# Overview

A Code Green is activated when an organized withdrawal or relocation of persons from an area at risk to a safe location is required. The decision to evacuate is always made by a thorough evaluation of the risks to client/resident care.

**As in all emergencies, consider your safety first.**

# Definitions

|  |  |
| --- | --- |
| Crisis Evacuation | * Unexpected and immediate threat to life and/or safety and there is not enough time to plan for the evacuation * The decision to activate a crisis evacuation is made by the In-Charge staff member in the area at the time of the crisis * Anyone, however, can remove someone from immediate danger |
| Precautionary Evacuation | * A credible, potential threat to life and/or safety and there is time to plan for the event   + The decision to perform a precautionary evacuation is made by the [*Manager/Director of Care/Designate*]. This decision may be made in consultation with Police, Ambulance and Fire Departments. |
| Horizontal Evacuation | * Move horizontally to a safe location on the same level |
| Vertical Evacuation | * Move vertically towards the ground floor |
| External Evacuation | * Move to another building/facility |

# Response Procedures

## Crisis or Precautionary Evacuation

**Crisis Evacuation Authorization**: In-Charge Staff Member activates Code Green in a crisis situation

* Designate a runner/designate someone to announce overhead three times:
  + “Code Green [exact location – building, floor, room]”

**Precautionary Evacuation Authorization**: The *[Manager/Director of Care/Designate]* activates Code Green in a precautionary evacuation situation

* Designate a runner/designate someone to announce overhead three times:
  + “Code Green [exact location – building, floor, room]”

### All Staff

* Listen to the overhead announcements or designated runner for further directions
* Return to your work area via safe route
* Reassure residents/clients and visitors and ask them to remain where they are until instructed to move or until the “All Clear” is announced
* Be prepared to assist with the evacuation and/or receive residents/clients in your work area

### *[Manager/Director of Care/Designate]*

* Assume primary responsibility for directing/coordinating activities of the Code Green response
* In consultation with appropriate stakeholders, determine a safe area in the facility to relocate to or a staging area outside of the building for an external evacuation
* Notify:
  + *[Insert departments/agencies/organizations to be notified and consider if family notifications should be made]*
* Notify and/or request assistance from the following, as needed:
  + BC Emergency Health Services
  + Police
  + Fire Department
* Establish an Emergency Operations Centre (EOC)
* Assume or delegate the EOC Director role who is responsible for directing/coordinating activities of evacuation
* Assign EOC personnel and functions, as needed
* When appropriate, designate a runner/designate someone to announce overhead three times:
  + “Code Green – All Clear”

## Affected Areas

### *[Nurse in-Charge/Manager/Director of Care/Designate]*

* Refer to your unit’s Code Green Unit/Department plan, if applicable
* Notify additional leadership, as necessary
* In consultation with appropriate stakeholders, identify area of refuge (safe location), ensuring route and location have been checked for possible hazards
* Designate a runner/designate someone to announce overhead three times:
  + “Code Green [exact location – building, floor, room]”
* Determine the mobility and equipment needs of clients/residents
* **Move clients/residents** in the following order:
  + 1 – Persons most at risk
  + 2 – Persons easiest to move
  + 3 – Persons most difficult to move
* Conduct a census of all people to be evacuated using:
  + In-time census report of all clients/residents on unit or print client/resident schedule for the day
  + Staff and volunteer sign-in sheets/schedules
* Request assistance as needed/able
* Collect client/resident records, medications, equipment, etc. as able
* Collect any client/resident valuables, as able
* Collect administrative supply needs for unit (for example: narcotics keys, important documents etc.), as able
* Power down/cover any sensitive equipment to prevent damage, if time allows and its safe to do so
* Check all areas to ensure everyone is evacuated
* Mark the door to indicate rooms are evacuated as time allows (for example: evacu-tag, post-it notes, pillow on the floor, etc.)
* Leave lights on
* Upon arrival at safe location
  + Conduct a census of all evacuated people
  + Report status of your area to the EOC
  + Remain in assembly area with client/residents until notified to return
  + Carry out further evacuation options as directed

## Receiving Areas

### *[Nurse in-Charge/Manager/Director of Care/Designate]*

* Assign staff to assist with the evacuation as needed
* Conduct census of all clients/residents received
* Ensure all appropriate services have been notified of clients/residents relocated to your area
* Ensure clients/resident records are updated
* Assess the number of clients/residents suitable for transfer or discharge, as needed
* Assess supplies and equipment
* Report status of your area to the EOC
* Reassure clients/residents and visitors and ask them to remain where they are until instructed to move or until the ‘All Clear’ is announced

## Non-directly Affected Areas

### *[Nurse in-Charge/Manager/Director of Care/Designate]*

* Prepare for possible evacuation
* Assess the number of staff available to assist with moving clients/residents
* Assess the number of clients/residents suitable for transfer or discharge as needed
* Assess supplies and equipment
* Assign a staff member to maintain communications with the EOC

# Post incident actions

* Ensure proper documentation is completed, as applicable:
  + *[Insert title of documentation that should be completed after a code green]*
* Debrief and ensure psychosocial support is provided, as needed

# supports

* If you experience any type of distress from an incident, you are encouraged to seek incident debriefing or emotional support [*insert information on who to speak with and any resources available*]

# Client/resident transfer techniques

## Two-Person Sheet Drag

|  |  |
| --- | --- |
| Double 1   1. One assistant pulls client/resident down towards foot of bed so that their head will clear bedside furniture during transfer to floor | 1. Both assistants kneel beside bed with one knee on floor and other leg flexed to 90° with the foot flat on the floor |
| Double 3   1. Both assistants slide arms under client/resident, including top layer of bedding:    1. Assistant at head slides one arm under shoulders and one arm under lower chest, grasping client’s/resident’s forearm to hold it close to their body    2. Assistant at feet slides one arm  under hips and one under knees | Double 4   1. One assistant organizes count (e.g. “1, 2, 3”) |
| Double 5   1. Both assistants move client/resident to edge of bed and on to floor | Double 6   1. Grasp blanket firmly and pull client/resident HEADFIRST into the safety zone |

## Single-person Sheet Drag

|  |  |
| --- | --- |
| Single 1   1. Place blanket or sheet lengthwise on floor beside the bed | Single 2   1. Using client’s/resident’s feet, pull towards foot of bed so that head sill clear beside furniture during transfer to floor |
| Single 3   1. Swing client’s/resident’s feet over edge of bed. It does not matter if they tough the floor | Single 4   1. Grasp client/resident from behind by sliding your arms under their axilla and grasping forearms in front of body |
| Single 5   1. Keeping one knee up on the bed to ensure a good pelvic tilt, lower client/resident over edge of bed and onto floor | Single 6   1. Place both feet (bending knees and maintaining pelvic tilt) on floor behind client/resident, and protecting their head, lower them to a lying position, placing a pillow under head if possible |
| Single 7   1. Grasp blanket firmly and pull client/resident HEADFIRST into safety zone |  |