

<b>Procedure:</b>	Code Green – Evacuation	
<b>Owner:</b>	Director, Patient Relations, Security Services and Chief Privacy and Risk Officer	
<b>Sponsor:</b>	Vice President, Patient Care and Risk	
<b>Approval by:</b>	<b>Emergency Management Committee</b>	<b>Date: 2023-06-22</b>
<b>Original Effective Date:</b> 2018-05-15	<b>Reviewed Date(s):</b> 2023-08-30	<b>Revised Date(s):</b> 2023-08-30

<b>This procedure applies to:</b> <b>Or</b>	<input checked="" type="checkbox"/> St. Joseph's Health Care London <input type="checkbox"/> Mount Hope Centre for Long-Term Care <input type="checkbox"/> Parkwood Institute Main Building <input type="checkbox"/> Parkwood Institute Mental Health Care Building <input type="checkbox"/> St. Joseph's Hospital <input type="checkbox"/> Southwest Centre for Forensic Mental Health Care
<b>(If this procedure applies to all sites, please check St. Joseph's Health Care London only.)</b>	

<b>Former Corporate Policy:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, Policy Name:</b> <b>Date Changed to Procedure:</b>
---

<b>There is a similar/same procedure at LHSC:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Procedure Type:</b> <input type="checkbox"/> Department <input checked="" type="checkbox"/> Corporate <b>Procedure Name:</b> Code Green – Evacuation Crisis <b>Procedure Owner:</b> Capital Redevelopment and Environmental Operations Executive
--

**PURPOSE**

A CODE GREEN will be activated to ensure the safe evacuation of persons from a hospital area or building where there is an imminent threat of harm. The need to evacuate may be required as a result of fire, bomb threat, hazardous material spill, critical infrastructure loss or serious building damage.

Upon notification of a CODE GREEN, staff members are to report back to their respective units/departments for instructions. Do not leave until CODE GREEN ALL CLEAR has been announced or you have been given directive from your leader to do so. All areas will determine their staffing requirements and additional staff may be reassigned/redeployed as needed. If staff members receive a call back, they should report as soon as possible to their primary area of employment and check in with their leader.

Evacuation is most often carried out in progressive stages, depending on the scope of the emergency.

**Stages of Evacuations:**

- **Horizontal Evacuation** – if the emergency situation threatens more than the occupants of one room, evacuate all rooms in a zone, wing or area to an adjacent safe area on the other side of the fire separation doors.
- **Vertical Evacuation** – if the emergency situation threatens to affect more than one zone or wing, evacuate all occupants to the floor below.
- **Building Evacuation** – evacuation of an entire building; there are two types of building evacuation – crisis and controlled.

Permission is not required to safely evacuate persons from immediate or imminent danger. This would include a room or horizontal evacuation of a zone, wing or area.

For vertical or building evacuation, an order to evacuate is required and will come from the Administrator on Call (or delegate) and/or emergency response official.

Patients in critical care areas should not be moved unless the patients are in immediate danger. The decision to evacuate patients in critical care areas will be made in consultation with the charge person of the area.

Patients should be evacuated according to physical condition.

- **Ambulatory** – lead in a group.
- **Semi-ambulatory with some assistance required/wheelchair** – Move to a safe area, then return wheelchairs.
- **Non-ambulatory** – extensive assistance and/or life support equipment required. Utilize appropriate lifts and carries

