific evacuation plans to address a potential Code Green situation.

1. **Activation of Code**

Switchboard or designate upon direction from the Incident Manager, will announce "ATTENTION... CODE GREEN, Stage \_\_\_\_\_, \_\_\_\_\_ evacuation, Specific Location" (Repeat x 2)

*Example:“Attention Code Green, Stage One, Zone evacuation, E1-500”*

*“Attention Code Green, Stage One, Zone evacuation, E1-500”*

*Or*

*“Attention Code Green, Stage Three, Vertical evacuation, East Building, Block 500/600”*

*“Attention Code Green, Stage Three, Vertical evacuation, East Building, Block 500/600”*

Rapid fire alarm bells will sound.

\*\*Remember: **During vertical evacuation, always close stairwell doors to prevent the spread of smoke\*\***

**8.0 IMS RESPONSE SPECIFIC TO CODE GREEN:**

***\*\*NOTE: These are in addition to Standard Job Action Sheet Duties under IMS\*\****

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| **IMS ROLE** | **ACTIVITY** |
| Incident Manager | * Activate Emergency Operations Centre * Initiate movement between evacuation stages |
| Logistics | * If required, verify availability/readiness of off-site holding areas (see “9.0 - Evacuation Holding Areas) * If required, contact alternate transport systems (ambulance, buses, mobility buses, non-emergent patient transfer) |