## PROCEDURE

### 1. When an evacuation needs to be declared, Administrator on Call will:

- 1.1. Obtain a detailed description of the incident from the reporting person.
  - 1.1.1. Speak with key responders and/or responding agencies to determine the need for an evacuation.
    - a. Responding agencies include but not limited to:
      - i. Local police service
      - ii. Fire Department
- 1.2. Respond to the incident location if on site and is safe to do so.
- 1.3. Inform the Security Control Centre (SCC) to activate a CODE GREEN.
  - 1.3.1. CODE GREEN is an automatic ENS2 incident.
  - 1.3.2. An Emergency Notification System ENS 2 page will be sent out.
    - a. An ENS2 Conference Bridge will be activated and the extension will be provided in the ENS2 page sent out by the SCC.
- 1.4. Consult with other On-Call staff on the conference bridge.
  - 1.4.1. Additional ENS2 On-Call staff include:
    - a. Security Leadership on Call
    - b. Patient Relations, Privacy and Risk Consultant on Call
    - c. Communicator on Call
    - d. Clinical Care Leader on Call
  - 1.4.2. Determine who else is needed to participate in the conference call.
    - a. Evacuation of some areas needs to be done in consultation with clinical leadership.
- 1.5. Determine the level of response (i.e. alert or immediate evacuation)
  - 1.5.1. Instruct the Security Control Centre to provide an overhead announcement for the CODE GREEN.
    - a. For evacuation orders the SCC needs the following information for the overhead announcement.
      - i. Alert only, or
      - ii. Type of evacuation
        - Horizontal,
        - Vertical or
        - Building Evacuation
      - iii. Area to evacuate
      - iv. Designated Assembly Areas
- 1.6. Activate the Emergency Operations Centre (EOC)
  - 1.6.1. Locations of the EOC's are:
    - a. St. Joseph's Hospital, Room A2-041 and
    - b. Parkwood Institute Mental Health Building, Room F4-203
  - 1.6.2. Determine the time for initial meeting.
  - 1.6.3. Provide information related to the location of the activated EOC and the time to the Incident Management Team.
  - 1.6.4. Act as the Incident Manager in the EOC.
- 1.7. Enlist resources to assist for large scale evacuation.
  - 1.7.1. The St. Joseph's Liaison Leader can assist with this task.
  - 1.7.2. Review the Roles and Responsibilities of EOC Members
  - 1.7.3. Review Evacuation Designated Assembly Areas

- 1.8. In conjunction with the Facilities Management, Patient Relations Privacy and Risk and/or OHSS, arrange for appropriate clean-up.
  - 1.8.1. This may require specialized outside contractors.

**2. When notified of an evacuation situation, Security Control Centre (SCC) will:**

- 2.1. Obtain information from caller.
  - 2.1.1. CODE GREEN
  - 2.1.2. Nature of emergency.
  - 2.1.3. Location of emergency.
- 2.2. The authorization to declare a CODE GREEN must come from the Administrator on Call (AOC) or delegate.
  - 2.2.1. If the call is not the AOC (or delegate), contact the AOC immediately.
  - 2.2.2. Connect the AOC to the reporting calling.
  - 2.2.3. Remain on the line for further directions from the AOC.
- 2.3. When authorized by the AOC, Activate CODE GREEN ENS2.
  - 2.3.1. Obtain the following information:
    - a. Alert only, or
    - b. Type of evacuation
      - i. Horizontal
      - ii. Vertical
      - iii. Building Evacuation
    - c. Area to be evacuated
    - d. Assembly areas, determined by the AOC or delegate.
  - 2.3.2. Send out the CODE GREEN Emergency Notification System ENS2 page.
    - a. The following information is relayed:
      - i. CODE GREEN (indicate if it is an alert)
      - ii. Type of evacuation (horizontal, vertical or building)
      - iii. Area to evacuate
      - iv. Destination area
  - 2.3.3. Complete an overhead announcement.
    - a. State "Attention please, CODE GREEN (include information from 2.3.2 section a)"
    - b. Repeat 3 times.
    - c. Overhead announcements cannot be made by the SCC at the following locations:
      - i. Healthcare Materials Management Services (HMMS)
      - ii. Family Medical and Dental Centre
      - iii. Building J (Former NRC Building) at the Parkwood Institute Main Building
  - 2.3.4. Activate the ENS2 Conference Bridge.
- 2.4. Provide available information to the individuals calling the ENS2 Conference Bridge.
- 2.5. Page additional people if requested by the Administrator on Call (AOC).
- 2.6. Make additional announcements as directed by a member of the Incident Management Team.
- 2.7. Send out the "All Clear" CODE GREEN ENS2 page.
  - 2.7.1. The authorization to announce the "All Clear" will come from the Administrator on Call or delegate.
  - 2.7.2. When sending out the "All Clear" page add the following in the paging text box; "All Clear – Do Not Call In"
- 2.8. Keep a log of events.

**3. When notified of CODE GREEN, Patient Relations, Privacy and Risk Consultant on Call will:**

- 3.1. Call the ENS2 Conference Bridge.
  - 3.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
- 3.2. Gather information related to the incident.
- 3.3. Respond to the activated EOC.
- 3.4. Determine appropriate control measures to eliminate or reduce the impact of hazards.
- 3.5. Identify, evaluate and reduce losses associated with:
  - 3.5.1. Patient, employee or visitor injuries.
  - 3.5.2. Property loss or damage.
  - 3.5.3. Other sources of potential legal liability.
- 3.6. Review areas of actual or potential sources of risk and/or liability involving patients, visitors, staff and property.
- 3.7. Provide guidance on the release of information.

**4. When notified of CODE GREEN, Communicator on Call will:**

- 4.1. Call the ENS2 Conference Bridge.
  - 4.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
- 4.2. Gather information related to the incident.

- 4.3. Respond to the activated EOC.
- 4.4. Implement Emergency Communication Plan.
  - 4.4.1. Arrange media interviews.
  - 4.4.2. Send news releases, as required.
  - 4.4.3. Coordinate/support general internal communication for staff, patients, residents and visitors.
  - 4.4.4. Coordinate/support communication for surrounding neighborhood, where appropriate.
  - 4.4.5. Provide follow-up information to all communications, including after the incident is concluded.

**5. When notified of CODE GREEN, Clinical Leader on Call/Departmental Leader on Call will:**

- 5.1. Call the ENS2 Conference Bridge.
  - 5.1.1. Extension will be provided in the Emergency Notification System ENS2 page.
- 5.2. Gather information related to the incident.
- 5.3. Speak with clinical care areas impacted.
  - 5.3.1. Provide assistance as required.
- 5.4. Determine if patient movement/transport should be suspended.
- 5.5. Speak with leader of the impacted area, if appropriate.

**6. When notified of a CODE GREEN, the Incident Management Team will:**

- 6.1. Report to the activated EOC for the initial meeting.
  - 6.1.1. Information packages will be available in the EOC.
    - a. Included in the information packages:
      - i. Descriptions of roles and responsibilities in the IMS structure.
      - ii. Resources for documenting information received or sent out related to the emergency situation.
- 6.2. Assist the AOC in providing direction, care and control to the emergency response.

**7. When notified of CODE GREEN, Security Services will:**

- 7.1. Respond to the Code Green location, by using a stairwell
  - 7.1.1. Provide immediate assistance as required
  - 7.1.2. **Note:** There is not Security Services on site at the following locations:
    - a. Healthcare Materials Management Services (HMMS)
    - b. Family Medical and Dental Centre
- 7.2. Ensure all doors to the area are unlocked
- 7.3. Process access control of the area, as required
  - 7.3.1. Delegate as needed to other staff
  - 7.3.2. Direct additional responding staff in relation to actions to be taken during the emergency situation.
- 7.4. Provide liaison with responding Emergency Services
  - 7.4.1. Ask the Security Control Centre to contact the local police service to assist with traffic control, as required.
- 7.5. Use the fire alarm pull station key to activate the evacuation mode bells, when appropriate.
  - 7.5.1. Authorization must come from the AOC and/or Emergency Response Official.
  - 7.5.2. Evacuation bells will sound at a rate of 120 strokes per minute.
- 7.6. Organize and enforce scene/facility protection and traffic control.
  - 7.6.1. Ensure parking lot gates are lifted, if required.
- 7.7. Establish a communication network for responders.
  - 7.7.1. Provide radios if extras are available.
  - 7.7.2. Provide all updates related to the situation to the SCC.
- 7.8. Remain available if needed to contact the ENS2 Conference Bridge to provide additional information, if required.
- 7.9. Complete a detailed report for the incident.

**8. When notified of CODE GREEN, additional designated responders will:**

- 8.1. Respond to the Code Green location, by using a stairwell
- 8.2. Check in with the person in charge of the affected area.
- 8.3. Assist with the evacuation.
  - 8.3.1. Assist with evacuation of persons, as required.
  - 8.3.2. Assist with the opening and closing of fire separation doors when needed to help prevent the spread of smoke.
  - 8.3.3. Assist with the removal of patient charts to designated area of refuge.
  - 8.3.4. Assist with the provision of wet face cloths and towels, as required.
- 8.4. Provide directions and information to other staff responding.
  - 8.4.1. Direct additional arriving to check in with the person in charge of the affected area.

**9. When notified of CODE GREEN, Staff in the affected area will:**

- 9.1. Upon notification, evacuate persons in your area to destination areas.
  - 9.1.1. For horizontal evacuation, evacuate beyond fire separations doors to a safe area of refuge.
  - 9.1.2. For vertical evacuation, evacuate to a floor below.
  - 9.1.3. In a non-patient care area or ambulatory care area, all persons are to move as a group to the destination area.
  - 9.1.4. In patient care areas, the person in charge will direct the evacuation with the following priority and order;
    - a. Persons in immediate danger will be moved first.
    - b. Patients who are the easiest to move will be evacuated next.
    - c. Evacuation will continue until all persons are moved in order of physical condition.
  - 9.1.5. Utilize wheelchairs, stretchers, evacusleds and suggested lifts, drags and carries to safely move patients.
  - 9.1.6. Once all patients in a room are evacuated activate the evacucheck device after exiting the room, if room is equipped with the device.
    - a. In case of fire conditions, stay low (if necessary crawl) below the level of smoke and heat.
      - i. Where there is smoke, leave room doors closed until the individual is ready to be moved.
      - ii. Where smoke may be entering those rooms, place a wet towel along the bottom of the door to prevent smoke from entering.
      - iii. Provide individuals with a wet face cloth to assist breathing.
      - iv. **Do Not** re-enter the room of fire origin or rooms with fire conditions once everyone has been removed.
- 9.2. Person in charge assigns tasks to area staff and responding personnel.
  - 9.2.1. Tasks to be assigned include but limited to are;
    - a. Helping with moving individuals.
    - b. Open and close the fire separation doors each time a patient is ready to come through.
    - c. Remove charts from area.
    - d. Hand out wet face cloths and towels, as well as blankets if required
    - e. Collect and retrieve wheelchairs to and from the area of refuge.
- 9.3. Notify the receiving/destination area of your impending arrival.
- 9.4. Ensure rooms are clear of all persons and close doors.
  - 9.4.1. Activate the evacucheck device, if door is equipment with a device.
- 9.5. Check to ensure all persons are accounted for in the destination area by counts, survey of staff and patients, and a check of all rooms.
- 9.6. Inform the Fire Department or other Emergency Responding Agency of any persons believed to be unaccounted for.

**10. When notified of CODE GREEN, Staff in the receiving/destination area will:**

- 10.1. Ask visitor to leave the area, if safe to do so.
- 10.2. Designated space for persons arriving from the evacuated area.
- 10.3. Assist with opening and closing the fire separation doors, and direct persons to the designated space.
- 10.4. Assist with the care of patients
  - 10.4.1. Staff from the affected area will remain in charge of their patients.
- 10.5. Assess the need for additional staff to care for the influx of additional patients.
- 10.6. Be prepared to evacuate, if there is a need to evacuate additional areas.
  - 10.6.1. Listen for additional overhead announcements.

**11. When notified of CODE GREEN, Staff in other areas of the hospital will:**

- 11.1. Remain in the building and provide any possible assistance, if safe to do so.
  - 11.1.1. Extra staff should support evacuation priorities to the area in need.
- 11.2. Assess the numbers of persons that can be spared to respond to the area requiring evacuation.
  - 11.2.1. Staff members are accountable to their primary area of responsibility unless required.
  - 11.2.2. Listen for additional overhead announcements.
- 11.3. Use stairwells if responding to the affected area, unless the use of elevators has been permitted by the Fire Department.
- 11.4. Wherever possible, bring available stretchers, wheelchairs, evacusleds, etc. to assist with the evacuation.
- 11.5. Check in and take direction from the affected area's person in charge.
  - 11.5.1. Assist with the evacuation of persons, as required.
  - 11.5.2. Assist with opening and closing of fire separation doors when needed to help prevent the spread of smoke.
  - 11.5.3. Assist with the removal of patient charts to designated area of refuge.
  - 11.5.4. Assist with the provision of wet face cloths and towels, as required.
- 11.6. Listen for additional overhead announcements.

## DEFINITIONS

**Administrator on Call (AOC)** – A member of the Senior Leadership Team responsible for leadership and decision making after regular hospital hours, including weekends and statutory holidays, as well as during emergencies and other situations.

**Area of Refuge** – A safe place designed to protect people from a fire or other emergency situations. It's a place for people to wait to be rescued by emergency personnel or to temporarily hold people during an evacuation.

**Emergency Operation Centre (EOC)** – The role of the Emergency Operations Centre is to gather all known information regarding emergency situations.

The primary responsibilities of the Emergency Operations Centre are:

- Provide direction, coordination and control of the emergency response and recovery
- Establish short term and long term priorities
- Collect, evaluate and communicate information
- Manage resources
- Liaise with other agencies

### **Emergency Operation Centre Locations:**

- Primary - St. Joseph's Hospital
- Secondary - Parkwood Institute Mental Health Building

**Evacucheck** - These devices have a built-in safeguard should a person re-enter the room where the device has been activated. When a person re-enters a room with an activated Evacucheck, the Evacucheck will automatically revert back to a non-evacuated room.

**Fire Separation** - A floor, door(s) or wall having a fire-endurance rating required by appropriate authorities; acts as a barrier against the spread of fire within a building.

**Incident Management System (IMS)** – IMS was developed to standardize organizational structures, functions, processes and terminology for use at all levels of emergency response in Ontario. IMS addresses the need for coordinated responses to all types of incidents and has been developed with input from more than 30 emergency response organizations from Ontario.

**Incident Management Team (IMT)** – The Incident Management Team is responsible for central command and control of the incident and assists the critical processes in implementing their recovery plans. Activation of the IMT is determined by the AOC, as well as position assignments within the IMS structure. The St. Joseph's Health Care London Incident Management Team structure can be found on the intranet

**Emergency Notification System** – The Emergency Notification System is an in house, proprietary automated system which is operated from the Security Control Centre (SCC). This system is utilized when a caller dials 55555 to report an emergency, or the SCC is notified of through the Community. The ENS system is also activated when an internal monitoring system (i.e., Fire Alarm System) indicates an emergency.

The ENS System is based upon two levels of notification. The first notification is for assigned first responders. The second level of notification is an escalated notification for leadership (on-call) to respond to provide additional support.

#### **ENS1:**

- Upon notification, the SCC notifies “first responders” by radio, pager and overhead announcement to respond and assess, mitigate or prevent the emergency from escalating and conduct response activities. Depending on the situation, the SCC will also notify key external responders (i.e. local fire, police, and ambulance) as required.
- Responders at the scene determine if the incident can be maintained safely. As well, responders determine if the emergency has reached thresholds of risk where additional leadership is required.

#### **ENS2:**

- ENS 2 means that an emergency has reached thresholds of risk where leadership must be notified to ensure a consistent and organized action planning.
- ENS 2 is immediately activated for Code Green, Code Black, Code Grey, Code Orange, Code Purple, Code Silver and Critical Incident.

- In an emergency which meets the criteria of an ENS 2 emergency, leaders are paged, and a telephone conference call occurs. A person from the emergency scene will be asked to provide a briefing to this telephone conference call.
- Dependent on the scope, intensity and duration of the emergency, the Administrator on Call (AOC) or another senior leader or official may activate the opening of an Emergency Operations Centre (EOC)

**ENS2 Conference Bridge** – A teleconference extension which is activated by the Security Control Centre when an emergency is elevated to ENS2. This teleconference is used for predetermined On-Call staff to gather information related to an emergency and to discuss an action plan to resolve the emergency with minimal impact.

**Leader** - Includes Chief, Division Chief, Site Chief, Operational leader, Director, Coordinator, Professional Practice Consultant, Union Leader, Vice President or Chief Executive Officer (CEO).

**Staff** - An individual who is hired and paid by the organization.

## **REFERENCES**

### **Legislation**

Government of Ontario (1990) Occupational Health and Safety Act, 1990

Office of the Fire Marshal and Emergency Management (2013) Staffing Levels in Care Occupancies, Care and Treatment Occupancies and Retirement Homes, 2013

### **Other Resources**

London-Middlesex Long Term Care Homes Collaborative Emergency Shelter Plan

Ministry of the Solicitor General Incident Management System (IMS)

Ontario Hospital Association (OHA) Emergency Management Toolkit, Ontario Hospital Association, 2008